

Nevada Department of Health and Human Services (DHHS)

**GMAC Ad Hoc Community Needs Assessment Subcommittee
May 24, 2016 Meeting Minutes**

Approved June 9, 2016 as presented with *Corrections and Clarifications*

Videoconference Locations

Nevada State Legislature
410 S Carson Street, Room 2134
Carson City NV

Grant Sawyer Building
555 E Washington Avenue, Room 4401
Las Vegas NV

Teleconference Line Also Available and Open to Public

Members Present

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

Members Absent

None

Also Present - DHHS, Office of Community Partnerships and Grants (OCPG) Staff

Elena Espinoza, Pat Petrie and Gloria Sulhoff, Las Vegas
Jennifer White, Connie Ronning, and Cindy Smith, Carson City

I. Call to Order, Welcome, Introductions and Announcements

Subcommittee Chair Deborah Campbell conducted roll call and with all members being present, a quorum was confirmed. The meeting was called to order at 9:05 AM. During Department staff introductions, it was noted that Cindy Smith would be filling in for Laurie Olson, OCPG Chief, who was out sick.

Ms. Campbell announced that the 2016 Community Needs Assessment report was posted on the Department's website at <http://dhhs.nv.gov/grants>, if needed for reference. She asked telephone participants wishing to give public testimony to clearly identify themselves for the record.

II. Public Comment

Barry Lovgren, a private citizen phoning from Gardnerville, recounted his comments given at the last subcommittee meeting regarding deficiencies with the needs assessment. As a retired state employee, he acknowledged it was too late to include additional resources in this assessment and still meet funding deadlines, but it was not too soon to begin to identify additional resources for inclusion in the 2018 assessment. He noted that substance abuse data-driven assessments are required by law, as well as assessments by other state agencies. Full written testimony is included as Attachment A.

Jenni Bonk, Chronic Disease Prevention and Health Promotion Section Manager, Division of Public and Behavioral Health (DPBH), spoke on behalf of the Tobacco Prevention Control Program. She addressed a concern with information on Page 10 of the assessment, which states that "tobacco cessation is now a

covered service under most insurance plans; an important consideration in determining future funding levels.” She explained that, of the \$1 million received from the Fund for a Healthy Nevada (FHN), 95% goes toward evidence-based prevention strategies in the community; less than \$100,000 goes toward direct cessation services, which is only one part of a comprehensive tobacco control program. She described reimbursement information and the program’s goals to build a sustainable, comprehensive plan. Full written testimony is included as Attachment B.

Linda Lang, past president of the Nevada Tobacco Prevention Coalition (NTPC), spoke on behalf of John Packham, current president, regarding his written testimony that was included in the meeting materials. The letter described the history of FHN tobacco prevention and control funding, which has been a small percentage of the total from the Master Settlement Agreement (MSA), and the negative health impact of reduced funding. Also included in the testimony was a December 2015 state-by-state report on MSA funding over the past 17 years. She pointed out that Page 7 of the needs assessment includes comments that tobacco prevention deserves funding. And on Page 9, specific to services missing, tobacco use prevention and cessation was the third most commonly cited need. The NTPC, whose membership includes three health districts, the coalition, universities, and heart, lung and stroke associations, asked the subcommittee to recognize the importance of tobacco prevention and control funded through these dollars.

Korine Viehweg, Northern Nevada RAVE Family Foundation (RAVE), shared concern that the 2016 needs assessment does not recognize the limited availability of respite in Nevada despite the growing need. She cited statistics indicating that 46% of caregivers have more responsibilities than they can handle, which causes economic and health strains on those families, and that 88% report suffering from physical fatigue, emotional stress and emotional guilt. Caregiver health is affected, which often leads to unintentional abuse or neglect. Participants in RAVE’s respite program have more than doubled over the past three years. RAVE recognizes the need for collaboration, and the subcommittee’s focus should be on providing the best services for the funds available. She stated that the needs assessment did not measure needs across the state; it missed important demographics and it is not clear whether the needs assessment is valid or reliable. She asked the subcommittee to reconsider the needs assessment and to redo it if time permits to be certain it is valid, reliable and unbiased. Complete written testimony is provided as Attachment C.

III. Approve Meeting Minutes of May 5, 2016

The minutes of the previous meeting were not yet available, so this item was tabled until the GMAC meeting on June 9, 2016.

IV. State Fiscal Years (SFY) 2018-2019 Funding Priority Recommendations

Review of New Materials

Cindy Smith reported on behalf of Laurie Olson, Chief of the OCPG, who had provided several new documents prior to the meeting. Ms. Smith reviewed the materials and asked if the subcommittee had questions or needed any clarification.

Candace Young-Richey had several questions regarding the needs assessment and tobacco prevention/cessation, beginning with how the need for tobacco prevention was identified. Staff responded that specific comments were gathered at the public forums and through the open-ended question in the survey. She asked for the history and rationale of the percentage of tobacco prevention

funding from the MSA. Cindy Smith, OCPG, stated that information was not immediately available but could be provided. Of the \$121 million in MSA funds, \$1 million is allocated by statute to tobacco prevention/cessation and \$22 million is within the purview of the OCPG for allocation. Ms. Smith noted that the subcommittee can recommend a funding increase in their report. *(Correction for the record: Ms. Young-Richey meant to quote a \$212.5 million figure from the Nevada Tobacco Prevention Coalition letter; not \$121 million. Also, the \$1 million currently allocated to tobacco programming is not written in statute. Allocations for all program areas in the FHN statute, with the exception of Assisted Living, will be determined through the current needs assessment and budget-building process. Clarification was provided later in the discussion but bears repeating here.)*

Ms. Campbell proceeded to review the new materials. The first, which demonstrated SFY17 funding allocations and the scope of work of various advisory committees, required no further clarification for subcommittee members. At the request of the Chair, Ms. Smith reviewed the steps as shown in the second document, which explained how recommendations arising from the needs assessments conducted by the OCPG, Commission on Aging (CoA) and Commission on Services for Persons with Disabilities (CSPD) finally results in a legislatively approved budget for the following biennium. Recommendations from all three advisory bodies go to the Department Director for consideration as he builds the FHN spending plan.

The third document discussed was the FHN worksheet. It was noted that the Assisted Living allocation of \$200,000 was a hard number determined by statute, but funding for other services can go up or down from biennium to biennium. The numerals preceding each service area refer to the corresponding Chapter in the Nevada Revised Statutes (NRS). It was clarified that funding of tobacco use prevention and cessation is in statute, but not the specific dollar amount, and as previously mentioned, the subcommittee can recommend a funding increase.

Ms. Campbell asked for clarification on how the subcommittee might proceed, with the assessment raising questions of accuracy and not knowing how shifting funding would impact existing programs. Marcia O'Malley suggested that, rather than focus on funding allocations by category, they consider those areas of services they know are critical, look at ways to leverage dollars, and consider funding strategies as opposed to dollar amounts. She cited tobacco cessation and prevention, transportation and mental health as critical services, and acknowledged that, while the needs assessment process was not perfect or scientifically proven, it does provide a snapshot based on participant input. Public comment also provided great information, all of which can be used to provide recommendations for strategies for the budgeting process. Because the Director is responsible for establishing the specific funding allocations for each program area, she suggested they focus on funding strategies.

Ms. Campbell agreed that, rather than get specific regarding dollar amounts by program area, the subcommittee might discuss strategy recommendations as they relate to priority areas; either categorize them or list priorities for the next Request for Applications (RFA). Ms. O'Malley added that the subcommittee might also look at ways funded programs can leverage and partner in a more collaborative way, and focus on bringing forth priorities and issues they have seen on the grassroots level and from personal knowledge.

Ms. Campbell suggested they first discuss what the subcommittee might want to see stressed in the RFA, components they would like to see in the proposals that would help to make decisions based on

limited funds, and then backtrack to discuss priority areas based on what they know and what is in the needs assessment. Discussion on the RFA included the following points.

- Ms. Campbell would like to see more focus on outcomes and collaboration, including educating applicants about what those elements mean and weighting these responses in the scoring process.
- Ms. O'Malley would like to see an opportunity to award points to organizations doing a good job with reporting, partnerships and community impact. The subcommittee asked the OCPG to provide quarterly reports on the funded programs.
- Ms. Gruner requested a status report on the programs shown in brown on the fund worksheet that are related to mental health, adding that many of those services are billable. Ms. Smith stated the Department has been researching and reviewing all new applications, as well as those agencies providing direct services that are noncompetitively funded, for Medicaid and insurance reimbursement applicability. The end result should be less dependence on FHN dollars.

Subcommittee members remained unsure how to proceed with prioritization based on the current available data. Ms. Gruner suggested they explore the programs currently funded and the consequences if that funding disappears. Referencing the SFY16-17 funding worksheet provided by the OCPG, the following explanations were provided.

- Ms. Gruner described the FHN programs managed by ADSD. Senior Rx and Disability Rx provide Part D gap coverage for Medicare beneficiaries. Without these services, people would go without medication because they have no means to pay for it when they reach the coverage period known as "the donut hole." Senior Independent Living provides support services for seniors so they can remain in their homes for as long as possible, resulting in a huge savings to the State. The hard dollar amount of \$200,000 for Assisted Living is paired with another funding source to provide housing support for seniors. Respite, Positive Behavior Support (PBS) and Independent Living (IL) grants are awarded to provider agencies throughout the state. PBS has been used mostly to support younger children in school districts to change the environment so the child can function within the setting. In order to maximize results, they have established collaborations with the University of Nevada Reno's PBS program, the Sanford Center on Aging, and other entities. *(Clarification for the record: Ms. Gruner described Respite, PBS and IL programs that are not currently funded under the statutory provision for FHN Disability Services. Although the services provided by ADSD are similar to those provided under FHN Disability Services, other funding supports these projects.)*
- Pat Petrie, OCPG, manages the Hunger One-Stop-Shop grants. He explained that these programs provide case management and other services in addition to immediate food relief, to identify and address the barriers that led the client to food insecurity. Clients receive nutrition education, food, and services such as help with job applications, resumes, and budgeting.
- Jennifer White, Statewide Coordinator for Nevada 2-1-1, described the program as a toll-free phone number available 24/7 for information on health and human services. It currently receives 10,000 calls per month and is undergoing a strategic planning process to map the future of the program and how to sustain it. Funding is currently allocated at \$700,000 annually, but a minimum of \$1 million is needed to adequately support the service. Calls average four minutes in length, which is not long enough to do a thorough assessment of needs. Expanded assessments increase the call time, which increases the wait time, which increases the

number of call specialists needed. A total budget of \$1.5 million would be required for Nevada 2-1-1 to reach its full potential.

- Ms. Smith, OCPG, stated that the Differential Response (DR) program migrated to the Division of Child and Family Services (DCFS) earlier this year. This program addresses Priority 3 child abuse and neglect reports by linking at-risk families with services that help solve underlying problems. Family Resource Centers offer one-stop-shop community services statewide. Women Infants and Children (WIC), Medicaid, Nevada Check Up, parenting classes, transportation and emergency assistance are among the resources DR workers can help families access.
- Ms. Smith described the programs denoted in brown as community wellness programs that address a variety of issues. DCFS and DPBH directly receive funds and the OCPG issues subgrants to the Office of Suicide Prevention and Immunization. She noted that Ms. Gruner had already described the FHN Disability Services programs that the OCPG oversees (i.e., Respite, PBS and IL). *(Correction for the Record: Programs denoted in brown on the FHN Diagram and the FHN Worksheet are supported by FHN Wellness or FHN Disability Services; not just FHN Wellness. A competitive solicitation was not conducted; the funds were allocated to the recipient agencies by the Legislature for SFY16-17.)*
- In response to a question from the subcommittee, Ms. Gruner clarified the difference between the Senior and Disability IL programs. IL grants for persons with physical disabilities provide accessibility items like ramps and assistive technology. Senior IL provides in-home services like personal care, homemaker services, and transportation. Younger persons with physical disabilities typically receive Social Security or have jobs, so services for this population are intended to help them live independently. Seniors typically are not working, and the IL money goes toward keeping people in their home instead of a care facility. The senior population is increasing in Nevada faster than any other state. When seniors arrive, they are often surprised at the lack of supports.

Ms. Campbell moved the conversation to identifying recommendations. The following points were noted.

- Request quarterly updates or “report card” on the existing funded programs to see if they are reporting on time and meeting goals.
- Expand efforts to describe what collaboration is; add weight for collaboration and outcomes on the score sheets. Ask applicants to describe how they will measure outcomes or how they distinguish between outputs and outcomes.
- Use the pre-proposal conference as an opportunity to clarify the collaboration and outcomes pieces and what we mean by leveraging projects and programs. Be very clear on what we’re looking for and why it’s important based on very limited funding.
- Support Department efforts to bill Medicaid, insurance and any other third-party payers for services for that have traditionally been awarded grant funding; the landscape is very different in health care now.
- Leverage projects by requiring programs like the FRCs and Hunger One-Stop Shops to partner with the Tobacco Coalition to provide information on tobacco use cessation and prevention.
- Develop ways to wrap transportation into other programs more deliberately. Help finding information could also be included as a collaborative opportunity.

- All the priority areas are critical; they are interconnected and can't be ranked by priority. All of the research documents that provided data for the needs assessment pretty much said similar things; the elements might have changed rank slightly but the top 12 categories appeared in all of them.
- When conducting future needs assessments, try to find as much data driven data as possible, resulting in less opinion and more hard facts.
- Consider gathering input from the public on the design of the needs assessment and what needs to be included.

Ms. Campbell recapped the above comments and moved on to priorities or areas of focus for the next round of proposals.

- Tobacco Use Prevention and Cessation – Ms. Young-Richey proposed that tobacco use prevention and cessation be included as a specific service category and funding priority, separate from Health and Mental Care Health.
- Disability Services - Lifespan Respite. Ms. Gruner recommended lifespan respite programs. Services are needed across the continuum for several populations.
- Ms. Young-Richey articulated, for the benefit of all who submitted public comment, that the subcommittee heard and cares about the additional input from the public, and acknowledges that the issues are broader than what are represented here. While tobacco and respite programming have been specifically identified, the group cares about all the issues.

Ms. O'Malley suggested that the final recommendations be presented in the form of a narrative letter describing all the elements of the group's discussion. The result could be a strong message to the Director.

- Acknowledge that the needs assessment is not perfect.
- All of the priorities are critical and essential but other things have surfaced through public comment and discussion such as lifespan respite, substance abuse, transportation and others, including a strong statement of support for tobacco.
- All can be put into a narrative that tells the story of our journey and how we arrived at our recommendations.
- The needs are not ranked in numerical order but all have been taken into consideration along with other areas of concern.
- The subcommittee supports the Department's efforts to find billable services and not duplicate efforts.
- For the next grant round, the subcommittee would like to have a stronger definition of collaboration, and more emphasis on outcomes and leveraging support. None of the programs stand alone; they need to support each other.

Jeff Bargerhuff supported Ms. O'Malley's recommendation. Ms. Gruner agreed, adding that centering on wellness covers a lot of what the subcommittee had discussed. A well community works at eliminating issues that make it hard for people to sustain themselves. She cited respite care as a method of helping people stay in their community. Ms. Young-Richey, Ms. Thorkildson and Ms. O'Malley all fully supported Ms. Gruner's comments. Ms. Campbell agreed and added the following points to the motion.

- In the preproposal conference of the next RFA, describe what is meant by collaboration and outline the importance of it.

- Do the same with outcome measures.
- Provide evaluators with a report card of funded programs that includes the requirements and whether the subgrantee met them.
- Jeff Bargerhuff moved to approve the recommendations, which are twofold: the letter to the Director and the pre-proposal education and report card, as described above. The motion was seconded by Ms. Gruner. There were no further comments or discussion, and the motion carried unanimously.

V. Public Comment

Ileana Delfaus, Executive Director of East Valley Family Services, said she would be happy to provide a report card. As an organization on the front lines, they are collaborating in the community but recognize a need to collaborate with additional nonprofits and State agencies, citing the Department of Education as an example. Her organization's Hunger One-Stop Shop clients receive education on nutrition and meal preparation because there are no home economic classes offered in the schools anymore. She also commented on the difficulty of measuring success. It's not counting numbers that come through the door. How do you measure anger management, housekeeping habits or health, or put a dollar value on those types of improvements?

Korine Viehweg, Northern Nevada RAVE Family Foundation, stated that her organization lost well over \$200,000 from its budget last year, and asked that when organizational report cards are prepared, prior years are taken into consideration. Other organizations that lost funding have or will have to close their doors. Also, it would be helpful to have support from the State going forward with the grant process, due to their limited resources. Citing collaboration as an example, being able to find out which other organizations applying for funds would benefit from collaborating with RAVE. Nevada 2-1-1, a 100% State-funded program, is saying it needs more than a million dollars to continue. There are several small organizations trying to do the same things because they're hearing negative feedback. A lot of money is going to a program not showing success. RAVE gets a lot of misdirected calls from people who need other services and found RAVE through 2-1-1.

Connie Mc Mullen, a former GMAC member, member of the CoA and the strategic planning subcommittee of the CoA, agreed with much of the subcommittee's efforts but wanted to stress the significance and importance of lifespan respite; often caregivers are just as vulnerable as their loved ones. Elderly Independent Living grants are crucial to remaining in the home; they can't maintain independence without services. Transportation is huge. A few sessions ago, transportation rose to second or third place in GMAC's needs assessment but ultimately fell to the second funding level tier. Last fiscal year, Citicare, an organization that provides transportation services in Northern Nevada, had funding reduced so significantly they had to cut back services in rural areas. She thanked the subcommittee for recognizing some services may have been overlooked in the past.

VI. Adjournment

Ms. Campbell thanked the subcommittee members, staff and members of the public for their participation and adjourned the meeting at 11:00 AM.

GMAC AD HOC CNA SUBCOMMITTEE
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ATTACHMENT A

Barry W. Lovgren
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I'm a private citizen; I'm not with any agency.

At your last meeting I testified about some problems with the 2016 Community Needs Assessment – it's largely just an opinion poll of consumers and providers, and doesn't really consider the differing perspectives that consumers and providers have. It considers the recommendations of the Commission on Aging and the Commission on Services for Persons with Disabilities because that's required by law, but it didn't consider soliciting recommendations from other relevant public bodies such as the Commission on Behavioral Health. And while it considers opinions and recommendations, it isn't data-driven. For example, it considers opinions and recommendations regarding substance abuse services, but there's no data regarding the incidence and prevalence of substance abuse in Nevada.

I'm a retired State employee, so I know that it's far too late in the day to remedy these problems with the Community Needs Assessment with any hope of meeting funding deadlines. But you'll be doing another Assessment for 2018, and that gives you a couple of years to develop a Community Needs Assessment without these problems. And while the Grants Management Unit isn't funded to conduct data-driven needs assessments, other State agencies are required to conduct them and those agencies needs assessments can be obtained. For example, the Bureau of Family, Child, and Community Wellness is required by federal law to conduct a needs assessment for maternal and child health issues, and the Substance Abuse Prevention and Treatment Agency is required by federal law to conduct a data-driven needs assessment for substance abuse services.

While it's too late to revise the 2016 Community Needs Assessment, it's not too soon to begin identifying public bodies other than the Commission on Aging and the Commission on Services for Disabilities whose recommendations should be considered, and it's not too late to begin identifying what State agencies conduct data-driven needs assessments that could be used in the 2018 Community Needs Assessment.

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ATTACHMENT B

Good morning. For the record, my name is Jenni Bonk. I am the Manager of the Chronic Disease Prevention and Health Promotion Section at the Division of Public and Behavioral Health. Today, I am specifically representing the Nevada Tobacco Prevention and Control Program.

Today, we specifically wanted to address a concern that was mentioned on page 10 of the 2016 Fund for Healthy Nevada Statewide Community Needs Assessment report that states “tobacco cessation is now a covered service under most health plans; an important consideration in determining future funding levels.”

Historically, for the last few years, as you know, the Nevada Tobacco Prevention and Control Program has received \$1 million per year from Funds for Healthy Nevada. There are a few things I would like to tell you about that funding.

1. 95 percent of those funds go out to the community to implement evidence-based strategies to prevent tobacco use across Nevada
2. Less than \$100,000 per year goes to direct cessation services

In addition, it is important to note that cessation is only one part of a comprehensive tobacco control program. Other vital components of the Nevada Tobacco Prevention and Control Program include:

- Preventing tobacco use initiation among youth
- Eliminating exposure to secondhand smoke
- Identifying and eliminating tobacco-related disparities

I would like to provide reimbursement information about current tobacco cessation counseling and Nicotine Replacement Therapy in our state and our goals for improving this in the future.

Currently, there is an established Nevada Tobacco Quitline that provides counseling and limited Nicotine Replacement Therapy products to Nevadans who utilize and request this service. This quitline is 100% funded through grant dollars.

Recently, our chronic disease section collaborated with the DHCFP on the upcoming Managed Care RFP, writing comprehensive tobacco cessation benefits into the contract. Once the new contracts go into effect, managed care recipients will be able to utilize tobacco cessation services through their own MCO tobacco quitline, taking some of the burden off of the statewide quitline.

Additionally, we are working with Medicaid to make telephonic cessation counseling and all Nicotine Replacement Therapy a reimbursable service through Nevada Medicaid without the prior authorization requirement. This would allow the Nevada Tobacco Quitline to bill Medicaid for its services for the fee-for service population.

Currently, Medicaid policy allows for reimbursement for tobacco cessation behavioral interventions for pregnant and non-pregnant adults, adolescents and children. These are recommended covered services

by the USPSTF with A & B grades. However, this counseling is only reimbursed outside of the regular office visit for pregnant women. We would like to propose that Nevada Medicaid consider paying separately for tobacco cessation services for all recipients who need it. This will incentivize providers to provide this medically necessary service and it will bring in more federal matching dollars into the state.

Of course, we rely on Medicaid to lead the way when it comes to reimbursement. We also have a plan to work with private insurers to either reimburse for the use of the Nevada Tobacco Quitline or assist with technical assistance in setting up their own quitlines. We anticipate this to begin in late 2017 or early 2018.

Our vision is for a sustainable, comprehensive plan to help Nevadans quit their use of tobacco. Nevada Tobacco Quitline can serve as the hub for multiple entities, serving as a triage center to direct all calls to their appropriate quitline based upon their payer source. So for the past year, our staff has continued working on growing this quitline into a sustainable system with a goal of maximizing federal dollars for billable services and products which will allow our grant dollars to go towards outreach and education and serve as a safety net provider to those in need.

It is important to note that this work is tedious and takes time to implement. It is also imperative that there be a smooth transition for all changes that will take place to ensure Nevada Tobacco Quitline callers are properly served.

We hope that this information has helped provide clarity around the work we are currently doing to build a sustainable quitline model and the important tobacco prevention work taking place in Nevada's communities. As you know, our program provides programmatic oversight to numerous partners serving every community of our state. We are always happy to share the achievements of these programs or any additional information you may need at any time.

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ATTACHMENT C



BRINGING THE GIFT OF TIME TO FAMILIES WITH SPECIAL NEEDS.

May 24, 2016

On behalf of the Northern Nevada RAVE Family Foundation and the need for respite throughout our communities I would like to express our concern with the 2016 needs assessment. It does not recognize that despite the growing need, the availability of respite in Nevada continues to be limited. According to a 2010 online survey of nearly 5,000 caregivers conducted by the Access to Respite Care (ARC), through ARCH National Respite Network Resource, “46% of parents/caregivers report that they have more caregiving responsibilities than they can handle”, the reality is that there is both an economic and health strain on these families given the additional care and medical and therapeutic attention their children require. In the same survey, up to 88% of caregivers report suffering from a combination of, “physical fatigue, emotional stress, and emotional guilt some or most of the time.” In effect, the health of these caregivers is greatly affected, which also often leads, unintentionally, to abuse and/or neglect to these children.

Respite supports and strengthens families by providing a much needed break to caregivers reducing the risk of abuse and neglect. I stated during public comment on Thursday, May 5th that our center based program, the RAVE Family Center, has more than doubled over the past three years from providing respite services to an average of 59 children and 40 families per year to ending FY 15 with 136 children and 80 families receiving a “Gift of Time” through the RAVE Family Center.

The Northern Nevada RAVE Family Foundation has a proven track record and recognizes the ever growing need for collaboration. I think we can all agree that the committee’s focus should be on providing the best care for the funds available. Along with others who have voiced their concern in public opinion, we are also concerned that the needs assessment does not accurately measure what the needs actually are, across the State. The way the needs assessment is currently structured, only those who take the survey are those who were sent the link. We are concerned that important demographics were missed, and it is not clear whether the survey is valid, reliable and unbiased.

The true needs assessment is the work that so many valuable organizations are showing in growth and overall success. We ask that you reconsider the needs assessment, and re-do it if there is still time, so that you are certain that it is valid, reliable, and unbiased. According to our work and experience in the community, respite is much more important in Nevada than the current version of the needs assessment may lead one to believe.

Thank you for your time.

Korine Viehweg

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