

**Department of Health and Human Services (DHHS)
Grants Management Advisory Committee**

September 14, 2017 Meeting Minutes

Approved December 14, 2017 with Revisions

Meeting Locations (videoconference)

Carson City: DHHS, Division of Public and Behavioral Health, 4150 Technology Way, Room 303

Las Vegas: DHHS, Aging & Disability Services Division (ADSD), 1820 E Sahara Avenue, Suite 201

Elko: DHHS, ADSD, Early Intervention Services, 1020 Ruby Vista Drive, Suite 102

Members Present

Jeff Bargerhuff

Jeff Fontaine

Michele Howser

Minddie Lloyd

Dan Wold

Members Participating via Phone

Ali Caliendo

Steve Kane

Diane Thorkildson

Candace Young-Richey

Members Absent

Leslie Bittleston

Susan Lucia-Terry

Cindy Roragen

Department Staff Present

Cindy Smith, Chief, Office of Community Partnerships and Grants (OCPG), DHHS Director's Office

Elena Espinoza, Julieta Mendoza, Pat Petrie, Connie Ronning, Gloria Sulhoff, DHHS OCPG

Jeff Duncan and Cheyenne Pasquale, DHHS Aging and Disability Services Division

Jason Kolenut, Administrative Services Officer (ASO) III, DHHS Director's Office (DO)

Alexis Tucey, DHHS, DO

Carrie Craig and Camille Glanzmann, Interns DHHS, DO

Darlene Dougherty, DHHS, Division of Welfare and Supportive Services

Homa Woodrum, DHHS, Aging and Disability Services Division

Members of the Public Present

Carson City

Shawwna Alto, Yesenia Alvarez Padilla and Shane Piccinini, Food Bank of Northern Nevada

Melanie Barkley and Nick Providenti, Nevada Rural Counties RSVP

Bob Barsanti, Ridge House

Michael Hackett

Chris Murphey, New Frontier

Shannon Simmons, Advocates to End Domestic Violence

~~Dagney~~ **Dagny** Stapleton, Nevada Association of Counties (NACO)

Korine Viehweg, Northern Nevada RAVE Family Foundation (RAVE)

Kim Young, Children's Cabinet

Elko

Judy Andréson, FRC of Northeastern Nevada

Las Vegas

Polly Bates, St. Rose Dominican Health Foundation

Anna Clark, Catholic Charities of Southern Nevada

Brenda Herbstman, Clark County Social Services

Ramona Huff, United Citizens Foundation (UCF)

Richard Jost, Foundation for an Independent Tomorrow (FIT)

Michele Klem, Boys Town Nevada

I. Call to Order, Roll Call and Announcements

GMAC Chair Jeff Fontaine welcomed the members and called the meeting to order at 9:07 AM. Cindy Smith, Chief of the Office of Community Partnerships and Grants (OCPG) conducted roll call and confirmed a quorum of members present or participating via phone. There were no general announcements.

II. Public Comment

None

III. Approve Minutes of May 25, 2017 Special-Called GMAC Meeting

- Jeff Bargerhuff motioned to approve the minutes of the May 25, 2017 GMAC meeting as presented. The motion was seconded by Diane Thorkildson and carried unopposed.

IV. Annual Election of Officers

Membership Report

Ms. Smith reported four current vacancies on the committee, including:

- A member with knowledge, skill and experience in the provision of services to senior citizens
- Two members with knowledge, skill and experience in finance or in business generally
- A member with knowledge, skill and experience in the provision of health services to children (due to the recent resignation of Dr. Allie Wright)

Mr. Fontaine stated that he would be leaving his position at NACO on September 30, leaving vacant the seat for a representative of the Nevada Association of Counties. Ms. Smith added that there are four members whose terms expired in June, and asked that they send her an email if they are interested in reappointment or have recommendations for replacements. It was noted that members are appointed for a two-year term.

Annual Election of Officers

Mr. Fontaine suggested that the election of officers be postponed until the next meeting so as to have as full a roster of GMAC members as possible. There were no objections and this action was tabled until the following meeting.

V. Updates – State Fiscal Year 2018

Nevada Clinical Services (NCS)

Ms. Smith introduced Jason Kolenut, Administrative Services Officer in the Director's Office, DHHS, to provide a follow-up to the information on NCS presented at the March GMAC meeting.

Mr. Kolenut reported that thirteen grant awards totaling \$3,042,277 were converted to NCS for fiscal year 2018. From that, the Fund for a Healthy Nevada (FHN) will see a savings of \$941,889 to be carried forward to FY19. In FY19, the same thirteen contracts will be converted for the same dollar amount. Savings will increase to \$949,190 and carry forward for a total of close to \$1.9 million in savings for use in the next fiscal biennium, 2020-21. In response to a question, Mr. Kolenut confirmed that there is no risk of those funds being reverted, because FHN funds cannot be reverted or swept into the State's general fund.

Federally Qualified Health Centers (FQHC)

Ms. Smith explained that funding for the FQHC pilot program was included in the FHN budget approved by the Legislature. A Request for Information (RFI) was issued, followed by a Request for Applications (RFA). The Department reviewed the applications and is in negotiations with two FQHCs to provide extended client outreach to underserved populations. Because negotiations were ongoing, Ms. Smith did not disclose the names of the FQHCs, but she stated they were ahead of schedule and hope to get the project up and running soon. This is a two-year project totaling \$1 million.

SB400 Success Contracts

Ms. Smith introduced Alexis Tucey, Health Policy Analyst in the Director's Office, DHHS, to provide an overview of this project, which will fall within the purview of the GMAC. Materials in the meeting handouts included a copy of the bill and the presentation slides from a public workshop held on August 18. The workshop was videoconferenced from locations in Carson City and Las Vegas, with a call-in number for telephone participants.

Ms. Tucey explained that SB400, passed during the last legislative session, authorizes the Director of DHHS to enter into success contracts. Success contracts allow the Department to engage with community providers and stakeholders to dive into social determinants such as homelessness that are not within the scope of DHHS, but typically include other concerns that impact the Divisions within DHHS. The bill allows the Department to open an account, but does not appropriate funds.

The model incorporates several entities: investors, an intermediary, social service providers, the target population, an evaluator, and government. The investors are commercial philanthropic community development organizations that provide upfront capital; the intermediary handles the investment; the project manager structures and manages the project; the social service providers do the work. A required third party evaluator, separate from the parties and the State, evaluates the success of the project; and the government entity, DHHS, enters into the contract and provides the reimbursement. The target population is selected by reviewing different needs assessments to determine what the State wants to look at, including behavioral health, maternal health, and other areas. If the project is not meeting the benchmarks, the State is not required to provide reimbursement. If successful, providers and investors would be reimbursed for up-front costs with a bonus for success, up to a maximum of 10% of the State's savings. For example, if an investor contributed one million dollars to a project, and the project exceeded the defined quality metrics, saving the State three million dollars, the investor would be reimbursed \$1 million and receive 10% of the \$2 million in net savings.

SB400 requires a competitive bidding process. The Department will probably issue a Request for Information (RFI) to determine the target population, see what community response is to that, and review the feasibility of pursuing a success contract. Because there are no funds appropriated, the State will need to identify creative solutions for this project. Ms. Tucey noted that a contact email was included on the last page of the handout and that the Department is gathering questions and producing a Q and A document to make available to everyone.

Michele Howser was pleased with the move to outcome-based funding, but expressed concern from a practical perspective that clients may be chosen based on the probability of success, skirting populations that traditionally don't have a high success rate. She asked whether any thought has been given to how to ensure success while reaching the more difficult populations. Ms. Tucey responded that the Department is not looking for the biggest bang for the buck or the easiest project with which to demonstrate success, but first determine what population to help, and then identify genuine health outcomes. They do not want the quick and easy fix that looks good tomorrow but resurfaces five years

later. It does need to be taken into consideration, and she asked everyone to email their suggestions, comments and ideas and check the OCPG website for notices of public workshops or the RFI. The project is bound to the rules for government transparency, so all steps in the process will be advertised on the website.

Mr. Fontaine asked if more public workshops were planned. Ms. Tucey replied that was still being decided; if another is scheduled, it will be publicized through Department ListSrvs and posted on the website. Ms. Smith expressed thanks to Ms. Tucey for spearheading the process, and acknowledged Ms. Howser's concerns. She added that unless creative funding solutions are identified, the project probably won't move forward for two years until the legislature can meet again and appropriate funding.

SB355 Grief Support Trust Account

Ms. Smith explained that SB355 also falls within the GMAC purview. The fee for furnishing a copy of a death certificate will include fifty cents to be deposited into the grief support account. There is now roughly \$2,000 in the account. Funds will be awarded through a competitive RFA process; it is not expected there will be enough money to issue an RFA until the end of next year. The law is very specific; the grief support fund is for services to children ages 3 to 18. The funded organization must provide peer support services and must be a member of the National Alliance for Grieving Children, which limits distribution to only two members in Nevada currently. The award process will probably follow past procedures of issuing an RFA and conducting an internal review, with the GMAC making final recommendations.

VI. Division of Aging and Disabilities Collaboration

Community Needs Assessment and Annual Report

Ms. Smith introduced this agenda item by commenting that the OCPG conducts a needs assessment every two years and publishes an annual report every year. We have the top ten needs down, but don't get into the nitty gritty of what those look like or identify gaps and pinpoint services as to what would be a better use of funding for a broader array of services. She has been talking with staff from the Aging and Disability Services Division (ADSD) regarding a collaborative approach to the needs assessment. During our last assessment, seven separate assessments were surveying the same population at the same time. She introduced Jeff Duncan and Cheyenne Pasquale, who will also be talking about the No Wrong Door committee and asking for feedback.

Jeff Duncan, Chief of Supportive Services, ADSD, stated that they are seeking input from the GMAC, as well as from other boards, commissions and councils, on how to improve the needs assessment process. He introduced Cheyenne Pasquale, Statewide No Wrong Door Coordinator at ADSD.

Ms. Pasquale explained the concept of No Wrong Door (NWD) and its goal to provide access to long term services and supports for older individuals and disabled and their families regardless of income, age or disability status. A three-year strategic plan was developed in 2015 with four key components: public outreach and linkage to key referral sources; person-centered counseling to help meet immediate and long term needs; streamlined access to public programs; and administration and governance, which requires partnerships between multiple state agencies and stakeholder engagement for quality assurance.

In working to identify availability of long term services and supports, they looked at state agencies and the different needs assessments, plans and reports across different populations. They identified 30 different needs assessments, reports and strategic plans, as well as 20 different boards, commissions, councils and 33 subcommittees, all within DHHS. Yet through all these efforts to collect data and

compile reports, not much information is being shared. In considering consolidation, there are questions: Who does what and how often? Which assessments are required by state or federal government? What information exists outside of DHHS, and where are opportunities to better plan resources to meet gaps? Mr. Duncan concluded their presentation by stating that what we come together to collectively create won't be the be all and end all; there will still be a need for specific assessments. This is just the baseline for the information we can share across sister agencies and what can be done to streamline efforts across the Department.

Ms. Smith thanked them for the presentation, adding that this is a great effort that will help break down artificial silos in the State and begin to change the way we look at funding. Instead of saying we have \$100,000 available for Independent Living programs, identify the Independent Living needs that need funding; focusing on the problems and how we can fund them, rather than on the dollars themselves. The floor was opened to GMAC members for comments.

- Jeff Bargerhuff asked if Mr. Duncan and Ms. Pasquale were the official repository of all the assessments. Mr. Duncan replied that was yet to be worked out. They will be visiting other boards and commissions to get their input on whether we can collaborate efforts to reduce duplication and share information between the different boards. This is step one.
- Michele Howser ~~stated suggested researching models from other states, particularly New York. And regarding key definitions, she as an instructor has one definition which often doesn't fit the definition of the student. Because of that, when we question the community, we don't get the right answer because the definition is not the same as ours.~~ there are definitions in academia, and the definitions they presented (in the needs assessment) did not match. Make sure we define the term before asking (the community), so we're using one common definition. She suggested this may be a good starting point in the development of a collaborative model. [Correction provided by Ms. Howser 12-14-17.]
- Candace Young-Richey would like to see populations and needs attended to by geographic area in order to capture the unique needs and unmet needs that exist in rural and frontier counties.
- Diane Thorkildson has some graduate students who are particularly interested in this project of creating an eco-map. She asked to schedule a meeting with Ms. Smith, Ms. Pasquale and Mr. Duncan to discuss the possibility of their involvement.
- Mr. Fontaine asked whether needs that fall outside the purview of this group, such as transportation and workforce training issues, will be taken under consideration. He also asked how this large effort will be utilized. The GMAC has had conversations to use the needs assessment to influence policy and budget decisions; have there been discussions with the Director about that. Mr. Duncan responded that the data they spoke of was all at the DHHS level, with no partners outside of the Department; however, they can take that into consideration. As far as utilizing the data, he could not answer to discussions with the Director, but hopes to use the result as a baseline planning tool for budgeting and services. Ms. Pasquale added that the GMAC, Commission on Aging, and Independent Living Council all have required needs assessments or strategic plans. Rather than do those three independently, since they are talking to the same people, let's do it together and then use that information to make funding decisions as a cohesive group. The resources would be freed up just on that simplistic level.

Ms. Smith described the last needs assessment conducted on behalf of the GMAC. Former Unit Chief Laurie Olson did a good job scouring existing needs assessments and identifying the top ten needs. We then went into the community to confirm those are a priority in Nevada. The long game is to have common questions most assessments would include so we can look at them collectively and evaluate

the data so we can make better funding decisions based on the needs. As state funding dwindles, partnerships are more and more important. We don't want to duplicate services, and the coordination of assessments will help free up funds for service delivery gaps. DHHS is moving forward and the Director is very cognizant of what we're doing and of the Unit's overarching mission of collaboration and partnerships. Ms. Smith added that NACO's needs assessments should be utilized as well and we should do whatever we can to minimize duplication, within the limitations of statute. [Note for the record: As corrected by Jeff Fontaine 12-14-17, NACO does not conduct needs assessments, but there are individual counties that do.]

Mr. Fontaine asked if the GMAC would be getting regular updates. Ms. Smith said that, if amenable to the committee, the topic can remain as a standing agenda item to keep us on track. Mr. Fontaine agreed, and asked that for the next meeting they be provided a list of assessments that DHHS is aware of. He also asked the GMAC members be prepared to talk about others they may be aware of that are not on the list. Ms. Howser asked that the list also identify which assessments can be changed and which cannot per statute. She also asked if statute specifies whether the GMAC must collect its own data or if it could use others'. Ms. Smith stated there are no parameters on how it must be done, only that it must be done every two years. It does not say we must collect our own data. Mr. Fontaine thanked the Department staff for the terrific effort and the GMAC looks forward to hearing progress.

VII. Public Comment

Las Vegas

Richard Jost introduced himself as an attorney in Las Vegas and board member of Foundation for an Independent Tomorrow (FIT), a social service provider in Southern Nevada. He said there are a number of social service providers, including FIT, that have been dealing with third sector entities and the Kennedy School at Harvard to design a pay-for-success program in Nevada. They ran into roadblocks over the last two years because there was no statutory authority at the State level for a reimbursable entity. Now that it's law, they are cautiously optimistic. He urged the GMAC and the Department to reach out to nonprofit social service providers in Nevada that have been working to try to design a pay-for-success program that would work, as well as the local government redevelopment agencies for their input. In Nevada, redevelopment used to use a model whereby an agency would collect tax increments to give to the developer and hope the development would improve the neighborhood. In Las Vegas, we turned it around and reimburse at the end. That's been very successful to the point that every redevelopment agency in the state now uses that model. They don't call it pay-for-success or a success contract, but that's what it is – you don't hand out government money until they have produced results up front. There are people in Nevada with significant experience in making these programs work. He encouraged the Department and GMAC to reach out to nonprofit social service providers and government redevelopment agencies, and hoped the Department would soon schedule a stakeholder meeting with appropriate agencies.

Candace Young-Richey asked about the funding recommendations made by the GMAC in May. Ms. Smith reported that the Director approved all award recommendations as presented by the GMAC with no changes.

Elko

None

Carson City

Korine Viehweg, Northern Nevada RAVE Family Foundation (RAVE) commented that the meeting agenda did not include discussion on the leftover funds in the Disability Services Respite Care program area. She

stated there are unmet needs in Washoe serving children and ages 18 and up receiving respite that she was aware of, and wanted to keep it on the radar.

VIII. Adjournment

Mr. Fontaine thanked the attendees and adjourned the meeting at 10:30 AM.