

WELCOME!

Call to Order





PUBLIC COMMENT



Part 1:	Introduction
Part 2:	Overview and Purpose of SB 222
Part 3:	Overview of Diversity and Inclusion Liaison (DIL) roles
Part 4:	Support for DILs
Part 5:	DIL Survey
Part 6:	Q & A / Next Steps

INTRODUCTION TO THE GOVERNOR'S OFFICE FOR NEW AMERICANS (ONA)



- Our History& Mission
- Structure & Resources

INTRODUCTION TO NEVADA OFFICE OF MINORITY HEALTH AND EQUITY (NOMHE)



- Our History& Mission
- Structure & Resources

INTRODUCTION TO NEVADA COMMISSION ON MINORITY AFFAIRS (NCMA)



- Our History& Mission
- Structure & Resources



GENERAL OVERVIEW & **PURPOSE OF SB 222**

- SB 222 Overview
- SB 222 Purpose
- Diversity and Inclusion Liaison 2022 Meeting Schedule
 - Orientation March 23
 - Annual Meeting July 13
 - End of Year Review November 16





OVERVIEW OF DIVERSITY & INCLUSION LIAISON ROLE



As a Diversity & Inclusion Liaison, you will:

- Work with Minority Serving Organizations AND represent their respective departments
- Foster effective communication between community organizations and state departments
- Enhance and promote culturally competent service delivery
- Identify opportunities to increase accessibility and inclusivity for members of minority groups



SUPPORT FOR DIVERSITY & INCLUSION LIAISONS



TRAINING TOPICS TO SUPPORT DILS

- Immigration 101
- Social Determinants of Health
- Implicit Bias & Cultural Humility







STATEWIDE, EQUITY-FOCUSED LEGISLATION

 SB 318 - Creating a Language Access Plan to improve access to government services for Nevadans with limited English proficiency.



DIVERSITY AND INCLUSION LIAISON SURVEY

DIVERSITY AND INCLUSION LIAISON SURVEY



Overview of Questions

Question 1

Please provide the Department responsible for this program, initiative, project, or service.

Question 2

Please provide the Division responsible for this program, initiative, project, or service.

• Question 3

Please list any State Agency or Division you might be collaborating with for this project.

Question 4

Please list any State Agency or Division you might be collaborating with for this project. Skip to the next question if not applicable.

Question 5

Please identify any non-profit or other community-based entity that serves as a partner in delivering services or information to the population on the program.

Question 6

What are the funding sources for this program, initiative, project, or service? (Check all that apply)

Question 7

Please identify the general focus and goals of the program, initiative, project, or service. (Check all that apply)

Question 8

Please identify which communities are the targets for this program. (Check all that apply)

DIVERSITY AND INCLUSION LIAISON SURVEY



Overview of Questions

Question 9

Which barriers exist that prevent minority communities from accessing the program? (Check all that apply)

Question 10

Does the program have an outreach plan?

Question 11

Does the outreach plan specifically target minority communities?

Question 12

Does your program have a citizenship and/or immigration status as an eligibility requirement?

Question 13

Please provide your full name.

Questions 14

Please provide your preferred method of contact.



PUBLIC COMMENT



