Helping People --

NEVADA DEPARTMENT of
HEALTH and HUMAN SERVICES

it's who we are and what we do

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

2018 Statewide Community Needs Assessment

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

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

State of Nevada

Department of Health and Human Services

OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS

REQUEST FOR APPLICATIONS and INSTRUCTIONS
STATE FISCAL YEARS 2018 – 2019

Fund for a Healthy Nevada
Children's Trust Fund
Social Services Block Grant – Title XX

NOTE: This document is available online at http://dhhs.nv.gov/grants

CONTENTS **PAGE**

FUNDING SOURCES AND PRIORITIES

Source and Purpose of Funds

This Request for Applications (RFA) is for competitive proposals to be funded through the sources listed below for State Fiscal Years (SFY) 2018 and 2019. Although these funding sources are distilled in a single RFA, each will retain specific regulatory requirements. This RFA is published and administered by the Office of Community Partnerships and Grants (OCPG) in the Director's Office of the Department of Health and Human Services (DHHS-DO).

This is a competitive process. Current grantees are not guaranteed funding in SFY18-19 and applicants who receive awards through this RFA are not guaranteed future funding.

Funding Source	Nevada Revised Statute (NRS) or Federal Law	Funding Priority	Pending Amount Available
Fund for a Healthy Nevada (FHN) - Wellness	NRS 439.630(1)(g)	Hunger Relief	$2,300,000
Fund for a Healthy Nevada (FHN) - Disability Services	NRS 439.630(1)(h)	• Respite Care • Independent Living • Positive Behavior Support	• $640,000 • $550,000 • $320,000
Children's Trust Fund (CTF) / Community-Based Child Abuse Prevention (CBCAP)	• NRS 432.131 • Title II Federal Child Abuse Prevention Treatment Act *(CFDA 93.590)*	Prevention of Child Abuse and Neglect	$781,942
Social Services Block Grant (SSBG-TXX)	Title XX Federal Social Security Act *(CFDA 93.667)*	• Prevention of Child Abuse and Neglect • May also be used to supplement funding in funding priority areas listed above.	$987,629

All of the proposed allocations listed above are subject to the availability of funds as well as any and all changes made by the 2017 Nevada Legislature during the state budgeting process and/or by the United States Congress during the federal budgeting process. If changes occur, amendment(s) to this RFA will be published.

GRANT PERIOD

Awards made under this RFA are intended to span two State Fiscal Years – 2018 and 2019. Year One awards begin July 1, 2017 and end June 30, 2018. Year Two awards begin July 1, 2018 and end June 30, 2019. All awards are subject to funding availability. Year Two awards are also contingent on grantee performance in Year One.

PHILOSOPHY

1. The DHHS-DO OCPG is a **mission-driven grantor**. All proposals funded through this RFA must be aligned with the overall mission of the Department and the OCPG as well as any program-specific missions cited in this document.

   The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

   The mission of the Office of Community Partnerships and Grants (OCPG) is to help families and individuals in Nevada reach their highest level of self-sufficiency by supporting the community agencies that serve them though engagement, advocacy and resource development.

2. To further the missions of the Department and the OCPG, this RFA seeks partners whose programs are focused on **achieving positive outcomes**.

   The over-arching objective of all work supported by the available funding is to improve the quality of life of the individuals and families served while influencing positive change in Nevada communities.

   To reach this goal, collaborations with primary care providers, Federally Qualified Health Centers, other health centers/providers and community collaborations are important to address the clients holistically. A holistic approach recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring clients to ensure their needs are met. Social determinates include factors like socio-economic status, education, the physical environment, and access to services.

   Underserved, low-income, and disparate populations are at a higher risk of developing health problems because of a greater exposure to health and social risks. Access to services for this population is strained and requires innovative approaches on behalf of agencies in order to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede clients from accessing services.

   Agencies are encouraged to be creative to meet the needs of Nevada's families, reach the unreachable, and weave the philosophy of a holistic-centered approach into their proposals.

GUIDELINES FOR PRIORITY AREAS

I. FUND FOR A HEALTHY NEVADA – WELLNESS CATEGORY

FHN WELLNESS – Hunger (One-Stop Shops)

This application addresses multiple goals in the DHHS Food Security Strategic Plan.

- Establish and integrate an actual or virtual "one-stop shop" system to increase access to food and other services for food insecure Nevadans.
- Increase the number of service providers/places within a community and neighborhood to increase access points to healthy food by food insecure people who may be ineligible for federal nutrition programs.
- Maximize participation in each federal nutrition program available to the state.

The application also addresses one of the five key principles in the Plan.

- Use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance.

To view the entire plan, go to:
http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Grants/StrategicPlan_FoodSecurityinNV_020713.pdf

Projects awarded funds will:

- Provide individuals and families with a sufficient amount of food resources to meet their immediate needs.
- Link individuals and families with income and other supportive services in order to provide a foundation for families to stabilize and move toward economic self-sufficiency.
- Create a more collaborative, organized and innovative network of agencies in local communities working together on food security and family self-sufficiency.
- Provide outreach to people who need food assistance but lack access.

Projects may also:

- Open new sites in unserved areas.
- Provide education to ensure that participants understand how to prepare fresh foods.

REQUIREMENTS for HUNGER	DETAILS
Basic Requirements of Proposals	• Only applications from collaborative partnerships involving two or more community agencies will be considered. ○ Partners may include food pantries, local agencies that link families with major income and supportive services, and other organizations that will add value to the project.

REQUIREMENTS for HUNGER	DETAILS
	○ Collaborative partnerships must provide both food assistance and linkage services. ○ Only one lead agency within the collaboration will submit the application on behalf of the partnership. ○ Fiscal details regarding sub-awards should be included in the proposed budget. ○ Partnerships must be formalized through Memorandums of Understanding (MOUs). The applicant will be required to submit Letters of Agreement and draft MOUs with the proposal. The signed MOUs must be in place before the award notice is issued. • At least 50% of the requested funds must be used to purchase food. • Applicants will be asked to provide information ensuring that they will make cost-effective food purchases and distribute food that contributes to a balanced diet. • Screening, referral and follow-up must be conducted for the following food and supportive services programs. Referrals to additional services are encouraged. ○ Food: SNAP, WIC, school lunch program, Senior congregate and home-delivered meals, commodity foods ○ Supportive Services: EITC, TANF, CCDF (child subsidy), EAP, Silver State Health Insurance Exchange, Nevada Check-up, Medicaid, local employment assistance programs • Projects must be structured to serve all ages – birth to elder. • If opening a new pantry, applicants are required to document the unmet need and submit a timeline for opening the pantry by September 30, 2018.
Reporting and Other Requirements for Funded Proposals	• Grantees must submit quarterly reports documenting progress toward goals, and also track and report on basic client demographics (ideally on all clients served from all sources of funding). • Grantees must also track and report on other support leveraged for this project (including cash, in-kind and volunteer support). • Grantees must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). • All grantees and subrecipients providing direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required as part of the grantee's

REQUIREMENTS for HUNGER	DETAILS

	second quarter progress report.
	• The following standardized outcomes are required; grantees are welcome to propose, track and report on additional outcomes.
	  ○ Number of additional meals provided as a result of this project. (The USDA formula for converting pounds of food to meals is 1.2 pounds of food equals one meal.)
	  ○ Number and percent of unduplicated people who reported that they did not need to skip meals in the month following the food and referral assistance received from this project.
	  ○ Number and percent of unduplicated people who were successfully linked with programs that address risk factors.
	  ○ Increase in the average pounds of fresh produce provided to each individual or family.
	• Applicants who receive awards will be expected to participate in quarterly meetings to maximize project impact. Grantees will share information and strategize on a number of issues including, but not limited to:
	  ○ Best practices for managing a food pantry (e.g., conducting intake, purchasing food, amount of food distributed, quality of food offered);
	  ○ Maximizing the amount of food provided to minimize the need for individuals and families to utilize multiple pantries to meet their needs;
	  ○ Best practices for tracking client activity; and
	  ○ *Statewide Food Security Strategic Plan* initiatives.

II. FUND FOR A HEALTHY NEVADA – DISABILITY SERVICES CATEGORY

Per NRS 439.630(1)(h), all grants funded in this category must be targeted to persons with disabilities.

A. In order to determine whether a proposal specifically targets the intended population, applicants will be asked to provide the citation from federal, state or local law that their organization uses to determine disability. If no law is referenced, applicants must provide the disability criteria contained in their organizational policy. In either case, the DHHS OCPG may request copies of policies, client enrollment forms and other documents that support the applicant's response.

B. **The proposal should address low-income and disparate populations to the extent practicable.** Applicants will need to describe how the proposed project will identify, target and verify low-income and disparate populations.

C. The U.S. Department of Health and Human Services, Administration on Community Living has adopted a strategic plan covering the timespan 2013 through 2018. Among the goals for older adults and persons with disabilities are: Individual Self-Determination and Control (Goal 3) and Long-Term Service and Supports (Goal 4). It is the intent of the DHHS-DO OCPG to align FHN Disability Services programs with these goals. The plan is available for review at: http://www.acl.gov/About_ACL/StrategicPlan/docs/ACL_Strategic_Plan.pdf

D. In its 2014 Integration Plan, the Nevada Aging and Disability Services Division established a goal to "adopt and implement a universal, person-centered framework." It is the intent of the DHHS-DO OCPG to align FHN Disability Services programs with this goal. As defined in the Integration Plan, person-centered practice is "treatment and care that places the person at the center of their own care and considers first and foremost the needs of the person receiving the care. It is also known as person-centered care, patient-centered care and client-centered care. Person-centered practice is treating persons/patients/clients as they want to be treated." This definition was adapted from a guide published by the Department of Health and Human Services in Victoria, Australia. Links to the Integration Plan and the guide are provided below.

ADSD Integration Plan: http://adsd.nv.gov/About/Reports/StatePlan/StatePlan/
Person-Centered Practice (Guide):
http://www.health.vic.gov.au/older/toolkit/02PersonCentredPractice/docs/Guide%20to%20implentating%20Person%20centred%20practice.pdf

APPLICATION IIA – Respite Care

Respite Care is intended to alleviate stress by providing temporary relief for the primary caregiver of a person or persons with disabilities of any age (including children in out-of-home placement).

REQUIREMENTS for RESPITE	DETAILS
Basic Requirements of Proposals	• Proposals must provide short-term care within the home and/or outside the home (i.e., center-based). • Applicants should indicate current collaborations, particularly in the areas of healthcare and social services referrals. • Applicants must address how services are made accessible to those who have little or no transportation and describe how the proposed program will reach those with limited access.
Reporting and Other	• Grantees must submit quarterly reports documenting progress toward goals, and also track and report on basic client demographics (ideally on

REQUIREMENTS for RESPITE	DETAILS
Requirements for Funded Proposals	all clients served from all sources of funding). • Grantees must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). • All grantees and subrecipients that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required as part of the grantee's second quarter progress report. • The following standardized outcomes are required; grantees are welcome to propose, track and report on additional outcomes. ○ Improvement in family stress levels. ○ Improved relationships among caregivers, care recipients and other family members. ○ Improvement of caregiver's physical and emotional wellbeing. • Grantees may also be required to track unmet needs and report on waiting lists. • Applicants who receive awards will be expected to participate in quarterly meetings to maximize project impact. Grantees will share information and strategize on a number of issues including, but not limited to: ○ Development of a reasonable model for case management by respite providers; ○ Alignment with national service delivery standards and outcomes, with use of evidenced-informed practices; and ○ Providing equitable access to respite statewide through coordinated practices. • Applicants may also be expected to participate within the Statewide Respite Coalition.

APPLICATION IIB – Positive Behavior Support

Positive Behavior Support (PBS) is an empirically validated, function-based approach to developing and employing a plan of support for individuals whose disability is accompanied by problem behavior. PBS focuses on proactive and educative strategies to (1) expand an individual's behavior repertoire and (2) redesign environments. These strategies are intended to enhance a person's lifestyle and minimize problem behavior. Because substantial funding is available from other sources (i.e., the Department of Education) for school-based programs, the preference in this solicitation will be to fund services in non-school settings.

REQUIREMENTS for PBS	DETAILS

Basic Requirements of Proposals	• Proposals submitted under this funding priority must include the following elements.
	  ○ The assembly and participation of a team that has agreed to support the individual.
	  ○ Person-centered planning regarding lifestyle ambitions of the family or participant with a description of goals for improved lifestyle.
	  ○ Functional assessment to identify possible relevant antecedent and maintaining stimuli, and all major environments in which the behavior occurs.
	  ○ Direct observation relevant to confirmation of hypotheses regarding the function of the problem behavior.
	  ○ The development of a multi-component plan.
	  ○ A targeted effort to serve low-income and disparate populations.
	  ○ Statewide services including rural, frontier counties.
	• Applicants should indicate current collaborations, particularly in the areas of healthcare and social services referrals.
	• Applicants must address how client transportation needs are assessed and managed.
	• Applicants must address how services are made accessible to those who have little or no transportation and describe how the proposed program will reach those with limited access.

Reporting and Other Requirements for Funded Proposals	• Grantees must submit quarterly reports documenting progress toward goals, and also track and report on basic client demographics (ideally on all clients served from all sources of funding). • Grantees must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). • All grantees and subrecipients that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required as part of the grantee's second quarter progress report. • The following standardized outcomes are required; grantees are welcome to propose, track and report on additional outcomes. ○ Improvement in behavior exhibited by target individuals.

REQUIREMENTS for PBS	DETAILS
	○ An increase in the number of individuals with behavioral challenges who are able to live in community-based settings (or remain in school if a student). ○ Improved performance in school of those enrolled, and reported improved behavior in community-based settings. ○ A decrease in stress reported by those who provide support to the behaviorally challenged individual. • Grantees may also be required to track unmet needs and report on waiting lists. • Applicants who receive awards may be asked to participate in quarterly meetings with grantees in the Independent Living program category to maximize project impact.

APPLICATION IIC – Independent Living

Independent Living (IL) proposals should focus on the provision of direct services to individuals with disabilities. Online applications are available for adaptive resources, life skills training, transportation and transitional housing.

Basic Requirements for Proposals are described below for each service-specific subcategory of Independent Living Services.

- All proposals must address how services are made accessible to those who have little or no transportation and describe how the proposed program will reach those with limited access.

A. ADAPTIVE RESOURCES with CASE MANAGEMENT

Adaptive Resources may include adaptive housing and/or assistive technology. Adaptive housing services should include appropriate accommodations to and modifications of any space used to serve, or to be occupied by, individuals with significant disabilities. Assistive technology should include equipment or systems to assist people with disabilities to increase, maintain or improve functional capacity. If a policy exists for reuse or recycling of equipment, this information should be included in the narrative section of the application.

B. LIFE SKILLS TRAINING with CASE MANAGEMENT

Life Skills programs teach persons with disabilities skills that help them live as independently as possible in the community. Proposals may cover one or more of a broad range of needs including, but not necessarily limited to:

- Job training and preparation;
- Understanding and compensating for a new disability (e.g., adjusting to blindness or low vision);

- Developing skills in areas such as personal care, coping, financial management, social skills, household management, and utilizing public transportation; and
- Education about community resources and activities.

C. <u>TRANSITIONAL HOUSING with CASE MANAGEMENT</u>

Transitional Housing projects must provide comprehensive housing and supportive assistance to persons with disabilities and their families in order to transition them to stable housing and self-sufficiency. Programs should link with other service providers to select appropriate clients, identify appropriate transitional housing for clients, and facilitate transition to ensure continuous housing for the client.

D. <u>TRANSPORTATION SERVICES</u>

Transportation services assist individuals with disabilities in getting to medical appointments, work, shopping centers, etc.

REQUIREMENTS for IL	DETAILS
Reporting and Other Requirements for Funded Proposals	• Grantees must submit quarterly reports documenting progress toward goals, and also track and report on basic client demographics (ideally on all clients served from all sources of funding). • Grantees must submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (e.g., reimbursement for actual expenses paid). • All grantees and subrecipients that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required as part of the grantee's second quarter progress report. • The following standardized outcomes are required; grantees are welcome to propose, track and report on additional outcomes. o An increase in self-confidence and ability to function without assistance. o An increase in long-term stability. o Improvement in at least one ancillary need (e.g., food security). o Is the client able to continue in a permanent home and or community setting o Has the client been educated on various community resources and been linked to services • If vocational rehabilitation services are provided, the grantee must track the percentage of participants gaining and maintaining

REQUIREMENTS for IL	DETAILS
	competitive employment at three to six months following program completion. • Grantees may also be required to track unmet needs and report on waiting lists. • Applicants who receive awards will be expected to participate in quarterly meetings to maximize project impact. Grantees will share information and strategize on a number of issues including, but not limited to: ○ Prioritization of the services and best practices for ensuring that client needs are met; ○ Best practices in the delivery of services to persons with disabilities; ○ Developing a reasonable case management model for service providers with limited client interaction; and ○ Best practices for tracking client activity.

III. CHILDREN'S TRUST FUND – PREVENTION OF CHILD ABUSE AND NEGLECT

APPLICATION IIIA – Parent Education and Training

Parent Education and Training consists of classes or support groups for parents of children age birth through 17. Participants are taught child development milestones and appropriate child discipline approaches in order to prevent child abuse and neglect. Programs must use a curriculum or approach that is evidence-based or evidence-informed.

Applicants that are awarded funding for Parent Education and Training must comply with the following:

- Agree to participate in a 2-year capacity-building, phased-in parenting education model. (Refer to Appendix C: Service Matrix for PCAN Parenting Education and Training.)
- Participate in a state-wide family strengthening and prevention initiative whose main goal is to create a coordinated network of parenting education agencies and professionals;
- Track unduplicated children, adults, and families and individuals with disabilities;
- Track demographic information including but not limited to age, race/ethnicity, and socioeconomic status.
- Track established outcomes which will be developed in a group setting.

APPLICATION IIIB – Crisis Intervention

Crisis Intervention programs must document a critical need related to tertiary prevention of child abuse and neglect and document how this service will be linked to other services to avoid duplication. Contact must be made within 72 hours of crisis and the intervention must be a time-limited service.

Applicants that are awarded funding for Crisis Intervention must track:

- The level of long-term support and stabilization resulting from the intervention service.
- Improvement in the parents' perception of the child(ren)'s behavior and their perception of their competency as a parent.
- Achievement of care plan goals.
- No further or new referrals to and/or involvement with Child Protective Services at 3 and 6 months.
- Track demographic information including but not limited to age, race/ethnicity, and socioeconomic status.

APPLICATION IIIC – Child Self-Protection Training

Child Self-Protection Training teaches students to recognize potential abusive situations and provides them with the skills necessary to protect themselves from abusive situations they may encounter with strangers as well as known and trusted people.

Applicants that are awarded funding for Child Self-Protection Training must track:

- The number of unduplicated children, adults, and families, and individuals with disabilities.
- That at least 80% of students that have participated in child self-protection workshops report an increase in knowledge and skill of self-protection.

REQUIREMENTS for PCAN	DETAILS
Basic Requirements for All Proposals	• Proposals submitted under this funding priority must include the following elements: ○ Support meaningful integration of parents in the continuous development, implementation, and evaluation of prevention programs; ○ Utilize evidence-based or evidence-informed curriculums and programs; ○ Participate in child abuse prevention activities throughout Child Abuse Prevention Month in April 2018 and April 2019; ○ Include evaluation tools such as pre/post-tests, retrospective assessments, client satisfaction surveys, etc.

REQUIREMENTS for PCAN	
	to measure outcomes set by the grantee. ○ Grantees must demonstrate the ability to offer access to agency services by providing, whenever possible, transportation accessibility, and culturally and linguistically competent services.
Reporting and Other Requirements for Funded Proposals	• All grantees funded in this priority area must meet the following requirements. ○ Grantees must attend quarterly grantee meetings with the main focus of networking and streamlining fiscal, programmatic and best practices information and resources. ○ Submit quarterly reports documenting progress towards meeting of proposed outcomes, and track and report on basic client demographics. ○ Submit a monthly Financial Status Report/Request for Funds based on OCPG requirements (reimbursement for actual expenses paid). • All grantees that provide direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission will be required the first quarter of SFY 18.

Online Resources

- Information about the Protective Factors: http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Grants/Forms/The_Six_Protective_Factors.pdf
- Information about the Protective Factors Survey and access to the Survey : http://friendsnrc.org/protective-factors-survey.
- Information about evidence-based and evidenced-informed programs and practices: http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap
- List of evidence-based and evidenced-informed Parent Education programs: http://www.cebc4cw.org/
- The definition of a child with a disability: http://friendsnrc.org/cbcap.
- Information about PCA Nevada: http://preventchildabusenevada.org/

ELIGIBILITY AND APPLICATION PROCESS

ELIGIBILITY

All nonprofit and public agencies (including state, local and tribal governmental agencies, universities and community colleges) can apply if interested in providing services that address one or more of the funding priorities described in this RFA.

EXPLANATION OF COMPETITIVE PROCESS

This is a competitive grant solicitation process structured to meet accepted industry standards. It is inappropriate for applicants to attempt to influence the outcome in any manner other than by submitting a strong proposal. Transparency and respect of the process are essential for a fair result.

USE OF THE TERMS APPLICATION, PROPOSAL AND REQUEST

Throughout this document, the words "application" and "proposal" may be used interchangeably. Both refer to the documents that applicants will submit to support funding for their projects. In this section, a distinction is made between those documents and the point at which the documents become a qualified "request."

APPLICATION PROCESS

This is an online application process. If an applicant wishes to submit a proposal under more than one funding priority, the applicant must complete and submit a separate application for each proposal. Additional details about the online process are located in the "Application Instructions" section of this document

MANDATORY ORIENTATION

In order to obtain the information necessary to access the application website, applicants **must** attend at least one of 2 Orientation Sessions, which will be conducted via webinar.

The OCPG strongly encourages applicants to assign appropriate representatives to attend the orientation. Ideally, this would include the person who will manage the proposed program, a member of the applicant's fiscal staff and the person who will be writing the proposal.

Orientation dates and times are included in the Timeline of this RFA, along with contact information for the OCPG staff member who will track RSVPs. The URL address to access the application website will be released by 5 p.m. to those prospective applicants who have attended the Orientation Session.

APPLICATION QUESTIONS AND ANSWERS

Substantive questions about the application may be submitted via e-mail to GMU@dhhs.nv.gov through Friday, February 10, 2017, and will be posted to the OCPG website http://dhhs.nv.gov/Grants/ with responses, by Wednesday, February 15, 2017. The Q&A will remain on the website through the end of the application period. **After February 10, 2017, no substantive questions about the application will be answered.**

Technical questions about navigating the online application may be directed to Gloria Sulhoff via e-mail at GSulhoff@dhhs.nv.gov or via telephone at (702) 486-3530 throughout the application period.

Applicants are advised not to wait until the deadline to ask submittal questions since the OCPG cannot guarantee immediate response and applications submitted after the published deadline will be disqualified.

EVALUATION PROCESS

Proposals received by the published deadline of **5 p.m. Friday, March 10, 2017**, will be processed as follows.

STEP 1: TECHNICAL REVIEW

OCPG staff will perform a technical review of each proposal to ensure that minimum standards are met.

- Proposals **will** be disqualified if they do not match the identified funding priority, **or** do not address one or more key requirements of the identified funding priority.
- Proposals **may** be disqualified if they are missing fundamental elements (i.e., unanswered questions, required attachments).

STEP 2: OCPG STAFF EVALUATION

A. Each proposal that passes the technical review will be evaluated for content and scored by at least two OCPG staff members using the Scoring Matrix in Appendix A (for FHN-Wellness (Hunger) or Appendix B (for FHN-Disability Services and CTF PCAN).

B. During the review process, staff will identify strengths and weaknesses and may recommend that if the proposal is funded:

- Specific revisions are made to the budget or Scope of Work, or
- Special conditions are placed on the award (e.g., certain fiscal controls, more stringent performance requirements, or more frequent reviews).

C. Proposals that achieve a **minimum score of 60** become **requests** and qualify for Step III of the evaluation process. Exceptions to the 60-point rule may be made if necessary to ensure statewide geographic distribution of funds.

D. The results of this step will be treated as "pass/fail" only. Each applicant will receive individual notification of their status via email. There is no appeals process.

STEP 3: GRANTS MANAGEMENT ADVISORY COMMITTEE (GMAC) SUBCOMMITTEE EVALUATION

A. Requests will be distributed to members of the appropriate GMAC Subcommittee.

- Wellness (Hunger)
- Disability Services (Respite Care, Positive Behavior Support and Independent Living)

- Prevention of Child Abuse and Neglect (Parent Training, Crisis Intervention and Child Self-Protection)

B. Subcommittee members will independently read and score the requests in accordance with the corresponding Scoring Matrix.

C. OCPG staff will:

- Compile the results of the subcommittee members; independent reviews, and
- Prepare a report for the subcommittees that will include suggested approaches to the development of award recommendations.

D. In public meetings to be scheduled between May 1 - 5, 2017, GMAC Subcommittee members will discuss the requests among themselves and with OCPG staff. Adjustments to individual subcommittee scores may be made at that time. **In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed. Requests must stand on their own merit.** Therefore, while applicants are welcome to attend subcommittee meetings, they are not required to do so.

E. GMAC Subcommittees will vote on award recommendations to be presented to the full GMAC. Members with conflicts of interest will abstain from votes that directly affect an applicant with whom they are affiliated.

STEP 4: FULL GMAC RECOMMENDATIONS

A. In a public meeting scheduled for **May 24, 2017**, the full GMAC will hear recommendations from the GMAC Subcommittees.

B. Members of the full GMAC may discuss the recommendations among themselves and with OCPG staff. **In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed. Requests must stand on their own merit.** Therefore, while applicants are welcome to attend the full GMAC meeting, they are not required to do so.

C. The full GMAC will vote on final recommendations for consideration by the DHHS Director. Members with conflicts of interest will abstain from votes that directly affect an applicant with whom they are affiliated.

STEP 5: FINAL DECISIONS

Final funding decisions will be made by the DHHS Director based on the following factors.

- Consideration of the recommendations of the full GMAC;
- Reasonable distribution of the recommended grant awards among north, south and rural parts of the state;
- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
- Availability of funding.

Funding decisions made by the DHHS Director are final. There is no appeals process.

NOTIFICATION AND AWARD PROCESS

A. OCPG staff will notify all applicants of the final outcome after the Director's decisions have been made.

B. OCPG staff will conduct negotiations with the applicants recommended for funding. During these negotiations, any specific issues identified by the GMAC, the OCPG or DHHS Director will be addressed. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work;
- Revisions to Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews).

C. Upon successful conclusion of negotiations, DHHS OCPG staff will complete and distribute to grantees the Notices of Grant Award (NOGA), General Conditions and Grant Assurances, and Grant Instructions and Requirements (GIRS).

D. Not all applicants who are contacted for final negotiations will necessarily receive an award. All questions and concerns must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds**.

NOTE: DHHS is not responsible for any costs incurred in the preparation of the application and applications become the property of DHHS. DHHS, in coordination with the GMAC, reserves the right to accept or reject any or all applications.

SFY18-19 RFA TIMELINE

Week	Date	Activity
Week 1	Monday, January 23, 2017	RFA is published.
Week 1 and 2	Friday, January 27, 2017 10:00am **OR** Monday, January 30, 2017 10:00am	Applicant orientations scheduled. ****Attendance is mandatory for all applicants**** Information about how to access the online application will be released to attendees by 5 p.m.
Week 2	Friday, February 10, 2017	Deadline for applicants to submit substantive questions about application to OCPG.
Week 3	Friday, February 17, 2017	OCPG posts final Questions and Answers to website.
Week 6	Thursday, March 9, 2017	GMAC Committee Meeting
Week 6	Friday, March 10, 2017	Applications are due by 5 p.m.
Week 9	Friday, March 31, 2017	OCPG staff completes internal processing of applications and forwards review packets to GMAC Subcommittee members.
Week 13	Friday, April 21, 2015	GMAC Subcommittee members complete reviews and return materials to OCPG.
Week 14	Monday through Friday May 1 – 5, 2017	GMAC Subcommittees meet to adopt recommendations for consideration by the full GMAC.
Week 16	Wednesday, May 17, 2017	OCPG distributes results of Subcommittee meetings to full GMAC, applicants and stakeholders.
Week 17	~~Wednesday, May 24, 2017~~ Thursday, May 25, 2017	Full GMAC meets to hear reports from Subcommittees and adopt final recommendations for submission to the DHHS Director.
Week 18	Friday, June 2, 2017	DHHS Director completes review of GMAC recommendations and finalizes awards.
Week 24	June 30, 2017	OCPG staff finalizes budgets, outcomes and issues Notices of Grant Award.

APPLICATION INSTRUCTIONS

Applicants MUST attend at least one of the following orientation sessions, which will be conducted via online webinar. The OCPG strongly encourages applicants to assign appropriate representatives to attend the orientation. Ideally, this would include the person who will manage the proposed program, a member of the applicant's fiscal staff, and the person who will be writing the proposal. Applicants must RSVP to Gloria Sulhoff at gsulhoff@dhhs.nv.gov no later than 3 p.m. the day before the selected orientation to ensure that connection information is communicated in advance.

Orientation Sessions Dates and Times

- Friday, January 27, 2017, 10:00 am to 11:30 am
- Monday, January 30, 2017, 10:00 am to 11:30 am

I. Online Application Process

A. This is an online application process. If an applicant wishes to submit a proposal under more than one funding priority, the applicant must complete and submit a separate application for each proposal. This rule applies even if two or more funding priorities share the same application form. For example, the Independent Living application includes four program areas – adaptive resources, life skills training, transitional housing, and transportation. If an applicant wishes to apply for funds to support an adaptive resources project **and** a transportation project, two applications must be submitted. The rule also applies to the three program areas within the Prevention of Child Abuse and Neglect application – parent training, crisis intervention, and child self-protection training.

B. The URL address to the application website will be released to attendees of the orientation session/s by 5 p.m. that same day.

C. Each online application form will request organizational and contact information, a project title, the amount of funding requested, a program summary, projected outputs and outcomes, and responses to questions regarding the proposed project. Applicants must provide an answer for each question marked with an asterisk, which indicates that an answer is required. If a required question does not apply to a particular organization or proposal, the applicant must at least respond "**Not applicable, or N/A**." The online system will not allow an application to be submitted if a required field is left blank.

E. Applicants will also be asked to attach documents to the application. Some are required while others are optional, depending on the content of the proposal. The application software supports the following file types for uploading: Word (.doc, .docx); Excel (.xls, .xlsx); and PDF (.pdf).

- If a document's extension does not match one of these choices, the applicant is advised to convert it to pdf format.
- The system will allow only one uploaded document per Upload File field. If you have multiple documents relating to a specific question/request (i.e., Letters of Agreement or MOUs), scan them into one PDF document and upload the resulting file.
- Requested documents include the following. Note that all may not be applicable to the applicant. If the field is marked as required, but does not apply or is not available, please upload a simple word document of explanation.
    - Copy of agency's IRS 501(c)(3) Letter of Determination
    - Letters of Agreement or Memorandums of Understanding
    - Year-One Budget
    - Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
    - Agency's Strategic Plan
    - Agency's Sustainability Plan
    - Most recent Single Audit and Management Letter (if agency receives more than $750,000 annually in federal funds) OR most recent year-end financial statements (if federal audit is not applicable.)
    - Proof of agency liability insurance
    - Proof of workers' compensation insurance

F. There is no option to attach unsolicited materials to the online application. Any unsolicited materials mailed, delivered or e-mailed to the OCPG will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.

G. Technical questions regarding submission may be directed to Gloria Sulhoff via e-mail at gsulhoff@dhhs.nv.gov or by phone at (702) 486-3530.

Applicants are strongly advised not to wait until the deadline to ask submittal questions since the OCPG cannot guarantee immediate response and the online system will automatically close at 5 pm.

H. Once the full application is submitted, no corrections or adjustments may be made prior to the negotiation period.

BUDGET INSTRUCTIONS

All proposals must include a detailed project budget for the first year of the grant. The budget should be an accurate representation of the funds actually needed to carry out the proposed Scope of Work and achieve the projected outcomes in Year One. If the project is not fully funded, the OCPG will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants **must** use the budget template form (Excel file) provided for downloading in the Budget Section of the online application. Use the budget definitions provided in the "Categorized Budgets" section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas**.

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.**

Fee-for-Service Budgets

Applicants who wish to request funding based on a Fee-for-Service budget, instead of a Categorized budget, are invited to do so. A Fee-for-Service budget is based on the unit cost of providing a service. For instance, a respite program might determine that, overall, it costs $50 to provide one hour of respite to one client. If the intent were to provide 500 respite hours over the course of the grant period, then the funding request would be $25,000. Applicants who are providing parenting classes, or voucher or case management-based services, are strongly encouraged to submit fee-for-service budgets.

A Categorized budget must still be developed and submitted in order to demonstrate how the applicant arrived at the unit cost. Evaluation will be based on the applicant's explanation of costs, allowability and allocability of costs, and the reasonableness of cost. If the application is approved for funding, the reimbursement process will be based on units of service instead of the cost of salaries, supplies, occupancy, etc. Reimbursement will be limited to the number of units actually provided (not proposed), with maximum reimbursement limited to the total grant award. Program monitoring visits will include a review of documentation that supports the reimbursement (e.g., client service records).

Categorized Budgets

Personnel:
Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker's compensation). For example:

Program Director – ($28/hour x 2,080/year + 22% fringe) x 25% of time = $17,763
Intake Specialist – ($20/hour x 40 hours/week + 15% fringe) x 52 weeks = $47,840

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs (explained later).

Contractual/Consultant Services:
Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the OCPG. A copy of written agreements with any and all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Staff Travel/Per Diem:
Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 53.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at https://www.gsa.gov/portal/category/26429.

Equipment:
List equipment to purchase or lease costing $1,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than $1,000 should be listed under Supplies. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must

be labeled, inventoried, and tracked as such.

Supplies:
List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. As a general rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased, detail must be provided that explains how the food will be utilized to meet the project goals. Uses that are not in compliance with the Grant Instructions and Requirements will be denied.

Occupancy:
Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with this grant project should be requested in this budget.

Communications:
Identify, justify, and cost-allocate any communication expenses associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

Public Information:
Identify and justify any costs for brochures, project promotion, media buys, etc.

Other Expenses:
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please add a third tab to the budget template for that purpose.

Indirect Costs:
Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 8% of the total direct costs. Indirect costs may not exceed 8% of the total funds being requested; however, if you wish to request less than 8%, you may override the formula (located in Cell C-125).

Fee-for-Service Budgets Only:
If the applicant is requesting a "fee-for-service" reimbursement method, enter the number of units the project is expected to deliver in Cell C-143. The Unit Cost will auto-calculate in Cell E-143. Provide a definition of the Unit of Service in Cell B-145.

Budget Summary Form 2

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 ("OCPG") should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through H of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words "Other Funding" in the cell(s) in Row 6 with the name of the funding source. Enter either "Secured" or "Pending" in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the "Total Agency Budget" in Cell J-26 labeled for this purpose. This should include all funding available to the agency for all projects including the proposed project. Cell J-27 directly below, labeled "Percent of Total Budget," will automatically calculate the percentage that the funding requested from the OCPG for the proposed project will represent.

Complete Column I of the form if any program income is anticipated through this project. In Section C below the table, provide an explanation of how that income is calculated.

Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of these grants but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party: Funding Source administered by the OCPG
Second Party: The grantee (and any sub-grantee of project supported by the grant)
Third Party: Everyone else

If the grantee (second party) provides the property or services, then it is considered "cash" contributions, since only third parties can provide "In-Kind" contributions.

When costing out volunteer time, remember to calculate the cost based on the duties performed, not the volunteer's qualifications. For example, an attorney may donate his/her time to drive clients a certain number of hours per month but the donation must be calculated on the normal and expected pay received by drivers, not attorneys.

Program Income

Program income means gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the grant award. For programs receiving federal funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. A program may charge reasonable fees/subsidies/costs to be paid by recipients of services. Any estimated cash income generated in such a way must be identified and reported on Budget Summary Form 2 in Column I – "Program Income."

APPENDIX A: SCORING MATRIX – HUNGER ONE-STOP SHOPS

Following is a guide for evaluators to help them determine the appropriate score for each section.

1. ORGANIZATION STRENGTH (Up to 25 Points)

Elements to be evaluated: (1) Qualifications of staff providing the provide proposed service (2) Strength of governing board (3) Strategic Plan and Sustainability Plan 5) Project alignment with agency mission and goals.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

2. COLLABORATIVE PARTNERSHIPS (Up to 20 Points)

Elements to be evaluated: (1) Strength of collaboration with providers (2) Collaboration's collective impact on community (3) Strategies to maximize food availability/quality (4) Letter of Agreement/MOUs in place.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 2 or 3 elements strong, others unsatisfactory – Score between 6 and 10 points
- 2 or 3 elements strong, others satisfactory – Score between 11 and 15 points
- All 4 elements strong – Score between 16 and 20 points

3. SERVICE DELIVERY (Up to 25 Points)

Elements to be evaluated: (1) Cultural competency/linguistically tailored (2) Service delivery model (3) Access to services addressed (4) Holistic approach to addressing client needs.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

4. COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 15 Points)

Elements to be evaluated: (1) Plans to make cost-effective purchases. (2) Percentage of funds spent on food (minimum requirement 50%). (3) Other resources (from partners and/or from matching grant).

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

5. OUTCOMES (Up to 15 Points)

Elements to be evaluated: (1) Achievability of outcomes. (2) Impact of services to client. (3) Past performance meeting goals

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

APPENDIX B: SCORING MATRIX
FHN Disability Services and CTF Prevention of Child Abuse and Neglect

Following is a guide for evaluators to help them determine the appropriate score for each section.

1. ORGANIZATION STRENGTH (Up to 25 Points)

Elements to be evaluated: (1) Qualifications of staff providing the proposed service (2) Strength of governing board (3) Strategic Plan and Sustainability Plan (5) Project alignment with agency mission and goals.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

2. COLLABORATIVE PARTNERSHIPS (Up to 20 Points)

Elements to be evaluated: (1) Collaboration with health care providers (2) Collaboration's collective impact on community (3) Roles of collaboration's partners (4) Letter of Agreement/MOU in place.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 2 or 3 elements strong, others unsatisfactory – Score between 6 and 10 points
- 2 or 3 elements strong, others satisfactory – Score between 11 and 15 points
- All 4 elements strong – Score between 16 and 20 points

3. SERVICE DELIVERY (Up to 25 Points)

Elements to be evaluated: (1) Culture competency/linguistically tailored (2) Service delivery (3) Access to services addressed (4) Evidence-based or evidence-informed service delivery.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
- 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
- 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
- All 4 elements strong – Score between 21 and 25 points

4. COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 15 Points)

Elements to be evaluated: (1) Overall cost-effectiveness of project. (2) Appropriate use of funds (3) Use of other resources.

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

5. OUTCOMES (Up to 15 Points)

Elements to be evaluated: (1) Achievability of outcomes. (2) Impact of services to client. (3) Past performance meeting goals

- 0 elements addressed satisfactorily – Score 0 points
- 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
- 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
- All 3 elements strong – Score between 11 and 15 points

APPENDIX C: Prevention of Child Abuse and Neglect (PCAN)-Parenting Education and Training

SERVICE MATRIX

Focus Areas ↓	PHASE I (July 1, 2017-Dec. 31, 2017) ***Program Research and Development*** Goal: To establish a state-wide coordinated network of parenting education programs that employ standardized processes to reach shared upon outcomes.	PHASE II (Jan. 1, 2018-Dec. 31, 2018 ***Program Implementation*** Goal: To understand program implementation as three-pronged: (1) delivery of services; (2) process of continuous quality improvement; (3) and ongoing data collection.	PHASE III (Jan. 1, 2019-June 30, 2019) ***Program Evaluation*** Goal: To assess the effectiveness of parenting education programs in meeting outcomes established in Phase I.
Organizational/ Professional Development	▪ Prevention and/or parenting education specifically gets included in the overall strategic plans of the agencies. ▪ Agencies identify a prevention team within their agency to participate in a state-wide family strengthening and prevention initiative. Members of the initiative will meet quarterly and will be tasked with the review of assessments, drafting of shared outcomes, and the development of targeted outreach plans. ▪ Commitment to the capacity building of professionals in the prevention field, including parents. Agencies will attend the **Parent Leaders**	▪ Agencies' prevention teams participate in ongoing quarterly initiative meetings. ▪ If feasible, grantees attend the Annual Nevada State Child Abuse Prevention and Safety Conference offered by PCA-NV and CAN Prevent NV to take place June 2018. ▪ Grantees will participate in no less than two webinars having to do with program implementation in general and or specific elements.	▪ Grantees, through their prevention teams, will engage in a process review. (Training on this topic will be offered in Phase II.). ▪ If feasible, grantees attend the Annual Nevada State Child Abuse Prevention and Safety Conference offered by PCA-NV and CAN Prevent NV to take place June 2019.

	Ambassadors Training offered by FRIENDS National Resource Center the first quarter of SFY 18. (No cost to grantees).		
Curriculums and Programs	▪ Grantees will assess and/or identify an evidence-based or evidence-informed parenting education curriculum. (Assessment tools will be shared with grantees.) ▪ Grantees will develop a targeted outreach plan for their parenting education programs. ▪ Grantees will develop shared outcomes through a state-wide coordinated and standardized process. ▪ Grantees will adopt data gathering mechanisms and establish a data gathering timeline.	▪ Grantees will schedule parent education classes. ▪ Implement data gathering mechanisms and revisit timelines; ▪ Continue the outreach action steps outlined in the Targeted Outreach Plan; ▪ Collect data based on outcomes identified in Phase I.	▪ Agencies continue offering parent education classes; ▪ Agencies aggregate data and evaluate outcomes; ▪ Agencies submit final reports.
Partnership-Building	▪ Assess and/or identify key partners within the prevention/ parenting education field. ▪ Attend a webinar on the collective impact of partnership-building efforts. ▪ Agencies engage their local communities and parents in a needs assessment process. ▪ Network, share information and resources and engage with fellow members of the statewide initiative.	▪ Continue to document partnerships through MOUs and Letters of Intent. ▪ Identify emerging partners. ▪ Grantees will offer in-services to community agencies and other potential partners on their respective parenting education programs. ▪ Grantees participate in PCA-NV's sponsored Pinwheels for Prevention during Child Abuse Prevention Month (April 2018). (Details forthcoming).	▪ Conversations with partners around program improvement areas, leveraging and partnership sustainability. (A webinar will be offered on the topic at the beginning of Phase III). ▪ Grantees participate in PCA-NV's sponsored Pinwheels for Prevention during Child Abuse Prevention Month (April 2019). (Details forthcoming).