

2016 Statewide Community Needs Assessment Plan

The 2016 Statewide Community Needs Assessment will be the third administered by the Grants Management Unit (GMU) on behalf of the Grants Management Advisory Committee (GMAC). The process is conducted in accordance with Nevada Revised Statute (NRS) 439.630(6), which requires the GMAC and two other advisory committees to present funding priorities to the Director of the Nevada Department of Health and Human Services (DHHS) by June 30th of each even-numbered year. The recommendations are then used to prepare a spending plan for the Fund for a Healthy Nevada (FHN) for the next biennium (in this case, the SFY18-19 biennium). For the 2016 Needs Assessment, the GMU proposes the following plan.

Phase 1: (December 2015 to mid-January 2016)

- Contact stakeholders, community agencies, and related organizations and inform them of the upcoming needs assessment.
- Initiate a conversation with the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) to discuss how assessments overlap and how to decrease duplication of effort.
- Prepare a targeted outreach plan to ensure that the assessment captures the needs of Nevada's diverse population including, but not limited to, minority/ethnic communities, rural Nevadans, families with children, persons with disabilities, the elderly, and any additional hard to reach or isolated communities.
- Identify data sources to guide the process, using the results of the 2014 assessment as a starting point. Special attention paid to wait lists, out-referrals and gaps in service delivery. Potential resources include, but are not limited to, the following.
 - National:
 - Centers for Disease Control and Prevention well-being surveys
 - State:
 - State Systems – Community Services Block Grant (CSBG), Nevada 2-1-1, the Division of Health Care Financing and Policy (aka Medicaid), Aging and Disability Services, the Division of Public and Behavioral Health, the Division of Child and Family Services, the Department of Employment Training and Rehabilitation.
 - Community-Based Organizations – Family Resource Centers, Aging and Disability Resource Centers, Hunger One-Stop Shops, health and mental health providers.

Phase 2: (January 2016-May 2016)

- Conduct data gathering using similar methodology to the 2012 and 2014 assessments but adopting a different premise.
 - Methodology: Online survey, paper survey, public forums, key informant interviews.
 - Premise: Data-driven questions and discussion (as opposed to soliciting unstructured perceptions).
 - Timeline: Three months (mid-January to mid-March).
 - Analysis: April and May 2016.

- Prepare initial report to the GMAC to include findings, root-cause analysis, and plans for future needs assessments.
- Meet with a GMAC ad hoc subcommittee in late May 2016 to discuss the initial report. Support the subcommittee in adopting preliminary recommendations for funding priorities.
- Along with representatives from the ad hoc subcommittee, present the final report and preliminary recommendations to the full GMAC at its regularly scheduled meeting on Thursday, June 9, 2016. Support the full GMAC in adopting final recommendations for funding priorities.

Phase 3: (June 2016 to September 2016)

- Present the GMAC's recommendations for funding priorities to the DHHS Director and participate in development of the FHN funding plan for the SFY18-19 biennium.
- Ensure that DHHS Director sends a final report on the FHN spending plan to the GMAC and other stakeholders by September 30, 2016, in accordance with NRS 439.630(1)(p).