

**Department of Health and Human Services (DHHS)  
Grants Management Advisory Committee (GMAC)  
Ad-Hoc Community Needs Assessment Subcommittee**

**May 5, 2016 Meeting Minutes**

**Approved June 9, 2016**

**Videoconference Locations**

State of Nevada Grant Sawyer Building  
555 E Washington Avenue, Rom 4412  
Las Vegas NV

Nevada State Legislature  
401 S Carson Street Room 2134  
Carson City NV

**Members Present**

Jeff Bargerhuff  
Deborah Campbell  
Marcia O'Malley  
Diane Thorkildson (via phone)  
Candace Young-Richey  
Jane Gruner, Administrator of the Aging and Disability Services Division

**Members Absent**

None

**Others Present**

Laurie Olson, Chief, Office of Community Partnerships and Grants, DHHS Director's Office (OCPG)  
Laura Adair, Elena Espinoza, Connie Ronning, Cindy Smith, Gloria Sulhoff, Jen White, OCPG

**Members of the Public Present**

Scott Cooksley, Catholic Charities of Northern Nevada  
Barry Lovgren  
Lisa Bonie and Hilda Velasco, Northern Nevada Center for Independent Living  
Korine Viehweg and Kelly McKeon, Northern Nevada RAVE Family Foundation

**I. Call to Order, Welcome, Introductions and Announcements**

Deborah Campbell, Chair of the GMAC Ad-Hoc Community Needs Assessment Subcommittee (CNA Subcommittee) welcomed everyone and called the meeting to order at 9:08 am. Roll call was taken and a quorum was confirmed.

Laurie Olson, OCPG Chief, reviewed phone etiquette and asked participants to identify themselves for the record when speaking.

**II. Public Comment**

Barry Lovgren, a member of the public in Carson City, commented on the Community Needs Assessment (CNA) process. He was unaware that the Fund for a Healthy Nevada (FHN) could be

used to address substance abuse and stated the assessment surveys should have included responses from health care providers. He also felt that provider and consumer responses should have been interpreted separately; that SAPTA should be encouraged to meet the federal requirement to conduct a substance abuse needs assessment; and that the GMAC needs assessment should include recommendations from the Commission on Behavioral Health. Full written testimony is included in these minutes as Attachment A.

### **III. Subcommittee Process**

#### Summary of Expectations

Ms. Olson began by stating that the GMAC has already reviewed the preliminary CNA report and the survey instrument. Today the CNA Subcommittee will review the complete assessment report with the ultimate goal of establishing FHN funding priorities. She asked the members to also think strategically regarding creative funding opportunities and strategies for the next Request for Applications (RFA).

Ms. Campbell asked for clarification on whether the subcommittee's recommendations could include general health care, which surfaced as a major area of need. Ms. Olson stated that the Department Director must ensure that State funds are not used to supplant existing resources like Medicaid and private insurance. The subcommittee's recommendations can include anything the members want or feel strongly about, but it is doubtful the Director would accept or act on a recommendation to fund health care. However, since the GMAC has asked the Director to use the needs assessment information as a tool for Department-wide budgeting, it would still be appropriate to include the subcommittee's thoughts regarding health care.

In response to Mr. Lovgren's public comment regarding the data that was collected and utilized for the assessment, Ms. Campbell stated that they could discuss the need to include additional resources and strategic plans during Ms. Olson's report in agenda item IV.

Ms. Olson explained next steps. The ad-hoc subcommittee will meet once more to continue its discussion and receive any additional research requested. By the end of the second meeting, a motion to adopt recommendations for presentation to the full GMAC at the June 9 2016 meeting. That will conclude the subcommittee's involvement. Concurrently, the Commission on Aging (CoA) and Commission on Services to Persons with Disabilities (CSPD), both within the purview of subcommittee member Jane Gruner, also have been working on funding priority recommendations for submission to the Department Director. Sometime next month appropriate staff will review all three recommendations and decide what to put in the spending plan. The agency spending budget then goes to the Governor's Office. The Governor makes decisions and sends his recommended budget to the 2017 Legislature for further review.

Subcommittee member Marcia O'Malley, who has been through this process several times, shared some observations. She noted that, although input is gathered from a wide variety of sources, the end result is a snapshot in time, reflecting the views of whoever showed up at the

forums or knew about the survey, and the outcomes will always reflect a bias. She also encouraged the subcommittee members to share anecdotal information, stating that they all work in fields associated with different areas of health and human services and have personal knowledge to bring to the table.

#### Subcommittee Discussion of Desired Approach and Possible Adoption of Process

Ms. Campbell jumped to Agenda Item IV to hear Ms. Olson describe the methodology and process of the assessment analysis before discussing the subcommittee's approach and adoption of a process.

### **IV. Review of 2016 Statewide Community Needs Assessment (CNA) Report**

#### Overview

- Ms. Olson stated that a preliminary report was issued a few months ago. It listed all the needs assessments, state plans and strategic plans that were used for the preliminary identification of needs. Far more documents than these were reviewed, but some were not similar enough or did not identify priorities in the same way we needed to, so the research was distilled down to those with usable data. The preliminary report also factored in service data collected from Nevada 2-1-1, Aging and Disability Resource Centers (ADRCs), Family Resource Centers (FRCs), and Community Action Agencies (CAAs). The first GMAC CNA was conducted in 2011-12 and the second in 2014. Best practices show that conducting an assessment every two years is overkill; it's better to allow four to five years to work on problems and then evaluate success or conduct a new assessment.
- The final report lists the same top 12 priorities as were shown on the preliminary report. They are not necessarily in the same order, but nothing in the research displaced any of those top needs. A total of 1,311 people participated in the validation process; 1,263 completed the survey and 48 attended forums in Carson City, Reno, Elko, Las Vegas, and North Las Vegas. In 2012, the Office of Community Partnerships and Grants (OCPG) collected more than 3,000 surveys; the number decreased to 2,000 in 2014 and is now down to 1,300. Ms. Olson attributed the drop in participation to the public's feeling that they have already told us what they think -- twice. This year, the Department did even more outreach than in the past, so the drop in participation is not for a lack of trying.
- Ms. Olson reviewed the report in detail, expanding on the findings as follows.
  - The survey and public forum results validated the need for all 12 services and ranked Health and Mental Health Care as the number one priority. The ranking comparisons shown on page four, between providers, consumers and public forums, were given an average weighted ranking based on the percentage of participation by each respondent type. In response to an observation from Ms. Campbell on how to validate whether the differing comparisons are less of an issue or due to who responded, Ms. Olson echoed Ms. O'Malley's earlier comment; the results are dependent on who participates. If someone cares about an issue and makes their voice heard, it will have an impact. This further supports the argument for using existing data, which is more objective than what

is typically seen in the forums or surveys. Ms. Campbell disclosed for the record that she fills the seat on the GMAC for someone representing the business community. Her business is strategic planning for nonprofit organizations, and her questions are intended to help her understand the environment.

- The second survey question asked for additional service areas that had not been identified. Many of the comments related to Health and Mental Health Care services, which helped to identify specific needs. Additional needs that were cited most often were child care, youth services, and immigration services.
- Variations by demographics or geography included some disparity between the rural counties and the two most populous counties for Dental Care, Services for Persons with Disabilities and their Caregivers, and Employment, but most of the results were consistent statewide. If there had been vastly different needs in the rural counties, this might have impacted funding strategies for the next RFA. The rural counties, which comprise 12% of the state population, were well-represented, providing 32% of the responses.
- Page 6 shows the survey results of consumer and provider identities. Asked whether the providers were reporting on their client base or their own households, Ms. Olson stated they weren't given specific instructions, but the assumption was that they were reporting on their households. She noted that the demographic questions were the same as in the last survey in order to compare apples to apples, but that could be changed for future assessments. She also noted that the first assessment included separate surveys for providers and consumers. However, it was more difficult to analyze the results and, in the end, there was not much difference between the perspectives of the two groups. Ms. Richey-Young noted that if a provider identifies as a single mom but ranks the services according to her clients' needs, the demographics are not really related to the needs.
- Ms. Olson reviewed in detail the specific needs, beginning on Page 8, which were identified during the public forums and the second question on the survey.
  - Health and Mental Health Care – It was noted that Transportation is a major issue in Elko, which lacks doctors or specialists. The hospital is now privately run, which has caused another barrier, turning away potential patients and insurance. Tobacco use prevention and cessation was cited often. Many commenters said the funds are from the Master Tobacco Settlement and should be spent on tobacco prevention. Cessation is now billable under insurance, but prevention might be appropriate under the FHN statute. Mr. Bargerhuff noted that, even though cessation is a billable service, there are people who have affordability issues like copay, high deductibles and insurance premiums, as well as provider access issues, and shouldn't be overlooked in terms of funding wraparound services. Ms. Olson agreed that wraparound services could be included in the group's recommendations, but funding should not create alternatives for people who simply don't want to use available resources.

- Housing -- Staff noted that information from the public forums in Elko and Reno indicated a shortage of housing in general, especially lower middle income housing. Ms. Gruner noted an emerging issue as big corporations set up business in Nevada; seniors and people with disabilities are being displaced when owners renovate properties and then increase rental rates. This population has no way to increase income. Last month 1,000 seniors in Washoe County were identified as homeless, but this isn't reflected in the report due to the timing of the survey.
- Hunger – Ms. Olson noted that the current Hunger One-Stop Shop grantees are utilizing a holistic service approach. They provide immediate food relief, work with people to address the causes of hunger in their households, and provide additional resources.
- Emergency Services – There were some comments regarding all the red tape involved with obtaining services and requesting a reduction in paperwork.
- Education and Employment – It is apparent that the specific issues in these categories lead to the need for emergency services.
- Protective Services – This category includes a wide range of clients. The Aging and Disability Services Division (ADSDO) addresses elder abuse, and the OCPG has many programs addressing the prevention of child abuse and neglect, but there are no protective services for adults with disabilities. Regarding the Fund for Victims of Human Trafficking, Ms. Olson stated that the 2013 Legislature created this fund but did not allocate funds to it. There have been a few fundraisers, and the account currently has about \$53,000, but for the amount is still too small to conduct a grant solicitation. The statute was amended by the 2015 Legislature so that the funds can also be used to provide direct help for victims. Some Human Trafficking victims might also qualify for help through Victims of Crime Assistance (VOCA) programs.
- Dental Care – There was some question as to whether this should have been included in Health and Mental Health Care, but it was separately identified in the data, so it was left it as a separate category. Cindy Smith, OCPG, stated there are several mobile dental care units that visit Lyon County and conduct screenings, identify needed services or pull teeth. However, there is a gap between the mobile services and finishing up the dental work.
- Support for Persons with Disabilities and their Caregivers – This category did not rise to the top partly because people don't consider it an unmet need. Ms. Olson noted that, when a service is currently being provided and doesn't float to the top, if priorities change and funding gets cut, it will rise to the top again. It doesn't mean it doesn't need funding; just that people view it as a problem solved.

- Substance Abuse – Prevention is the goal, but other treatment issues include a shortage of providers, affordability, inadequate insurance coverage for the length of treatment necessary, and continuing care support.
- Transportation – Two years ago the CoA placed transportation among the top three needs, and in the GMAC’s needs assessment this year, it is near the bottom of the list. This doesn’t mean it shouldn’t be funded. Ms. Gruner suggested one reason for the low ranking is that transportation is an ancillary service. However, it is essential to get to appointments and other services. Somewhere in the scheme, transportation needs to be included with the services that are funded.
- Help Finding Information – People are looking for advocacy and help navigating the system. Nevada 2-1-1 needs updates, bilingual services, warm hand offs, and marketing. FRCs also provide information and referral; assessment participants suggested expanded hours to accommodate working families.

Ms. Smith, who facilitated the public forums in Reno and Elko, commented that the participants at both forums struggled with ranking the needs, stating they are all important and intertwined. They also wondered if the little funding available would make a difference. Ms. Olson added that a number of people who took the survey did not want to prioritize, stating that all the services are equally important. One even said, “This survey is ridiculous,” because every category of services is important.

Ms. Campbell asked which of the identified needs could be addressed through FHN funding. Ms. Olson referred to the FHN statute described at the bottom of Page 1, which included the GMAC’s scope of work.

- FHN Wellness covers anything that improves the health and well-being of Nevadans. Hunger One-Stop Shops are currently funded with Wellness money.
- FHN Disability Services specifically names Respite, Positive Behavior Support (PBS) and independent living such as transitional housing, transportation, case management and programs for the blind.
- There is a separate provision in statute for tobacco use cessation and prevention. Ms. Olson noted that tobacco was moved out of the OCPG to the Division of Public and Behavioral Health (DPBH) several years ago, but the GMAC is still involved in funding recommendations. When the DPBH releases its competitive solicitation, they try to involve at least one GMAC member on the review committee, and bring their recommendations to the GMAC for a vote.
- Jane Gruner, ADSD Administrator, oversees Senior Rx, Disability Rx, Senior Independent Living, and an annual \$200,000 allocation for assisted living. Ms. Campbell asked if the Department could provide a high level diagram of what was just described.

Ms. Olson referred GMAC members to Page 8 of the report for information about services currently funded by FHN. She also shared the history of funding for health projects. When the FHN statute included children's health, the OCPG funded a variety of health access programs, dental outreach, mobile clinics, and some disease-specific programs geared toward children. That is not the case today, although some non-competitive, legislatively approved allocations support state-operated mental health, suicide prevention and children's immunization programs. Regarding tobacco prevention and cessation, Ms. Olson said that in State Fiscal Year (SFY) 2010, statutory allocations provided for \$2.7 million. After the mandated allocations were removed from the statute, the economic recession began and tobacco did not receive any funding for SFY11, 12 or 13. Since SFY14, this area of programming has received \$1 million per year.

#### Subcommittee Discussion, Review and Possible Adoption of Next Steps

Ms. Olson reviewed the next steps for the subcommittee. There will be another meeting on May 24 to adopt recommendations to present to the full GMAC at the meeting on June 9. This allows a little more than two weeks for the Department to conduct research or gather more information and for the subcommittee to process the information.

Ms. Campbell reviewed the subcommittee's requests for additional information, which included a request for a high-level chart showing how FHN funds are currently used. She also commented on her experience with the SFY14-15 RFA. During the application review process there were two areas of concern – the applicants' understanding of outcomes versus outputs and understanding what collaboration is. She would like the group to consider, in addition to determining funding priorities, providing education to applicants on these two topics.

Mr. Bargerhuff asked about the FHN distribution shown on Page 19 of the report and whether the committee could request specific funding amounts for specific services. Ms. Olson did not discourage the subcommittee from asking for dollar amounts but noted that, in the past, the three advisory bodies have not gotten into that level of detail. She pointed out that the actual amount of money available for the next fiscal year is not generally known until April when the Master Tobacco Settlement payment arrives.

Ms. Richey-Young asked for a funding map showing the funding streams and their eligibility, including any geographic requirements, amounts available for the next funding period, and a column they could use to note recommendations based on available funding and the needs assessment results.

Ms. O'Malley, drawing from past experience, suggested that the subcommittee not get too specific; it can lead to disappointment when the budget gets fleshed out. She was more inclined to talk about ways to address wrap-around health services and other programs that are struggling. Recommendations should acknowledge that the committee has done its homework, but all the priorities are important and can't be ranked. She suggested that, at the next meeting, they consider a holistic approach rather than try to rank the needs by priority, feeling

that would be more helpful to the Department. Ms. Campbell noted that the members all seemed to be agreeing with Ms. O'Malley's recommendations.

Ms. O'Malley commented that, in addition to the many needs in the State, one area in which she has personal knowledge that was not addressed is the gaps in services for youth with disabilities. She cited health literacy, safety issues, cyber health, and aging out of the system at 16 years of age as specific issues. She encouraged the others to share their personal anecdotes and bring those needs to the table. Ms. Gruner talked about transportation needs. Ms. Thorkildson agreed with Ms. O'Malley's comments on whole person programming.

#### **V. Public Comment**

Barry Lovgren private citizen, thanked Ms. Olson and the subcommittee for their work. He may have misunderstood Ms. Olson's comments regarding health care services, but wanted to point out that Medicaid expansion and the Affordable Care Act (ACA) have not closed all the gaps. Middle income earners don't qualify for Medicaid, and health insurance under the ACA comes with high deductibles. And because a home address is needed to apply for Medicaid, the homeless are not eligible. He asked the subcommittee to not look at funding healthcare as superfluous, but instead, to specify in funding agreements this is funded as a last resort. Full written testimony is included in these minutes as Attachment B.

Korine Viehweg, Northern Nevada RAVE Family Foundation, spoke regarding persons with disabilities and the need for respite programs. The RAVE Foundation works to meet the needs of this population but struggles to help families understand that respite services are critical to their mental health and well-being. RAVE's center-based program is expecting triple enrollment this year over the past three years while funding availability has been reduced. While their grant application is in the area of respite, services including transportation are interconnected and the funds are applied across the board. Some families can't get children to respite because they have no transportation. Some clients have mental health needs because they are raising a child with a disability.

#### **VI. Adjournment**

Ms. Campbell thanked the Department for its work and the thorough explanation of the 2016 Community Needs Assessment. The subcommittee will meet again on Tuesday, May 24, to continue the process, review additional information that has been requested, and make recommendations for presentation to the GMAC.

The meeting adjourned at 11:18 am.



GMAC AD HOC CNA SUBCOMMITTEE  
MAY 5, 2016 MEETING MINUTES  
ATTACHMENT A

Barry W. Lovgren  
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My name's Barry Lovgren. The Statewide Community Needs Assessment is largely based upon a survey of the opinions of providers and consumers. I'm neither; I'm just a concerned citizen. I didn't know that the Fund for a Healthy Nevada could be used for substance abuse services, and I'm pleased that the Community Needs Assessment finds that substance abuse services are a funding priority

But the Assessment should consider the opinions of providers and consumers separately, the Substance Abuse Prevention and Treatment Agency (SAPTA) needs to meet the federal requirement to conduct a substance abuse needs assessment, and the Community Needs Assessment should include recommendations solicited from the Commission on Behavioral Health.

First, providers and consumers are two very different populations, but the findings commingle the priorities set by the two. The opinion of providers will always be that the service they provide is a priority – that's why they provide it. I would be astonished if a provider of dental care didn't consider dental care to be a priority.

The assessment does sort out providers versus consumers as a demographic variable, but doesn't do anything with that information. The responses from providers and consumers should be interpreted separately. What providers think are priorities may be quite different from what consumers think are priorities. Needs assessment based upon opinions are tricky at best, and a needs assessment based solely upon opinion arguably isn't even a needs assessment.

While you can't afford to do a *data-driven* needs assessment, when a State agency is required to conduct one you should be able to rely on that agency to do its job. That's why part of the methodology used was to "consider the findings published in other needs assessments". I don't know what State agency needs assessments the Community Needs Assessment was able to rely on, but SAPTA's wasn't one of them.

The federal government requires SAPTA to conduct a substance abuse needs assessment driven by incidence and prevalence data. But a federal review of SAPTA found that the agency hasn't met this responsibility since 2007. Your duty to conduct a Community

Needs Assessment would be a lot easier to meet, and could be done a lot better, if SAPTA would meet its duty to conduct a data-driven substance abuse needs assessment.

Third, the only commissions whose recommendations were solicited were the Commission on Aging and the Commission on Services for Persons with Disabilities. It was quite appropriate to consider their recommendations, and doing so is required by statute. But if you're going to consider using the Fund for a Healthy Nevada for substance abuse services I'd suggest that you solicit recommendations from the Commission on Behavioral Health.

In summary, the Assessment should consider the opinions of providers and of consumers separately, SAPTA should be encouraged to meet the federal requirement to conduct a data-driven substance abuse needs assessment, and the Community Needs Assessment should consider recommendations solicited from the Commission on Behavioral Health.

GMAC AD HOC CNA SUBCOMMITTEE  
MAY 5, 2016 MEETING MINUTES  
ATTACHMENT B

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I'm taken by the very tough decisions you have before you, and I want to thank Ms. Olson and the Subcommittee for all your hard work.

I may have misunderstood, but it seems the Director's Office is delivering a very mixed message regarding funding healthcare services: Because of the Medicaid expansion and the ACA, the Director's Office doesn't see much need for it, but you're invited to recommend whatever you want.

The Medicaid expansion and the ACA haven't closed healthcare gaps as much as some may think.

Medicaid was created back in the '60's when a minimum wage job was something a student got for the summer. Now many people with minimum wage jobs are trying to raise families. You generally don't qualify for Medicaid if your household income is greater than 138% of the Federal Poverty Level, and your health insurance under the ACA doesn't do you much good if you've got a \$1000.00 deductible and you've got to choose between paying your deductible or paying your family's rent.

In addition, it's my understanding that you've got to have a home address to qualify for Nevada Medicaid. That sounds reasonable until you realize that this disqualifies the homeless.

I encourage the Director's Office to deal with the Medicaid expansion and the ACA not by considering Fund for a Healthy Nevada funding of healthcare services to be superfluous, instead to specify in funding agreements that this is funding of last resort for healthcare services.

Thank you.