

**State of Nevada, Department of Health and Human Services (DHHS)
Grants Management Advisory Committee (GMAC)**

DRAFT Meeting Minutes

June 9, 2016

Videoconference Locations

Carson City: Nevada State Legislature, 400 S Carson Street, Room 3137

Elko: Great Basin College, 1500 College Parkway, High Tech Center Room 137

Las Vegas: Grant Sawyer Building, 555 E Washington Avenue, Room 4412

Members Present

Jeff Bargerhuff
Deborah Campbell
Jeff Fontaine
Minddie Lloyd
Dan Musgrove
Marcia O'Malley
Cindy Roragen
Dr. Allie Wright
Candace Young-Richey

Members Absent

Leslie Bittleston
Michele Howser
Diane Thorkildson
Greg Wieman

Department Staff Present

Dena Schmidt, Deputy Director of Programs, DHHS-Director's Office (DO)
Laurie Olson, Chief, Office of Community Partnerships and Grants (OCPG), DHHS-DO
Elena Espinoza, Pat Petrie and Gloria Sulhoff, DHHS-DO Las Vegas
Cindy Smith and Connie Ronning, DHHS-DO Carson City

Members of the Public Present

Carson City

Paul Bancroft and Karen Carey, Tahoe SAFE Alliance
Scott Cooksley and Yvette Myers, Catholic Charities of Northern Nevada
Lisa Guzman, Washoe County School District FRC Coalition
Susan Hass and Kathy Hanson, Nevada Rural Counties RSVP
Michael Hackett and Sandy Wartgow, Nevada Tobacco Prevention Coalition
Ton McCoy, American Cancer Society
Carrie Parker and Korine Viehweg, Northern Nevada RAVE Family Foundation
Shannon Simmons, Advocates to End Domestic Violence

Elko

Judy Andr son, Family Resource Center of Northeastern Nevada (Elko FRC)
Martha Schott-Bernius, Family Respite of Northeast Nevada

Las Vegas

Michele Johnson, Financial Guidance Center
Virginia Johnson, Member of the Public
Lawrence Matheis, Nevada Medical Center

I. Call to Order, Welcome, Introductions and Announcements

GMAC Chair Jeff Fontaine called the meeting to order at 9:05 am. Roll call was taken and a quorum was confirmed.

Laurie Olson, Chief of the OCPG, introduced Dena Schmidt, Deputy Director of Programs in the Director's Office, DHHS. Ms. Schmidt recognized GMAC member Marcia O'Malley, who was attending her last GMAC meeting before retiring from the committee. Formerly the executive director of Family Ties, Ms. O'Malley was appointed to the GMAC in 2011 to fill the seat of a member with experience providing services to persons with disabilities. The first community needs assessment was conducted that year, and as the third assessment is being presented, she continues to play a strong role helping the group understand economic differences and deal with limited resources, addressing inter-connectivity and adopting an approach to address collaborative partnerships. She has always been a leader and enthusiastic participant, serving as the first Chair of the ad hoc subcommittee on disabilities in 2011 and continuing to serve on the subcommittee again in 2016. Her experience and guidance will be missed during the 2017 process. Ms. Schmidt thanked Ms. O'Malley for five years of dedicated service to the GMAC, its subcommittees, the Department, and the people of Nevada. Mr. Fontaine added his thanks and appreciation for Ms. O'Malley's contributions and support.

II. Public Comment

Carson City

Carrie Parker, an attorney and board member of Northern Nevada RAVE Family Foundation (RAVE), addressed the committee regarding the ranking of disability services in the needs assessment. She believed that the low ranking resulted from the combination of a flawed assessment and two vacancies on the GMAC, and asked the GMAC to increase the priority for services for persons with disabilities, including respite care.

Korine Viehweg, executive director of RAVE, discussed issues regarding respite care as detailed in a letter to the GMAC from Head Start, Nevada Rural Counties RSVP, and RAVE (Attachment A). These organizations require allocations to support caretakers of persons with disabilities. Caregiver health is greatly affected by continual care, which can lead to unintentional abuse. Despite the need and NRS 439.630, the Community Needs Assessment (CNA) and subcommittee recommendations do not recognize the importance of these services that provide a much needed break to reduce the risk of abuse and neglect. Focus should be on providing the best care, and she urged the GMAC to prioritize respite as a need.

Karen Carey, executive director of Tahoe SAFE Alliance (TSA) located at Lake Tahoe, provides services to victims of domestic violence and abuse. This funding cycle, they received limited funding despite the huge need at the Lake. She thanked the GMAC for their support; the organization's current Title XX grant helps to provide therapy for children and preventative education in the schools. While the Lake is known for a lot of wealth, there are a lot of families with severe need living in poverty and dealing with a tremendous amount of issues. TSA and its collaborative partners feel it is important that the GMAC continues to work with and support their efforts to end violence at the Lake. This starts with educating children on right from wrong. Many don't have a good role model, and do not understand what a healthy relationship is. TSA's goal is to teach them that, and help them understand the red flags of abuse. She provided informational packets to the attendees in Carson City, which included descriptions of a lot of programs the committee members probably are not aware of.

Las Vegas

Michele Johnson, president and CEO of Financial Guidance Center (FGC), spoke about Nevada 2-1-1. FGC has been administering the program since July 1, 2015 and has contributed more than \$120,000 in in-kind services to help turn a good service into an outstanding resource. Staff have been updating the database with current,

comprehensive and relevant information and will be implementing a comprehensive outreach program. During the period July 1, 2015 through May 31, 2016 the FGC received 115,793 calls, 95,106 of which were answered in less than two minutes. The top need was housing, followed by food and utility assistance. FGC strongly encourages approval of the 2-1-1 funding request. A written copy of her comments was subsequently provided (Attachment B).

Virginia Johnson spoke on behalf of Las Vegas Farmers Market, which has been operating since 1999. They have been working with community gardens, implementing WIC, SNAP and senior nutrition coupons. They have a need for staffing to coordinate the efforts of growing, harvesting, washing, and storing the produce. Funding is also needed for power systems, storage, water, and transportation. People are not educated on how to prepare the food once it's grown, which leads to more food waste. Written comments were subsequently provided (Attachment C).

Elko

Judy Andrésón, executive director of the FRC of Northeastern Nevada in Elko, commented on the State's FRCs, which have been providing so much, for so many, for so little, for so long. They are uniquely situated to create something for nothing and during the last fiscal year, 15,763 people were helped. She illustrated by relating the story of a 66-year old woman with severe mental health issues who had been homeless in Elko for 10 years. When she started camping outside the FRC, staff befriended her, gained her trust, and eventually found private funding to house her in a hotel for the winter. They assisted with applications for food stamps and increased Social Security, took her to the DMV for an ID, and got her into transitional housing. The FRCs effectively put together a system of care that wraps services around people and utilizes available resources in the community in an astounding way. Ms. Andrésón thanked the GMAC for the funds that come to FRCs.

III. Approval of GMAC Meeting Minutes

March 10, 2016 GMAC Meeting

There were no comments or revisions to the minutes.

- Dan Musgrove motioned to accept the minutes as presented. Ms. O'Malley seconded, and the motion carried unanimously.

May 5, 2016 GMAC Ad Hoc Community Needs Assessment (CNA) Subcommittee Meeting

Subcommittee members Deborah Campbell, Jeff Bargerhuff, Candace Young-Richey, and Marcia O'Malley participated in the vote. Two members, Jane Gruner and Diane Thorkildson, were absent. There were no comments or revisions.

- With a quorum of subcommittee members present, Deborah Campbell moved to approve the minutes of May 5 as presented. Ms. O'Malley seconded, and the motion carried unanimously.

May 24 GMAC Ad Hoc CNA Subcommittee Meeting

Ms. Olson pointed out a correction to page 3, where Candace Young-Richey cited a dollar amount of \$212.5 million, but it was recorded in the minutes as \$121 million. Ms. Olson also added clarifications for the record on pages 3, 4, and 5. The correction and clarifications were included in the draft minutes provided for review.

- Jeff Bargerhuff moved to approve the minutes with corrections and clarifications as noted by Ms. Olson. The motion was seconded by Ms. O'Malley and carried unanimously.

IV. Report on 2016 Community Needs Assessment

Ms. Olson recapped the process used to conduct the community needs assessment (CNA), beginning with staff research on methodologies used nationwide. Those findings were incorporated into a plan that was reviewed, discussed and approved by the GMAC at the December 10 meeting. During phase one, data was collected from

existing needs assessments, state plans, and strategic plans, along with statistics from state agencies and programs including Nevada 211, Family Resource Centers, Aging and Disability Resource Centers, Community Action Agencies, and Title IVB programs which address child abuse and neglect. As the data was consolidated, the same categories kept coming up: Health/Mental Health, Housing, Hunger/Food Security, Emergency Services, Education, Employment, Protective Services, Dental Care, Support for Persons with Disabilities and their Caregivers, Substance Abuse Services, Transportation, and Help Finding Information. To validate the results, a survey was developed and widely distributed. The survey provided an opportunity for respondents to include additional services they thought were lacking, but nothing new came up. Ms. Olson briefly reviewed the report, which was included in the meeting materials. Due to the size of the document, it is not attached to these minutes, but can be accessed from the OCPG website at http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Reports/2016_NeedsAssessmentReport_FINAL.pdf.

In reference to a concern expressed during public comment, Ms. Olson clarified that NRS 439.630 does not say the Department or GMAC has to conduct a full needs assessment; only that it conduct public hearings. However, the OCPG and the GMAC pushed for a more objective approach to include data. Mr. Musgrove asked how this year's participation and response rate compared to that of previous years. Ms. Olson replied that in 2012, more than 3,000 responded to surveys and attended public forums. In 2014 the number was just over 2000, and this year it fell to about 1,300. She believed a contributing factor to the decline was that several needs assessments were being conducted at the same time, and people were a little burned out with information overload. Also, staff research on best practices indicate that conducting a full assessment every two years doesn't allow time enough to address the issues; instead, an analysis should be conducted to measure progress and impact. Ms. Olson concluded her report by thanking Ms. Campbell and the subcommittee for their work.

V. Report and Recommendations from Ad Hoc Community Needs Assessment Subcommittee

Ms. Campbell, Chair of the Ad Hoc CNA Subcommittee, thanked the subcommittee members for their participation in many hours of thoughtful discussion and deliberation. The subcommittee members included Jeff Bargerhuff, Candace Young-Richey, Jane Gruner, Marcia O'Malley, and Diane Thorkildson.

The subcommittee met twice, on May 5 and 24. At the initial meeting, the majority of time was spent going through the CNA in detail and taking public input. In that process of listening to public comment, concerns arose regarding the challenge of prioritizing program areas for the next Request for Applications (RFA) process. The second meeting included two hours of discussion before reaching a consensus. The process and recommendations are detailed in the report provided in the handouts (Attachment D).

Ms. Campbell reviewed the report, beginning with the top twelve priority areas listed on page two. These were taken directly from the needs assessment as cited earlier by Ms. Olson, and she noted for the record that the subcommittee stated and agreed that all the areas listed are critical, interconnected and can't be further ranked.

The next section of the report detailed key points that were identified during the meetings.

- Ms. Campbell stressed that the subcommittee greatly appreciated the OCPG's preliminary work of reviewing existing assessments and searching for data as directed by the GMAC; however, further prioritization based on the information at hand was difficult, and the subcommittee was not able to prioritize and rank order.
- The subcommittee discussed at length the overarching goal of the Department, and that efforts should be on wellness and eliminating issues that make it difficult for people to sustain themselves.

Based on public comment in both meetings, the members recommend including services addressing substance abuse and tobacco use, and including transportation as a wraparound service. They also acknowledged a gap in disability services, particularly for youth, and want to ensure that is discussed and included within the priority areas.

- The Affordable Care Act provides Nevadans with health care coverage, but there are some access issues and consideration should be given to wraparound services in health.
- Another area of discussion addressed ways to strengthen the next round of RFAs for SFY 2018 and 2019. Recommendations include:
 - Include in the RFA Orientation a training on the meaning of collaboration. It can be difficult to rank proposals with limited funding; this would ensure that the organizations applying for funding would hear examples of true collaboratives, which have established relationships with Memorandums of Understanding.
 - Another recommendation for applicant training is to talk about outcomes versus outputs . Outcomes matter, and hearing how the programs are impacting quality of life can help the GMAC make decisions on how to allocate funding, particularly because funding is tight.
 - Increase requirements for all applicants to help address whole-person wellness. An example might be to require applicants to form collaboratives or distribute information on tobacco prevention.
 - Make available to the GMAC a report card with information on how the funded organizations are doing. Knowing how the grantees are performing would help in the distribution of limited dollars.

Mr. Fontaine thanked Ms. Campbell for the thoughtful report and opened the floor for comments from the GMAC.

Ms. O'Malley pointed out a few details to address concerns raised during public comment. The subcommittee recognizes respite generally within the priority category of Support for Persons with Disabilities and their Caregivers and, in the bulleted list of key points, identifies respite across the lifespan as an essential service. Also, within the strategies to strengthen the RFA process, the third bullet point includes distribution of tobacco prevention cessation information as an example of requirements for applicants.

Item VI. Action Item: Adoption of Final Funding Priority Recommendations for SFY 18-19

Mr. Fontaine opened the floor to the GMAC for discussion. Ms. Campbell asked if they could review the handout of Existing Funding and Support for Service Categories.

Ms. Olson explained that staff attempted to compile a comprehensive spreadsheet showing the amount of funding going into each area and the respective funding sources, but it was a colossal task and the amount of dollars changes often as grants come and go, making it difficult to present. She spoke to Mr. Fontaine, who suggested a simpler document, using staff's collective knowledge. This approach resulted in a compilation of sources of support for services in each of the twelve priority areas, but it is not a comprehensive analysis. Mr. Fontaine explained that this information can be useful when trying to determine funding priorities. If there are existing funding resources and other opportunities for funding, then that's something the GMAC would want to consider. In his experience, the GMAC has looked at that and viewed FHN as a funder of last resort for a lot of programs. While this document does not include detailed, quantitative information on the amount of money that might be available, it does present a high level overview of funding sources other than FHN. Jeff Bargerhuff was appreciative of the information and, as a relatively new member, found the document to be quite helpful. He hoped it could be considered a working document to be expanded upon.

Cindy Roragen suggested maintaining the priority service categories from FY16-17, with the addition of a separate category for tobacco prevention and cessation. The FHN is comprised of tobacco settlement money,

and the health-related expense to Nevada is huge. For these reasons she felt tobacco prevention/cessation warranted its own category. She also would like to see access to healthcare integrated into the recommendations.

With no additional comments from the GMAC at this time, Mr. Fontaine opened the floor to public comment.

There was no public comment in Elko or Las Vegas.

Carson City

Michael Hackett, speaking on behalf of the Nevada Tobacco Prevention Coalition, thanked the GMAC and subcommittee for their work. He appreciated the opportunity to reemphasize the importance of adequately funding tobacco control and brought up four points: Tobacco use prevention and cessation was the third highest priority listed under health in the CNA; it is in statute as a funding priority; the source of FHN funding is from the Tobacco Master Settlement Agreement; and the current funding level is well below the national recommendation. Written testimony was provided prior to the meeting (Attachment E).

Susan Haas, executive director and CEO of Nevada Rural Counties RSVP, reiterated public comments made by RAVE earlier in the meeting and urged the GMAC to include respite across the lifespan as a priority and to increase funding for respite care. Respite provides relief for the caregiver, and can be lifesaving. Without respite, they may be institutionalized themselves or predecease the care recipient. Respite creates a healthy environment for the family, community and state. Mr. Fontaine asked Ms. Haas if she and the other respite supporters participated in the survey. Ms. Haas and the others indicated that they had.

Adoption of Recommendations.

- Ms. Campbell asked whether the funding priority program areas needed to be ranked in order of priority. Ms. Olson responded that two years ago, the reviewing subcommittee did not prioritize them, but in prior years, primary and secondary priorities were identified.
- Mr. Fontaine discussed the GMAC's request to the Director to consider the results when developing the Department budget. The CNA report is important information that otherwise might not be considered by the Director. Ms. Olson remembered that two years ago, in addition to sending a letter to the Director, the GMAC testified at the legislature that it wanted the Department, as much as possible, to restore funding to the original programs in the FHN and try to reduce dependence to programs not in statute. Mr. Fontaine added that, during tight budget years, FHN was used to supplant general funds, and suggested that the GMAC might want to reaffirm concerns about using FHN to supplant state shortages.
- The group discussed adding tobacco prevention as a fifth priority area. They also considered expanding the tobacco category to include substance abuse. Due to the intent of the Master Settlement Agreement, and the availability of funding from SAPTA for substance abuse, they decided to make tobacco prevention a stand-alone category and to include drug and alcohol abuse in the health/mental health category.
- Ms. Richey-Young commented that these discussions help to illustrate the challenges of the subcommittee in classifying, categorizing and prioritizing these areas.

Ms. Campbell restated what the members had discussed thus far and suggested they be presented as separate motions.

- Mr. Fontaine moved to include a recommendation to the Director to consider including in the Department budget the resources to fund a comprehensive needs assessment that incorporates the

needs of all divisions in the Department, to have it available for the next RFA and the 2019 legislative session, and to be cost-allocated across all the divisions in DHHS. Mr. Musgrove seconded the motion.

- Ms. Campbell motioned to approve the strategies suggested to strengthen the 2018-19 RFA process as listed on page three of the report. Jeff Bargerhuff seconded the motion and, with no further discussion, the motion carried unanimously.
- Ms. Roragen motioned to recommend for the FY18-19 funding process five major service areas, to include tobacco cessation and prevention, health/mental health, family support, food security, and support for persons with disabilities and their caregivers; with access to services, including transportation, woven into all service categories. The motion was seconded by Mr. Musgrove and carried unanimously.
- Ms. O'Malley motioned to include language in the memorandum to the director that includes the four main bullet points on page two of the report, the four sub-bullets on page three, and the fifth bullet on page three. Mr. Fontaine seconded the motion and it carried unanimously.

Mr. Fontaine confirmed that the members had no further recommendations or considerations, and moved to the next agenda item.

VII. Public Comment

None.

Ms. O'Malley thanked everyone for an amazing experience serving on the GMAC, and for the nice recognition from Ms. Schmidt this morning.

Mr. Musgrove expressed thanks to the subcommittee for going above and beyond, and to Department staff for the work they do to prepare the GMAC for the meetings, especially the minutes.

Mr. Fontaine thanked the subcommittee members for the very good analysis and recommendations that were brought forward. He also thanked the GMAC members, acknowledging the difficulty of the process due to the far greater need in the State than resources available to address them.

VIII. Adjournment

Having concluded all business, Mr. Fontaine adjourned the meeting at 11:20 AM.

ATTACHMENT A

GMAC Meeting Minutes

June 9, 2016



BRINGING THE GIFT OF TIME
TO FAMILIES WITH SPECIAL NEEDS.

RESPITE AND VOLUNTEER EXPERIENCES

Providing respite to families caring for children
with special needs while training high school volunteers
to work with these very special children.



June 9, 2016

Members of the Grants Management Advisory Committee:

On behalf of the below listed organizations, we urge you to emphasize the importance of prioritizing funds to support respite services programs in your recommendation to the Director of Health and Human Services.

As you know, the Legislature has specifically recognized the importance of programs that “provide respite care or relief of informal caretakers for persons with disabilities,” such as Head Start of Northeastern Nevada-Family Respite Northeastern Nevada, Nevada Rural Counties RSVP Program Inc., and the Northern Nevada R.A.V.E. Family Foundation, by requiring allocations to these programs. NRS 439.630(1)(h). Those caretakers who benefit from these programs take care of persons with disabilities who may be children, adults, or senior citizens. 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, medical and therapeutic attention their children or seniors 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.

Combined, our organizations provided 44,835 hours of respite in the last fiscal year 2014-2015. Yet there are more families for whom we have not yet been able to provide services. Despite the growing need for respite in Nevada and the Legislative priority in NRS 439.630(1)(h), the needs assessment and subsequent recommendation from the subcommittee do not recognize the strong need for these services across Nevada.

Respite supports and strengthens families by providing a much needed break to caregivers reducing the risk of abuse and neglect. Our organizations have a proven track record and recognize the ever growing need for collaboration. GMAC's focus should be on providing the best care for the funds available. We are 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.

We are also concerned that GMAC currently has two vacant seats, seats designated to individuals with experience in areas directly related to this very important need for respite: 1. A director of a local agency which provides services for abused or neglected children, or the director's designee, and 2. A member who possesses knowledge, skill and experience in the provision of services to senior citizens. Members with these qualifications would likely provide GMAC invaluable insight into the importance of respite in preventing child abuse and neglect and in caring for senior citizens.

We urge you to prioritize respite services in Nevada. The true needs assessment is the work that so many valuable organizations are showing in growth and overall success. According to our work and experience in the community, respite is much more important in Nevada than the current version of the needs assessment and subcommittee recommendation may lead one to believe. We request that you recommend allocating a higher percentage of the funds than the subcommittee has recommended to programs that "provide respite care or relief of informal caretakers for persons with disabilities" (NRS 439.630(1)(h)) including Head Start of Northeastern Nevada-Family Respite Northeastern Nevada, Nevada Rural Counties RSVP Program Inc., the Northern Nevada R.A.V.E. Family Foundation, and other organizations across Nevada.

Please do not hesitate to contact us should you need any additional information. We request that this letter be included as support material for the June 9 meeting.

Sincerely,

Susan C. Haas, Executive Director & C.E.O.
Nevada Rural Counties RSVP Program, Inc.
2621 Northgate Lane, Suite 6
P.O. Box 1708
Carson City, Nevada 89702
(775) 687-4680 x 2

Korine Viehweg, Executive Director
Northern Nevada R.A.V.E. Family Foundation
P.O. Box 2072
Sparks, Nevada 89432
(775) 787-3520

Martha Schott-Bernius, Board Member
Head Start of Northeastern Nevada-Family
Respite Northeastern Nevada
1280 Golf Course Rd
Elko, NV 89801
(775) 738-5953

ATTACHMENT B
GMAC MEETING MINUTES
JUNE 9, 2016

Good morning Chairman Fontaine and members of the Grants Management Advisory Committee. My name is Michele Johnson and I am the President and CEO with Financial Guidance Center. Financial Guidance Center is a nonprofit 501(c)3 that has been providing a comprehensive selection of programs, services, and resources to Nevadans since 1972. I've had the privilege of working with the agency for more than 34 years. Our agency serves well over 20,000 households each year with financial stability, asset development, and crisis intervention programs.

July 1, 2015 our agency was awarded the contract to administer the Nevada 2-1-1 program on a statewide basis. We were well aware of the potential to turn a good service that had been serving Nevadans for about 9 years into an outstanding relevant beneficial resource for all Nevadans, which is why, over the past year, our agency has contributed well over \$120,000 of in-kind contributions. Being in the nonprofit world, knowing the needs of Nevadans and the needs of service providers (including ourselves), FGC had its vision of what 2-1-1 could and should be and we've been working diligently for the past 12 months to effect change needed to reach that vision we had set for ourselves.

Our initial over-arching goal was to work on the database, the core of the 2-1-1 program, to ensure it was current, comprehensive, and relevant. We underestimated the time it would take to achieve that goal and, in fact, are not there yet, even with four employees visiting in person the service providers throughout Nevada. But we'll be there soon and that will give us the opportunity to then put in place a comprehensive outreach program.

Quickly I'd like to share some statistics that may put a face on the needs of Nevadans. From July 1, 2015 through May 31, 2016, we have had 115,793 callers; 95,106 of those calls were answered in less than two minutes.

13,878 of those calls were referrals from social service agencies and fellow nonprofits

9,354 friends/family

4,042 were referred by a state department

Age of callers has no boundaries, serving millennials to seniors and everyone in between:

9,484 20-29

12,116 30-39

10,192 40-49

10,474 50-59

Top 3 reasons for calling:

Housing (rental assistance, homeless shelters, subsidized housing/transitional housing)

Food

Utility assistance

What can 2-1-1 be when it 'grows up'? It can reduce duplicative services by eliminating the need for many state units/departments to create their own printed resource directory. It can stretch funding. It can leverage benefits to consumers and providers alike. It is a 24x7x365 resource in a 24x7x365 state.

What must 211 be to accomplish this and provide additional benefits? It must be comprehensive, remain current, expand accessibility, and become and remain relevant to users and providers. In a short 12- month period, it has made incredible progress and there is

every intention of compounding the progress made in the first 12 months over the next 12 months. We strongly encourage recommendation of the funding request so that we can continue to serve, and serve more comprehensively, the tens of thousands of Nevada callers reaching out to 2-1-1 for assistance and the tens of thousands who do not yet know of 2-1-1 and the benefits of reaching out. We also will continue to add value to the service providers listed on 2-1-1 by referring viable candidates to take advantage of their programs and resources, resulting in a win for everyone participating in the 211 partnership.

Thank you for your time and the opportunity to address the committee today.

**June 9, 2016
Michele Johnson
President/CEO
Financial Guidance Center
2650 South Jones LV, NV 89146
1.800.451.4505
michele@FinancialGuidanceCenter.org**

ATTACHMENT C
GMAC MEETING MINUTES
JUNE 9, 2016

----- Original message -----

From: corngal

Date:06/09/2016 8:09 AM (GMT-08:00)

To: Ging E Mail

Subject: RE: GMAC - Public Meeting 6/9/16 Additional GMAC Document

Re: Food security in Southern Nevada Community.

Community Gardens are popping up everywhere. There has been funding for many Community Gardens which is wonderful. Filling those Gardens With Food that grows in a desert climate and the Funding that it takes to grow that food with water, watering systems and Power. Storage, washing, facilities refrigeration transportation and access to those that need it. We need Funding for people To coordinate All the efforts together.

Often People are not educated on how to implement using that food. how to prepare the food store the food keep the food once it is grown. It's withers on the vines, People don't pick it properly And don't know how to pick it properly they'll pull up your fresh onions thinking that they're weeds Everybody wants to pick, nobody wants to do The tilling of the ground. Once again the PLANTING of seeds the pruning of the trees Cleaning of this product once it's harvested And then storing and preparing the food for The community that can use it, all require staffing. That section needs funding as well. Refrigeration, Packaging All need money for labeling Education on How to prepare and store. Storage until it can be canned then be used. Once it is harvested.

If the food goes to waste, Everyone's hard work is lost No one benefits. Funding needs to extend beyond the garden.

Sincerely ,

Virginia and Steve Johnson Las Vegas Farmers Market LLC.

3774 Horseshoe Mesa Street Las Vegas Nevada 89147

From my Android phone on T-Mobile. The first nationwide 4G network.

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:

Deborah Campbell, Subcommittee Chairperson
 Candace Young-Richey
 Jeff Bargerhuff
 Diane Thorkildson
 Marcia O'Malley
 Jane Gruner, Administrator of Aging and Disability Services

ATTACHMENT E

GMAC Meeting Minutes

June 9, 2016



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American Stroke Association
Big Brothers Big Sisters of Northern Nevada
Churchill Community Coalition
Clark County Medical Society Alliance
Healthy Communities Coalition
Join Together Northern NV
Kindred Healthcare, Inc.
March of Dimes-Nevada Chapter
Nevada Division of Public and Behavioral Health
Nevada Division of Public and Behavioral Health- SAPTA
Nevada Division of Public and Behavioral Health- Perinatal
Nevada Public Health Association
Nevada Public Health Institute
Substance Abuse Prevention Program
Nevada State Medical Association
Nevada Statewide Coalition Partnership
Nevada Tobacco Users' Helpline
Nye Communities Coalition
P.A.C.E. Coalition
Partnership of Community Resources
Partnership to Fight Chronic Disease
Statewide Native American Coalition
Southern Nevada Health District
United Healthcare
UNLV Department of Counselor Education
UNLV, School of Dental Medicine
Crackdown on Cancer
UNLV School of Nursing
UNR, University Center for Environmental Sciences and Engineering
UPBrella
Washoe County Health District
Washoe County School District
Safe and Drug free Schools
Washoe County Chronic Disease Coalition

PUBLIC COMMENT: GRANTS MANAGEMENT ADVISORY COMMITTEE (GMAC) - June 9, 2016 9am

Members of the Nevada Tobacco Prevention Coalition urge you to specifically highlight the importance of allocating funds to support tobacco prevention and control programs in our State through your presentation of Community Needs Assessment results and funding priority recommendations submitted to the DHHS Director's office.

Since 1999, the majority of all programmatic funding for tobacco prevention and smoking cessation programs in Nevada has been allocated through the Fund for a Healthy Nevada, which emanates from the Tobacco Master Settlement Agreement (MSA) dollars Nevada receives each year. Of the total amount of Tobacco MSA dollars received by the state each year, less than 7.5% of the total had been allocated to tobacco prevention and cessation programs. This allocation was dramatically reduced in the 2007 and 2009 legislative sessions, culminating in an entire sweep of the funds during the 2010 Special Session. After two years with no funding, the state re-instated \$1 million to tobacco prevention and control efforts in 2012.

Since July 2012, the state of Nevada has annually provided \$1 million for tobacco prevention and cessation, ranking Nevada as – 40th among all states in funding tobacco control programs. In FY 2015, Nevada collected more than \$212.5 million in tobacco-generated revenue from Tobacco MSA payments and tobacco tax revenues, but has only allocated \$1 million to tobacco prevention and cessation programs and services. This is despite the fact that the U.S. Centers for Disease Control and Prevention (CDC) recommends that the state of Nevada spend \$30 million a year to have an effective, comprehensive tobacco prevention program. Current funding for tobacco prevention and control in Nevada, including both Tobacco MSA dollars and CDC core funding, amounts to only 6% of CDC's recommended levels.

Reduced funding for tobacco prevention and control programs almost always results in the same negative health outcomes. Research indicates that once tobacco prevention funding is eliminated or reduced significantly, smoking rates begin to increase quickly, resulting in a dramatic reversal of positive tobacco trends and increasing health care costs to the state, including the Medicaid program. This drains funds for other health and human service programs. Other states that have reduced or eliminated tobacco prevention funding such as Florida, Massachusetts, and California have seen an increase in youth and adult smoking rates and an alarming increase in illegal sales of tobacco products to children.

Tobacco use is the single most preventable cause of death and disease in our society and a major contributor to health care costs. The most important thing we can do to protect and improve people's health is to reduce the use of tobacco and eliminate exposure to secondhand smoke. Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco related deaths, and diseases caused by smoking. If Nevada does not invest in efforts to prevent and control tobacco use, we will experience not only increased smoking rates, but also reduced quality of life and increased medical costs associated with the chronic diseases that result from tobacco use.

The Nevada Tobacco Prevention Coalition and the tobacco control community urges the State to invest in proven, science-based tobacco prevention and control efforts. We recommend allocating Tobacco MSA revenue “to programs that are consistent with the guidelines established by the CDC and United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco.”

If you need any additional information, please feel free to contact me at (775) 784-1235 or jpackham@medicine.nevada.edu

Sincerely,

A handwritten signature in cursive script, appearing to read "John Packham".

John Packham, Ph.D
President, Nevada Tobacco Prevention Coalition