

TO: GRANTS MANAGEMENT ADVISORY COMMITTEE (GMAC)
FROM: GMAC AD HOC COMMUNITY NEEDS ASSESSMENT SUBCOMMITTEE
DATE: JUNE 7, 2016
SUBJECT: FUNDING PRIORITY RECOMMENDATIONS FOR SFY 18-19

At the May 24, 2016 meeting of the Ad Hoc Community Needs Assessment Subcommittee of the Grants Management Advisory Committee (GMAC), members unanimously approved a motion directing staff of the Office of Community Partnerships and Grants (OCPG) to prepare correspondence for submission to the full GMAC. The content was to include a recap of the process used for the 2016 Community Needs Assessment, the Subcommittee's funding priority recommendations, and additional recommendations addressing specific concerns that surfaced during public comment and Subcommittee deliberations. This memo is the result of that motion.

2016 Community Needs Assessment

In preparation for the needs assessment, OCPG staff reviewed methodologies that have been utilized in similar processes nationwide. Staff drew upon this information to develop a plan for the 2016 Community Needs Assessment and presented it to the GMAC at its December 10, 2015 meeting.

- Phase I included action steps for targeted outreach, research to identify existing sources of data to drive the process, and consultation with Aging and Disability Services (ADSD) in relation to assessments conducted by ADSD for the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD).
- Phase II called for an online and paper survey using questions derived from the aforementioned research, a series of public forums, and an initial report to the full GMAC.

The outreach and information gathering plan was reviewed, discussed and approved by the GMAC at the December 10th meeting. At that time, the committee also approved a motion to submit a letter to Department of Health and Human Services (DHHS) Director Richard Whitley encouraging him to utilize the results of the Needs Assessment in Department-wide budget development for State Fiscal Years (SFY) 2018 and 2019 rather than limit the impact to the Fund for a Healthy Nevada (FHN) spending plan. A letter was prepared by OCPG staff, approved by the GMAC during a special teleconference on December 22nd, and submitted to Director Whitley. In a December 31st response via DHHS Deputy Director Dena Schmidt, Mr. Whitley thanked the GMAC for its progressive perspective and agreed that the results could serve a larger purpose.

Preliminary Report on Community Needs in the State of Nevada

Per the approved Needs Assessment plan, staff of the OCPG reviewed more than two dozen needs assessments, strategic plans and State plans and also analyzed statistics collected by multiple Nevada service providers. Data gleaned from this effort:

- Provided a snapshot of the most critical needs statewide;
- Served as the basis for a preliminary report submitted to the GMAC during its March 10, 2016 meeting; and
- Was used to develop a survey that tested the research against community experience.

To avoid influencing public opinion, information about the top 12 needs was presented to survey and forum participants in alphabetical order. Participants were asked to prioritize the needs and also identify any needs that were not represented on the list. More than 1,300 people provided input. No new service needs displaced the original 12 but responses did assist the OCPG in exploring specific needs within the major categories.

2016 Statewide Community Needs Assessment Report

The final Needs Assessment report listed the priority order as follows and also analyzed whether the respondents' status as a provider or consumer, geographic location or household composition altered the outcome. Any differences in priority ranking were minimal.

1. Health and Mental Health Care
2. Housing
3. Hunger / Food Security
4. Emergency Services
5. Education
6. Employment
7. Protective Services
8. Dental Care
9. Support for Persons with Disabilities and their Caregivers
10. Substance Abuse Services
11. Transportation
12. Help Finding Information

Ad Hoc Community Needs Assessment Subcommittee

The Ad Hoc Community Needs Assessment Subcommittee met on May 5, 2016 and again on May 24, 2016 to examine the results of the assessment and determine how best to use the information to advise the full GMAC. Ultimately, for purposes of this correspondence, the Subcommittee asked OCPG staff to document a series of key points made during deliberations.

- While acknowledging the work that went into the 2016 Needs Assessment, the subcommittee recommended that the GMAC and the OCPG work together to develop a process for 2018 that advances the biennial task to a higher level. More hard data, and less opinion, should form the basis for the next assessment. In addition, the public should be invited to provide input into the design of the process.
- The subcommittee concluded that further prioritization of needs based on the information presented in the final report was not possible. All of the needs cited in the report are important and inter-related. Most needs have not changed since the last assessment.
- The over-arching goal of Departmental efforts should be wellness. A well community is one that works at eliminating issues that make it difficult for people to sustain themselves.
- Based on public comment and subcommittee member discussion, the following services warrant special consideration.

- Substance abuse and tobacco use are among the most harmful behaviors in which Nevadans engage. Activities to prevent and/or cease these behaviors are an essential ingredient in the effort to promote individual and community wellness. Tobacco use prevention and cessation should be viewed as a category unto itself (as is already the case with Substance Abuse).
 - Transportation did not rise to the top of the priority list, but without it, most other services are inaccessible. It should be treated as a wraparound service in a very deliberate way.
 - Respite across the lifespan is an essential service for caregivers who are committed to keeping a child, adult or senior with disabilities at home. The ability to remain at home is not only preferable for the individual who needs care but is far less costly than placement in a facility.
 - There is a gap in services for youth with disabilities. Health literacy, safety issues, cyber health and aging out of the system at 16 years of age were among the needs discussed by subcommittee members.
- Nevadans who have health coverage are experiencing access issues. A shortage of providers, high deductibles, high premiums and high co-pays make it difficult to obtain necessary care. Consideration should be given to wraparound assistance that supports access to health and mental health care services.
- Several strategies were suggested to strengthen the SFY18-19 Request for Applications (RFA).
 - The OCPG should develop and present training for potential applicants to help them better understand the true meaning of collaboration and how to establish purposeful partnerships. Also, the scoring matrix should continue to include points for partnerships that are formalized through Memorandums of Understanding.
 - A similar training needs to be offered regarding outcomes that measure how services impact the recipients' quality of life. Outputs alone are insufficient.
 - The OCPG already requires subgrantees to submit and update information in the Nevada 2-1-1 system. The OCPG should further leverage its authority by imposing additional requirements. Examples might include requiring applicants to design projects around collaborative partnerships (as with the Hunger One-Stop Shops) or to distribute tobacco use prevention/cessation information.
 - Proposal evaluators need to have access to a "report card" that details how well an existing subgrantee has performed. Components should include the amount of the grant award, the total spent, whether reports were submitted in a timely manner, and whether the program made a difference in the lives of those served during the grant period. A point system for past performance should be considered in the scoring matrix for the RFA.

Respectfully Submitted to the Full GMAC by members of the Ad Hoc Community Needs Assessment Subcommittee:

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