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NEVADA DEPARTMENT of
HEALTH and HUMAN SERVICES

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2018 Statewide Community Needs Assessment

Conducted on behalf of the Grants Management Advisory Committee by the DHHS Office of Community Partnerships and Grants

Brian Sandoval, Governor
Richard Whitley, Director

Fund for a Healthy Nevada

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by the Department of Health and Human Services, Office of Community Partnerships and Grants

In accordance with Nevada Revised Statute (NRS) 439.630(6), the Grants Management Advisory Committee (GMAC) is required to solicit public input regarding community needs in even-numbered years and use the information to recommend future funding priorities for the Fund for a Healthy Nevada (FHN). The Office of Community Partnerships and Grants (formerly known as the Grants Management Unit) in the Director's Office of the Department of Health and Human Services (DHHS-DO OCPG) provides staff support to the GMAC and conducted a statewide needs assessment on its behalf.

Under NRS 439.630(6), the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) are also required to assess needs and make recommendations regarding use of the FHN. These two commissions are affiliated with the Aging and Disability Services Division (ADSD).

All three advisory bodies must submit recommendations to the DHHS Director by June 30, 2018, for consideration in the budgeting process for State Fiscal Years (SFY) 2020 and 2021. In addition to the recommendations tendered by the three bodies, the Director must (1) ensure that money expended from the FHN is not used to supplant existing methods of funding available to public agencies and (2) consider how the funds may be used to maximize federal and other resources [NRS 439.630(1)(j) and (k)].

The 2018 Statewide Community Needs Assessment is the fourth conducted by the CPG on behalf of the GMAC. The first occurred in 2012 after the 2011 Legislature amended NRS 439.630 to (1) eliminate specific funding allocations for program areas listed in the FHN and (2) broaden the original provision for Children's Health to include programs that "improve the health and well-being of residents of this State." This category is now referred to as Wellness.

The GMAC's scope of work as an advisory body includes **FHN Wellness [NRS 439.630(1)(g)], FHN Services for Persons with Disabilities [NRS 439.630(1)(h)]** and **FHN Tobacco Use Prevention and Cessation [NRS 439.630(1)(f)]**. However, the GMAC's vision is that the results of the assessment will be utilized in overall budget development for the Department and the State.

2018 Methodology

The first two needs assessments conducted under revised NRS 439.630 approached the process from a "ground zero" perspective. In the 2012 assessment, survey respondents were asked to check one or more priority items on a list of basic needs. Two years later, the first question on the survey gave respondents unrestricted freedom to name the one service they would fund if only one could be supported by FHN dollars. In both assessments, public forum participants were given blank post-it notes on which to write the top three priorities for themselves and/or their communities.

Rather than begin at "ground zero" once more, the 2018 assessment was designed to (1) build upon the information collected during those first two assessments, (2) consider findings published in other needs assessments, strategic plans and State plans, and (3) integrate service statistics reported by several key community providers. The data from existing needs assessment were analyzed by a UNR intern with guidance from or GMAC member, Diane Thorkildson. They evaluated over 45 State Needs Assessments that covered an array of services. This provided the framework, along with our previous Needs Assessment Survey. It was identified that the similarities existed to transform the information into a reasonable picture of the needs of residents around the state. The CPG shared the results of its Phase One research and analysis at the March 10, 2018 GMAC meeting. In order of preliminary priority, the top 12 needs are listed below.

- Health / Mental Health Care
- Housing
- Hunger / Food Security
- Emergency Assistance
- Education
- Employment
- Protective Services
- Dental Care
- Support for Persons with Disabilities and their Caregivers
- Substance Abuse
- Transportation
- Help Finding Information

During Phase Two of the process, providers and consumers across the state had the opportunity to validate or rebut the preliminary findings. In April, a total of 1003 people participated – including 925 through surveys and 78 at forums in Carson City, Reno, Elko, Las Vegas, Pahrump, and Fallon. The most significant findings are as follows.

- Participants **validated** the prioritization of:
    - Health / Mental Health Care, which ranked No. 1
    - Housing, which ranked second on the preliminary list

Priority↓ Ranking→	**Preliminary Ranking**	**Survey Providers (490-48.85%)**	**Survey Consumers (435-43.37%)**	**Public Forum Participants (78-7.78%)**
Health/Mental Health Care	1	2	1	1
Housing	2	1	3	3
Hunger/Food Security	3	3	4	5
Emergency Services	4	4	6	9
Education	5	7	2	2
Dental	6	10	5	11
Employment	7	5	7	12
Protective Services	8	6	11	6
Substance Abuse Services	9	8	8	4
Support for Persons with Disabilities and their Caregivers	10	11	10	7
Transportation	11	9	9	8
Help Finding Information	12	12	12	10

Variations Based on Counties, Providers, and Consumers

Provider County

Ranking	Carson City	Clark County	Churchill	Douglas	Elko	Esmerelda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
Responses per county	40	162	3	20	39	0	1	35	1	2	21	3	22	2	4	122	13
Health/Mental Health Care	2	2	1	2	1	0	6	1	4	1	8	6	3	8	1	2	1
Housing	1	1	6	1	2	0	8	2	12	9	11	1	1	6	2	1	5
Hunger/Food Security	3	3	2	3	3	0	3	8	8	6	1	2	2	5	3	3	3
Emergency Services	6	4	7	6	4	0	1	3	9	3	4	4	4	1	5	4	2
Education	8	5	11	12	8	0	12	9	2	11	10	7	6	11	8	5	6
Employment	5	6	10	7	9	0	10	7	1	2	12	8	11	3	7	7	7
Protective Services	4	7		4	6	0	5	5	5	4	3	3	7	10	9	8	8
Dental Care	7	11	8	8	11	0	4	4	3	7	5	11	9	2	4	9	4
Support for Persons with Disabilities and their Caregivers	11	10	3	9	7	0	7	10	6	10	6	10	8	12	10	10	9
Substance Abuse Services	9	8	5	5	5	0	9	6	10	8	7	9	5	4	6	6	10
Transportation	10	9	4	10	10	0	2	11	7	5	9	10	10	9	11	11	11
Help Finding Information	12	12	12	11	12	0	11	12	11	12	2	12	12	7	12	12	12

Consumer County

Ranking	Carson City	Clark County	Churchill	Douglas	Elko	Esmerelda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
Responses per county	**36**	**139**	**4**	**13**	**18**	**0**	**0**	**33**	**1**	**5**	**15**	**0**	**23**	**3**	**2**	**123**	**20**
Health/Mental Health Care	1	1	2	2	1	0	0	1	6	7	1	0	1	2	1	2	1
Housing	2	4	3	1	6	0	0	8	1	3	4	0	2	4	4	1	3
Hunger/Food Security	4	5	9	4	3	0	0	6	2	8	2	0	4	11	3	3	2
Emergency Services	7	3	7	6	2	0	0	7	5	11	9	0	6	7	6	5	9
Education	3	2	6	3	4	0	0	2	9	2	5	0	3	5	2	4	7
Employment	6	6	5	8	9	0	0	4	4	1	6	0	5	6	8	6	10
Protective Services	8	7	8	7	10	0	0	3	10	9	7	0	7	10	5	9	5
Dental Care	5	8	12	9	5	0	0	10	7	10	3	0	9	8	9	7	6
Support for Persons with Disabilities and their Caregivers	9	10	4	11	12	0	0	9	11	5	10	0	10	3	11	10	4
Substance Abuse Services	12	9	1	5	7	0	0	5	3	4	8	0	8	1	7	8	8
Transportation	11	11	10	12	11	0	0	12	12	12	12	0	11	12	10	11	11
Help Finding Information	10	12	11	10	8	0	0	11	8	11	11	0	12	9	12	12	12

How would you describe yourself and/or your family?

Consumer Identity	Response Percent	Response Count
Senior Citizen (age 55+)	33.10%	144
Family with children ages 5-12 years	20.69%	90
Adult with disability	8.28%	36
Family with children ages 13-18	18.62%	81
Family with children with special needs	6.21%	27
Family with children ages 0-4 years	18.62%	81
Someone who provides care for a senior citizen	6.67%	29
Someone who provides care for an individual with a disability	4.14%	18
Someone who provides care for a child with special needs	3.45%	15
Veteran with disability	3.22%	14
Child or youth with a disability	1.38%	6
Other	20.23%	88
Answered questions		6

Provider Identity	Response Percent	Response Count
Senior Citizen (age 55+)	30.61%	150
Family with children ages 5-12 years	20.20%	99
Adult with disability	7.76%	38
Family with children ages 13-18	19.80%	97
Family with children with special needs	4.69%	23
Family with children ages 0-4 years	12.86%	63
Someone who provides care for a senior citizen	9.39%	46
Someone who provides care for an individual with a disability	612%	30
Someone who provides care for a child with special needs	3.67%	18
Veteran with disability	2.86%	14
Child or youth with a disability	2.04%	10
Other	28.37%	139
Answered questions		6

Those who responded to the demographics question were instructed to check all categories that applied to their circumstances. As a result, the percentages in the tables above exceed 100%. Not surprisingly, self-descriptions entered under “other” were diverse.

Service Category Details

Comments at public forums were used to drill down into the specific needs embedded in each broad service category. The table below highlights the most common themes.

Category	Specific Needs and Issues
Health / Mental Health Care	o Behavioral Health- accessibility, affordability, integration of care, supportive services o Health Access – Medicaid provider shortage, affordability, insurance issues o Tobacco Use Prevention and Cessation
Housing	o Affordable Housing – shortage of affordable housing in general o Prevention of Homelessness – help with deposits, rent, relocation costs, home repair o Homeless Services – shelters for all populations, emergency and transitional housing
Hunger / Food Security	o Holistic Service Approach – solving the root causes of hunger o Nutrition – access to healthy foods, nutrition education, community gardens, partnerships with growers
Emergency Services	o Financial Assistance – rent, utilities, preventive help, excessive bureaucracy to obtain help o Connect emergency services clients to program with long-term solutions
Education	o Child Care- lack of affordable child care, Pre-K availability o Alternative Education – charter schools, on-the-job training, vocational education, GEDs o Public and Higher Education – more funding in general, tuition assistance, expanded pre-Kindergarten
Employment	o Employment Opportunities- vocational training needed to fill current jobs o Jobs – employment assistance programs exist but there is a shortage of jobs, especially middle income o Barriers to Employment – substance abuse, re-entry after incarceration, lack of education
Protective Services	o Gaps – protective services not available for persons with disabilities ages 18 to 59 o Services for Victims – crisis intervention, shelters, recovery resources, therapy, hotlines, personal safety o Focus on Special Populations – seniors, victims of human trafficking, domestic violence victims
Dental Care	o Access – shortage of providers, affordability

Category	Specific Needs and Issues
	o Coverage – Medicaid, Medicare and private insurance offer limited dental benefits o Support for Existing Services – mobile dental care, low-cost health clinics
Support for Persons with Disabilities and their Caregivers	o Specific Populations – more services for brain injury, blindness, autism, intellectual disabilities o One-Stop Shop – create center with comprehensive services for persons with developmental disabilities o Support for Existing Services – respite, positive behavior support, independent living
Substance Abuse Services	o Prevention – substance abuse creates barriers to solving problems in all other service categories o Access – shortage of providers and inpatient facilities, affordability, inadequate insurance coverage o Treatment – length of covered treatment falls short of best practices, lack of transitional support
Transportation	o Paratransit – limited routes, not available in all areas, long wait times o Public Transportation – limited routes, no routes between cities, limited funds for bus passes o Special Populations – children who need after-school care, special needs children, parents with strollers
Help Finding Information	o Advocacy – people need individualized help understanding and navigating the service system o Nevada 2-1-1 – needs marketing and outreach, resource updates, bilingual texting, warm hand-offs

Current FHN Services with GMAC Oversight

Health and Mental Health Care

Health / Mental Health Care was the No. 1 need identified in the 2014 Needs Assessment. Two years later, it continues to cling firmly to the top spot. In the 2018 surveys and in public forums, more input was collected about this need than any other. This section contains additional detail about the subcategories of need and the history of health-related FHN funding.

- With 57 comments (20%), **health/mental health** was the most cited need by a distinctly wide margin. Respondents observed that:
  - Mental and physical health are intertwined, requiring integrated care;
  - There are insufficient mental health providers and inpatient facilities in the state, particularly in the rural counties;
  - Shortage of affordable substance abuse and mental health residential treatment facilities;

- There is a statewide shortage of health care providers, especially in rural counties;
- The shortage includes not only primary care physicians, but specialist and public health nurses;
- Many providers will not accept Medicaid and Medicare due to low reimbursement rates and complicated billing requirements or will accept only a limited number of patients with these prayers;
- The cost of insurance, deductibles and co-pays makes health care unaffordable for many Nevadans; and health insurance and health care system.

- The next most commonly cited need focused on **hunger** in general (33 respondents; 11%). Respondents observed that:
  - Lack of resources for affordable healthy food including produce;
  - Healthy diets reduce the needs for healthcare;
  - Clients lack nutrition education and don't know how to cook or don't have the adequate cooking equipment;
  - Food delivery for seniors, veterans and those homebound;
  - Need prepared meals for the homeless population; and
  - Transportation to access nutritional food.

- The third most common cited need focused on **housing**, (29 respondents, 10%). Respondents observed that**:** was the third most commonly cited need (33 respondents; 21.4%). Respondents observed that:
  - Shortage of affordable housing statewide;
  - Lack of affordable rentals for low income families and seniors;
  - Shortage of emergency shelters during extreme weather, that includes families;
  - Lack of domestic violence housing; and
  - Transitional housing for many populations.

Survey participants identified the same issues as the public that attended the forums. Additional areas of concern for both groups included child care for all ages and affordability, lack of vocational training for companies moving into the area, lack of transportation in rural areas and commercial sex trafficking services.

Historically, prior to rollout of the Affordable Care Act (ACA) and Medicaid Expansion, FHN dollars were used to support children's health and health access programs. To avoid duplication of services, FHN dollars are now directed to health care support underfunded programs like state-sponsored mental health care, suicide prevention and immunization. These programs under review to determine whether any of their services are reimbursable through insurance.

Tobacco use prevention and cessation is a program area specifically named in the FHN statute [NRS 439.630(1)(f)]. The Legislature restored $1 million per year to tobacco programs the last biennium. Tobacco cessation is now a covered service under most health plans but is looking to expand its focus to prevention programs targeting youth.

Hunger / Food Security

As identified in all three needs assessments conducted by the CPG on behalf of the GMAC, Hunger / Food Security is a persistent problem in Nevada. It is the most basic of human needs and affects people of all ages, abilities, ethnic backgrounds and geographic locations. Inadequate access to sufficient amounts of nutritious food trumps virtually all other needs and is a fundamental barrier to stability and self-sufficiency.

The 2018 Needs Assessment did not turn up any new ideas for addressing hunger in Nevada. Rather, public forum participants and survey respondents reiterated the same issues that have previously supported high prioritization of food security.

- A holistic approach to service delivery is critical to resolving the root causes of hunger in a household.
- To get through any given month, individuals and families in need must access multiple sources of assistance such as Supplemental Nutrition Assistance (SNAP), Women Infants and Children (WIC), and food baskets from pantries. No one resource is sufficient.
- The nutritional value of supplemental food needs to be elevated. Food pantries have a difficult time providing healthy food for people on special diets. School breakfasts and lunches should meet high nutritional standards.
- Nutrition education is needed including budgeting, recipes and how poor nutrition affects health.
- Community gardens and partnerships with local growers need to be encouraged.

The effort to address hunger in Nevada will be following the Food Security Council's Strategic Plan. The plan identifies 5 main principles:

1. Incorporate economic development opportunities into food security solutions.
2. Use a comprehensive, coordinated approach to ending huger and promoting health and nutrition, rather than just providing emergency short-term assistance.
3. Focus, private industries, universities and research institutions.

4. Use available resources in a more effective and efficient way.
5. Implement research-based strategies to achieve measurable results.

Multiple state agencies and community partners are using the plan to guide anti-hunger activities. FHN Wellness dollars' factor in the initiative primarily through grant that support several One-Stop Shops (Goals 2d and 2e in the Feed section of Nevada's Plan for Action). In SF17, $2,300,000 in FHN dollars provided 164,512 unduplicated individuals served and case managed, reported that they did not need to skip a meal after receiving services for one month.

The nature of data collection and analysis typically lags by two or more years, but early indication of progress do exist. According to the Food Research and Action Center (FRAC), Nevada ranked 33 nationally for participation rate of eligible persons. However, also according to FRAC, between FY12-FY17 increased SNAP participation by 24.7% and showed that 77% of eligible working poor are participants in SNAP.

- Percent of households that are very low food secure was an average 4.7% from 2014-2016. Nationally the percent is 5.2% of households that are very low food secure.

Support for Persons with Disabilities and their Caregivers

The FHN statute includes a provision specifically for respite care, independent living and positive behavior support. Originally, 10% of the funds were used to support these services. In SFY10, that amounted to about $2 million. Following the statutory change that removed the required allocations, coupled with the negative impact of the economic recession, the average from SFY11 through SFY15 dropped to about $1.27 million. In the current biennium, $1.59 million is designated for these services.

The 2018 Needs Assessment ranked Support for Persons with Disabilities and their Caregivers in the bottom fourth, but public forum participants explained that support and funding for this category is already available. Therefore, the current service delivery seems to be adequate and this was supported by the survey results.

The unanswered question is whether adequate funding is in place for this purpose. In response to the SFY18-19 grant solicitation that includes $1,510,000 for Independent Living, Positive Behavior Support and Respite, CPG received $902,778 worth of proposals leaving $194,223 of unallocated funds in Respite category. These funds have been reallocated to special projects for respite services for SFY18 and SFY19.

The CPG has been collaborating with Aging and Disability Services (ADSD) on these services and will continue to do so. In the next funding cycle, we are in the infancy stages, but would like to collaborate on comprehensive Request for Applications with ADSD to increase service delivery and expand services into other geographical locations.

Help Finding Information

Help Finding Information is the last service category on the 2018 priority list. As with Support for Persons with Disabilities and their Caregivers, the most likely reason for the low ranking is that resources already exist and are well-utilized by consumers.

- Nevada 2-1-1 reported 131,858 incoming calls, 1061 texts and 73,474 in SY17;
- Family Resource Centers (FRCs) made more than 192,273 referrals to community services in SFY17;
- Differential Response (DR), a child welfare program provided through certain FRCs, helped more than 1,077 families in SFY17;

Nevada 2-1-1

Per NRS 232.359 adopted by the 2005 Legislature, the DHHS must establish and maintain a health and human services information and referral line. This statute, along with Executive Orders signed by three Nevada governors, is responsible for the creation of the single most widely used source of information in the state – Nevada 2-1-1. Initially launched and operated by a dedicated team of community partners, the system is now managed by the DHHS-DO OCPG through a contract with Financial Guidance Center in Las Vegas.

In SFY18 and SFY19, the annual support increased to $770,000. The budget was allocated across funding streams, $804,077 Children's Trust Fund/Community Based Child Abuse Prevention, $90,855 of Social Services Block Grant (Title XX), FHN Wellness $481,063 and FHN Disability $129,254.

Nevada 2-1-1 has continued to grow to meet the needs of the community, including being an active participant in disaster response. For example, Nevada 2-1-1 answered roughly 10,000 calls during the first three days of the October Incident in Las Vegas in 2017. In addition, Nevada 2-1-1 partnered with Division of Health Care Financing and Policy (DHCFP) on Balancing Incentives Program, which resulted in significant improvements in Nevada 2-1-1. This included an updated database, redesigned website, and increased call volume during extensive marketing campaigns. These funds were also used to create a comprehensive 2-1-1 strategic plan, which outlined the program's priorities and determined the funding levels needed to reach those goals. The current level of financial

support is roughly $6000,000 short of what is needed to fulfill the high expectations for the program (i.e., assessing all needs of callers, maintain an accurate database, obtaining national accreditation and serving as a non-emergency responder during disasters.) Staff and stakeholders continue to seek out other funding resources for the program.

Family Resource Centers and Differential Response

Family Resource Centers (FRCs) and the Differential Response (DR) program were not specifically cited as priorities in the needs assessment. However, both are supported by FHN dollars and both offer services that fall under multiple priority areas including Help Finding Information. Most notably, FRCs and the DR program serve as a resource for families who need help finding information, accessing services that address immediate crises, and long-term support to achieve stability and self-sufficiency.

FRCs were established in 1995 by NRS 430A. In accordance with that statute, the state is divided into 18 Service Areas with 21 FRCs. Residential zip codes determine the catchment areas. At minimum, each FRC provides information, referrals, and case management but many go beyond these basic requirements and provide valuable family support services such as parent education, peer mentoring and food pantries. In SFY17, the FRCs collectively served 33,841 unduplicated adults and made 192,273 referrals to community agencies.

Eight of these FRCs, plus one county-funded community agency, participate in the collaborative partnership that brings DR to at-risk families. The CPG was the lead partner in developing and administering the program from its inception in 2006 until January 2018 when the Division of Child and Family Services (DCFS) took the reins. The hallmark of this early intervention and child abuse prevention program is assessment and connection to supportive resources. When a low-priority case is reported to DCFS or the child welfare agency in Clark or Washoe County, the DR workers on staff at the FRCs are often called upon to respond. In SFY17, a statewide total of 1,077 new cases were referred to DR.

Until SFY13, State General Fund supported both the FRCs and the DR program. The economic recession resulted in the loss of that resource and financial support for the programs was transferred to FHN Wellness.

- $1.3 million per year in FHN dollars supported the statewide network of FRCs in SFY18 and SFY19.
- Approximately $1.35 million per year in FHN dollars supported the DR program. The allocation did not change in SFY18 and SFY19.

Next Steps

The full GMAC will hear the subcommittee recommendations on Thursday, June 14, 2018, deliberate and then take a final vote on the recommendations to be submitted to the DHHS Director. As described on page one of this document, the DHHS Director will consider the GMAC recommendations along with recommendations from the Commission on Services for Persons with Disabilities (CSPD) and the Commission on Aging (CoA). The Director will report back to the GMAC, CSPD and CoA no later than September 30, 2018.

Acknowledgements

The DHHS-DO OCPG wishes to thank Diane Thorkildson, her interns for the evaluation of the needs assessment crosswalk. Also, the community partners who hosted and/or helped to coordinate public forums in communities across the state. Thanks, go to all those who completed online surveys, submitted paper surveys and/or participated in public forums. Without this input, the GMAC could not meet its statutory mandate to conduct an assessment. More importantly, the DHHS-Do OCPG could not achieve its vision, mission and goals.

"Our vision is to be a valued partner in strengthening the ability of communities to respond to human service needs."

"Our mission is to help families and individuals in Nevada reach their highest level of self-sufficiency by supporting the community agencies that serve them through engagement, advocacy and resource development."

Appendices

- Public Forum Locations and Results
- Grants Management Advisory Committee – Priority Recommendations for State Fiscal Years 2017-2018
- Request for Application SFY17

Public Forum Locations and Results

Public forums for the 2018 Statewide Community Needs Assessment were held in Pahrump, Thursday, April 12, Fallon, Friday, April 13, Carson City, Monday, April 16, Mesquite, Tuesday, April 17, Reno, Friday, April 20, Elko, Monday April 23 and Las Vegas, Tuesday, April 24. Turnout was not as robust as in 2012 ,2014, or 2016 despite outreach to stakeholders. However, those who did participate engaged in valuable discussions about the specific needs within each identified service category. The chart below provides the priority ranking determined at each public forum as well as the overall ranking in the Totals column.

Priority↓ Forum→	**Carson City** *6 Providers* *0 Consumers*	**Elko** *2 Providers* *0 Consumers*	**Las Vegas** *8 Providers* *0 Consumers*	**Pahrump** *16 Providers* *2 Consumers*	**Mesqite** *0 Providers* *0 Consumers*	**Reno** *20 Providers* *4 Consumers*	**Fallon** *28 Providers* *0 Consumers*
Health/Mentl Health Care	5	2	5	12	0	5	23
Housing	3	2	5	3	0	10	7
Substance Abuse	3	1	3	4	0	5	12
Transportation	0	1	5	5	0	1	9
Education	0	0	6	5	0	1	20
Emergency Services	0	0	3	0	0	3	6
Hunger	0	0	7	6	0	5	7
Dental Care	1	0	0	3	0	1	4
Help Finding Information	0	0	2	5	0	2	3
Employment	0	0	2	1	0	1	3
Protective Services	3	0	4	5	0	1	9
Support for Persons with Disabilities and their Caregivers	3	0	0	5	0	1	12

Grants Management Advisory Committee

Fund for a Healthy Nevada
Priority Recommendations for State Fiscal Years 2014-2015 and 2018-2017

SFY14-15 GMAC Recommendations

After a review of the 2012 Statewide Community Needs Assessment, oral presentations from the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) regarding the results of their assessments, and extensive discussion through both an Ad Hoc Subcommittee and the June 14, 2012, Grants Management Advisory Committee (GMAC) meeting, the committee reached the consensus that the priorities for SFY14-15 should be limited to four primary areas of focus. The following recommendations were made.

Primary Priorities

- Food Insecurity with objectives to meet short/immediate, medium and long-term needs.
- Health Care with an emphasis on dental care, mental health, tobacco control, alcohol and obesity related conditions, suicide and childhood immunization.
- Family Supports with a focus on children, seniors and other vulnerable populations.
- Help Finding information to include 2-1-1, education and outreach, and information and referral.

Secondary Priorities

- Transportation
- Help Finding Employment
- Housing
- Education
- Utilities

In addition, the following **strategies** were recommended to encourage systemic change.

- The secondary priorities should be addressed as components in grant-funded projects as appropriate. For example, if a proposed project is centered on access to health care but transportation to appointments is a barrier, then the grant applicant would need to address this need. This approach recognizes the interconnectedness of service.

- Collaboration should be expanded to include new public/private partnerships.
- All grant-funded projects should be required to do outreach and marketing for 2-1-1, as well as education and outreach in general.
- Family Resource Centers (FRC) are already in place and should be considered as a service delivery method.
- Project sustainability must be addressed in all proposals.
- Projects need to identify and maximize the benefits available through under-utilized resources, both private and public, e.g., the Supplemental Nutrition Assistance Program (SNAP).
- Consider programs currently supported by funding streams that fall within the GMAC's scope of work. Are the services provided by these programs effective, impacting the community and do they fit the priorities identified by the GMAC?

SFY17-18 GMAC Recommendations

During a GMAC meeting on June 20, 2014, a quorum of nine members voted unanimously to accept the four major service categories identified as priorities in the 2014 Statewide Community Needs Assessment report compiled by the DHHS GMU.

- **Health / Mental Health** *(e.g., tobacco use prevention and cessation, access, cost, immunization, general wellness)*
- **Family Support** *(e.g., Family Resource Centers, Differential Response, information and assistance, child care)*
- **Food Security** *(e.g., food pantries and food banks, access to nutritious food, nutrition education, SNAP)*
- **Support for Persons with Disabilities and their Caregivers** *(e.g., respite, independent living, positive behavior support)*

Although the 2014 and 2016 Statewide Community Needs Assessment ranked the categories in the order listed above, the GMAC specifically voted to accept the categories in no particular order.

SFY18-19 Fund for a Healthy Nevada Distribution

Budget Account		SFY18 Budget	SFY19 Budget
3140 - ADSD Tobacco Settlement Program:			
- Administrative costs		(273,500)	(273,500)
- Senior Independent Living		(5,470,000)	(5,470,000)
- Assisted Living		(200,000)	(200,000)
	Total - B/A 3140:	(5,943,500)	(5,943,500)
3151 - ADSD Aging Federal Programs & Administration:			
- Alzheimer's Taskforce Support		-	-
- Taxi Assistance Program		-	-
	Total - B/A 3151:	-	-
3156 - ADSD Senior Rx and Disability Rx:			
- Senior Rx administrative costs		(113,500)	(113,500)
- Senior Rx		(2,270,000)	(2,270,000)
- Disability Rx administrative costs		(22,900)	(22,900)
- Disability Rx		(458,000)	(458,000)
	Total - B/A 3156:	(2,864,400)	(2,864,400)
3161 - DPBH SNAMHS:			
- SNAMHS - PACT			-
- SNAMHS - Home Visiting Program			-
- SNAMHS - Dvoskin Recommendations			-
- So NV MOST Program		(250,000)	(250,000)
- So NV Community Triage Center			-
- So NV Mental Health Court		-	-
	Total - B/A 3161:	(250,000)	(250,000)
3162 - DPBH NNAMHS:			
- NNAMHS - Home Visiting Program		-	-
	Total - B/A 3162:	-	-
3166 - ADSD Family Preseration Program:			
- Family Preservation		(200,000)	(200,000)
	Total - B/A 3166:	(200,000)	(200,000)
3195 - Director's Office Grants Management Unit:			
- Wellness administrative costs		(302,588)	(302,588)

- NEW - Federally Qualified Health Center Incubator Project		(500,000)	(500,000)
- Suicide Prevention (DPBH through DO)		(380,000)	(380,000)
- Hunger		(2,000,000)	(2,000,000)
- Immunization (DPBH through DO)		(150,000)	(150,000)
- 2-1-1 Support		(481,000)	(481,000)
- Health Access		-	-
- NEW - Nevada 2-1-1		(130,000)	(130,000)
- Differential Response		(1,350,000)	(1,350,000)
- Family Resource Centers		(1,365,000)	(1,365,000)
- Disability administrative costs		(172,000)	(172,000)
- Respite		(640,000)	(640,000)
- Positive Behavior Support		(320,000)	(320,000)
- Independent Living Grants		(550,000)	(550,000)
	Total - B/A 3195:	(8,340,588)	(8,340,588)
3204 - Director's Office Office for Consumer Health Assistance:			
- NEW - Office of Minority Health - Minority Health Coalition		(133,000)	(133,000)
- OCHA Ombudsmen		(140,000)	(140,000)
	Total - B/A 3204:	(273,000)	(273,000)
3220 - DPBH Chronic Disease:			
- Cessation		(950,000)	(950,000)
	Total - B/A 3220:	(950,000)	(950,000)
3266 - ADSD Home and Community Base Services:			
- Traumatic Brain Injury		-	-
- Autism Taskforce Support		-	-
- Autism		(1,600,000)	(1,600,000)
	Total - B/A 3266:	(1,600,000)	(1,600,000)
3281 - DCFS Northern Nevada Child & Adolescent Services:			
- No NV Mobile Crisis Unit		(718,373)	(718,373)
- No NV Mobile Crisis Unit - Expansion		-	-
	Total - B/A 3281:	(718,373)	(718,373)
3645 - DPBH Facility for Mental Offender - Lakes Crossing:			
- Lakes Crossing Additional Beds/Staffing		-	-
	Total - B/A 3645:	-	-
3646 - DCFS Southern Nevada Child & Adolescent Services:			
- So NV Mobile Crisis Unit		(1,584,378)	(1,584,378)

- So NV Mobile Crisis Unit - Expansion		-	-
	Total - B/A 3646:	(1,584,378)	(1,584,378)
1090 - Trust Fund for Healthy Nevada			
- Treasurer's Administrative Costs		(67,682)	(71,634)
	Total - B/A 1090:	(67,682)	(71,634)
	Total All Budget Accounts:	(22,791,921)	(22,795,873)
Revenue:			
- April Payment for Next State Fiscal Year		24,757,896	22,677,722
- Prior Year Funds Returned to FHN		-	-
- Treasurer's Interest		160,071	160,071
	Total Revenue:	24,917,966	22,837,793