



NEVADA DEPARTMENT of HEALTH and HUMAN SERVICES

Helping People — It's who we are and what we do

Grants Management Unit Annual Report State Fiscal Year 2015

July 1, 2014—June 30, 2015

Amended October 21, 2015

Brian Sandoval, Governor

Richard Whitley, Director

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This report is submitted in accordance with the following Nevada Revised Statutes.

NRS 430A, Section 200, Family Resource Centers
NRS 432, Section 133, Children's Trust Fund
NRS 439, Section 630, Fund for a Health Nevada
NRS 458A, Section 090, Revolving Account for Problem Gambling

The report is assembled as follows.

Section 1 lists the advisory bodies and staff who oversee grants awarded by the Nevada Department of Health and Human Services (DHHS) Grants Management Unit (GMU). Sections 2 and 3 summarize major activities and expenditures.

Sections 4 through 9 each focus on a different funding source and/or program area. Narratives are followed by statistical reports that track individual grantee progress. One exception is the CSBG program. Statistics are reported within the narrative.

Following are some tips about interpreting certain progress reports.

Grantee progress reports for the Children's Trust Fund (CTF), Fund for a Healthy Nevada (FHN), Social Services Block Grant (Title XX), and Problem Gambling are generated from a grants database. The following explanations focus on these reports.

√ The total amount of the grant award and the amount actually drawn by the grantee are listed beneath the project description in the first column. For example, \$76,565/\$75,600 means that the grantee could have drawn up to \$76,565 but drew \$75,600.

√ Some grant awards are split between more than one funding source. Performance data may appear in both applicable sections. In these cases, the funds drawn and service reports are duplicative.

√ Most goals consist of a primary objective and a secondary objective.

The primary objective typically includes an output (*number of clients served or units of service provided*) and an outcome (*positive result*). The output will be reported with the projected number/actual number/percent of goal reached. For example, 200/220/110% means the grantee expected to serve 200 people (*or provide 200 units of service*), actually achieved 220, and exceeded its goal by 10%.

The secondary objective typically includes the percent of clients projected to achieve a positive result and the actual percent who achieved a positive result. For example, 80/89 means the grantee expected that 80% of the people served would achieve a positive result but the actual rate was 89%.

√ Statistical data that appears in the following forms means that a specific goal was not projected. However, the number of people served, meals provided, flyers distributed or other progress data may still appear in some cases.

(1) and 0/ and 0/0 are examples of statistical data that does not exist and may be disregarded.

0/3,206 is an example of a goal that was not projected but actual activity was still reported.

FY15 ADVISORY COMMITTEE MEMBERS and STAFF

Grants Management Advisory Committee (GMAC) members provide review and recommendations for grant programs funded through the Children’s Trust Fund, Community Services Block Grant, Fund for a Healthy Nevada and Social Services Block Grant. Appointments are made by the Director of the Department of Health and Human Services. The following individuals were members in FY15.

NRS 232.383 Requirements for GMAC	Members	Affiliation	Subcommittee
Representative of the Nevada Association of Counties	Jeff Fontaine, Chair	Nevada Association of Counties	Wellness
Director of a local agency which provides services for abused or neglected children	Vacant		
One member with knowledge, skill, and experience in the provision of services relating to the cessation of the use of tobacco	Cindy Roragen	American Cancer Society Cancer Action Network	Disability Services
One member with knowledge, skill, and experience in the provision of services to persons with disabilities	Marcia O’Malley	Mindful Media Services	Disability Services
One superintendent of a county school district or his designee	Jeff Zander	Elko County School District	Prevention of Child Abuse & Neglect
One member with knowledge, skill, and experience in providing services to seniors citizens	Vacant		
One member with knowledge, skill and experience in the provision of services to children	Michele Howser	Phoenix University	Disability Services
Two members of the public with knowledge of or experience in the provision of services to persons or families who are disadvantaged or at risk	Al Conklin	Housing Authority of the City of Las Vegas	Prevention of Child Abuse & Neglect
Two members of the public with knowledge of or experience in the provision of services to persons or families who are disadvantaged or at risk	Ina L. Dorman, Ed.D.	Clark County Social Services, UNLV, University of Phoenix	Prevention of Child Abuse & Neglect

NRS 232.383 Requirements for GMAC	Members	Affiliation	Subcommittee
One member who is a member of the Nevada Commission on Aging	John Thurman	Nevada Commission on Aging	Not assigned
Two members with knowledge, skill and experience in finance or business	Vacant		
Two members with knowledge, skill and experience in finance or business	Deborah Campbell	Deborah Campbell and Associates, LLC	Wellness
Representative of Department of Juvenile Justice	Pauline Salla	Juvenile Services, Division of Child and Family Services	Prevention of Child Abuse & Neglect
One member with knowledge, skill, and experience in building partnerships between the public sector and the private sector	Dan Musgrove	Dan Musgrove Advocacy, Inc.	Wellness
One member with knowledge, skill, and experience in the provision of health services to children	Vacant		

Advisory Committee on Problem Gambling (ACPG) provides review and recommendations for programs funded through the Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling. Appointments are made by the Governor. The following individuals were members in FY15.

NRS 458A.060 Requirements for ACPG	Members	Affiliation
One member who works in the area of mental health and has experience in the treatment of problem gambling	Denise Quirk, Chair	Reno Problem Gambling Center
Two members who represent private organizations that provide assistance to problem gamblers	Ted Hartwell, Vice-Chair	Desert Research Institute; Lanie's Hope
Two members who represent private organizations that provide assistance to problem gamblers	Carol O'Hare	Nevada Council on Problem Gambling
Two members who hold nonrestricted gaming licenses	Eric Heaney	The Nugget

NRS 458A.060 Requirements for ACPG	Members	Affiliation
Two members who hold nonrestricted gaming licenses	Jennifer Shatley	Caesars Entertainment Corporation
One member who represents the Nevada System of Higher Education and has experience in the prevention or treatment of problem gambling	Tony Cabot	Lewis and Roca Law Firm
One member who holds a restricted gaming license	Connie Jones	International Game Technology
One member who works in the area of mental health	Lynn Stilley	Pathways
One member who represents an organization for veterans	Vacant	

Grants Management Unit Staff

Laurie Olson Unit Chief
Laura Adair Administrative Assistant II
Gary Gobelman Program Specialist: Lead – Community Services Block Grant
Toby Hyman Program Specialist: Lead – Children’s Trust Fund; Co-Lead, Family Resource Centers and Differential Response
Patrick Petrie Program Specialist: Lead – Social Services Block Grant and Problem Gambling
Rique Robb Program Specialist: Co-Lead – Family Resource Centers and Differential Response
Cindy Smith Program Specialist: Lead – Fund for a Healthy Nevada and Victims of Human Trafficking
Gloria Sulhoff Administrative Assistant III and Website Administrator
Jennifer White Program Specialist: Statewide 2-1-1 Coordinator

GRANTS MANAGEMENT UNIT OVERVIEW

*VISION: To be a valued partner
in strengthening the ability of communities to respond to human service needs.*

MISSION: To strengthen families, promote healthy outcomes, and support individuals to achieve self-sufficiency by working in partnership with community agencies.

Background Information

The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services (DHHS), Director's Office that manages grants to local, regional, and statewide programs serving Nevadans. The GMU ensures accountability, provides technical assistance and engages in system development for the following funding sources and programs: Children's Trust Fund (CTF), Community Services Block Grant (CSBG), Family Resource Centers (FRC), Differential Response (DR), Fund for a Healthy Nevada (FHN), Social Services Block Grant (Title XX of the Social Security Act), the Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling, and the Contingency Account for Victims of Human Trafficking.

The GMU was created in July 2003 to streamline and standardize administrative procedures and reduce administrative costs by bringing together multiple grant programs and advisory committees. The two committees that currently provide oversight and recommendations to the DHHS Director are the Grants Management Advisory Committee (GMAC) and the Advisory Committee on Problem Gambling (ACPG).

Key Statewide Activities in FY15

- A Request for Applications (RFA) was issued in January 2015 to solicit proposals to address hunger, services for persons with disabilities, and the prevention of child abuse and neglect. The RFA was revised significantly from prior years in order to identify strong organizations whose services are solidly aligned with established missions and goals in the various program areas. Seventy-two proposals were received, with requests totaling more than \$11.8 million. Following a staff review of each

proposal, evaluation and recommendations by members of the GMAC, and final consideration by the DHHS Director, 38 awards totaling \$5,293,336 were announced for FY16.

- Three RFAs were issued in February 2015 to solicit proposals to address problem gambling needs including treatment, prevention and workforce development. A total of \$1,162,675 was awarded for FY16 to support five treatment providers, two prevention programs and one workforce development project. The process included staff evaluations of proposals, recommendations by the ACPG and final approval by the DHHS Director. Another \$141,000 was awarded through other means to support an ongoing data collection and research project and a technical assistance contract.
- A Request for Proposals (RFP) was conducted through Nevada State Purchasing to identify a call center vendor for Nevada 2-1-1. The Executive Order that created and governed the Nevada 2-1-1 system expired December 31, 2013, and a Memorandum of Understanding was put in place to maintain the original core partnership. However, a solicitation for the competitive funds that support Nevada 2-1-1 had not been conducted for several years. Two applicants, including one from a multi-agency partnership and one from a single organization, responded to the RFP. In May, the Nevada Board of Examiners approved a two-year contract in the amount of \$1.4 million with Financial Guidance Center (aka Consumer Credit Counseling) based in Las Vegas. Original Nevada 2-1-1 partners and the winning bidder worked together to ensure a smooth transition on July 1, 2015.
- GMU staff developed policies and procedures to implement amendments to Nevada Revised Statutes (NRS) 217.530 and 217.540 adopted by the 2015 Legislature as part of Assembly Bill (AB) 214. The amendments allow the DHHS Director to approve emergency allocations from the Contingency Fund for Victims of Human Trafficking to support specific victims and to allow limited withdrawals from the fund to support fund-raising efforts.
- The GMU awarded and monitored 127 grants and contracts in FY15, some with multiple funding sources. Total expenditures reached \$27,148,623.

- The GMU coordinated six meetings of the GMAC and its three subcommittees, four meetings of the ACPG, and four meetings of the DR Steering Committee. The GMAC and the ACPG make recommendations for future funding and review progress of existing grantees. The DR Steering Committee primarily focuses on developing and updating policies and procedures.
- Two GMU staff members graduated from Nevada’s Certified Public Manager (CPM) program in FY15. Pat Petrie, lead for Problem Gambling and Title XX, graduated in October 2014. Rique Robb, co-lead for Family Resource Centers and Differential Response, graduated in May. (Ms. Robb subsequently received a promotion outside of the GMU.)
- GMU Chief Laurie Olson represented the unit on the No Wrong Door (NWD) Advisory Council convened by the Aging and Disability Services Division (ADSD). The Division was awarded a federal grant to create a strategic plan aimed at streamlining consumer access to public programs; in particular, long-term services and supports for seniors and persons with disabilities. The Council identified guiding principles and established goals and objectives after agreeing on their mission: “To unify entry into Nevada’s social service system and ensure that every individual is on a direct path to receive meaningful assistance that meets their needs.” The Division has applied for a second federal grant to implement the plan.

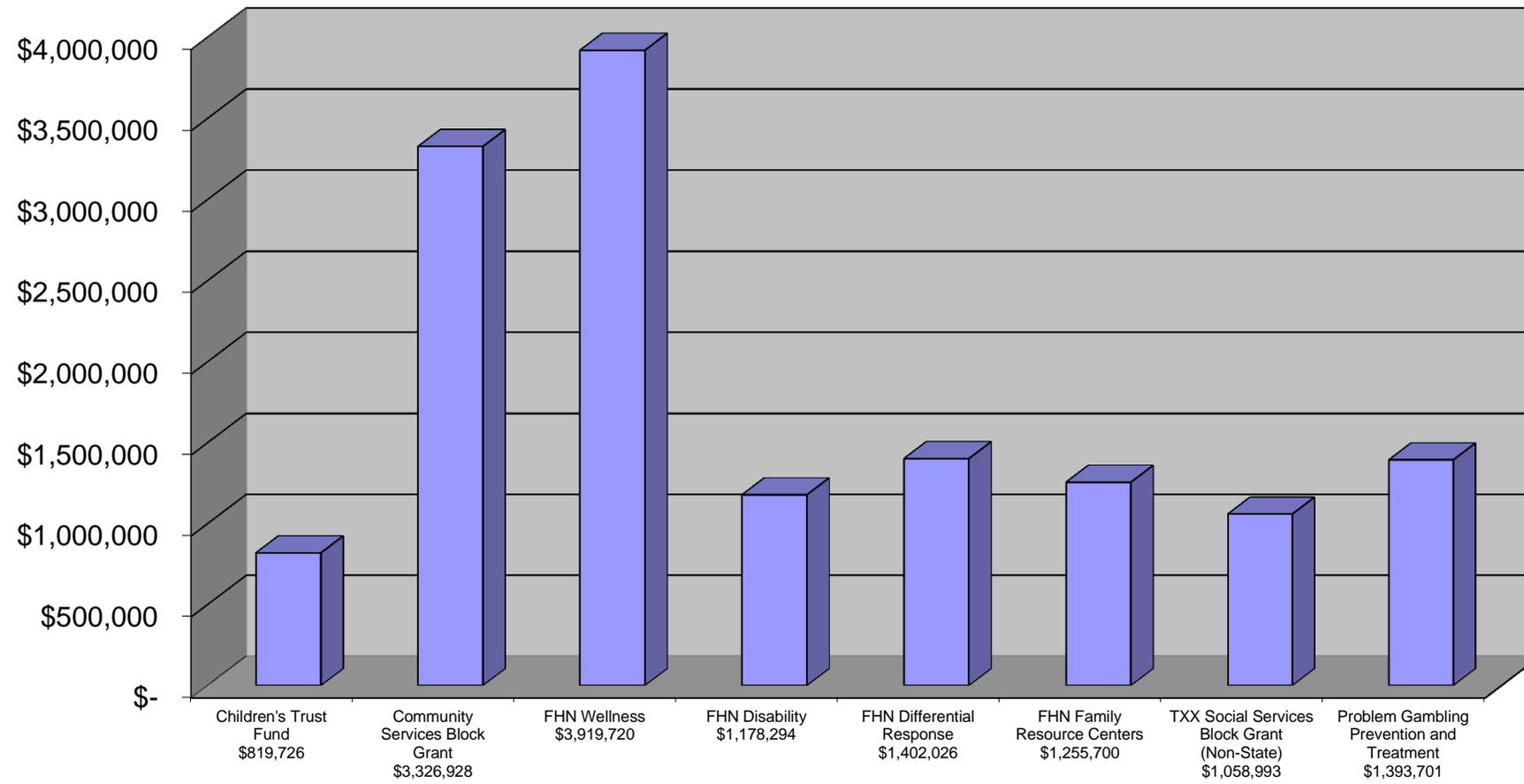
Major Planned Activities for FY16

In addition to the routine administration and oversight of grants, the GMU will pursue the following special activities in FY16.

- Beginning in January 2016, the GMU will conduct a statewide community needs assessment as required by NRS 439.630(6). Results of the assessment will be considered, along with related findings of the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD), in building the Fund for a Healthy Nevada (FHN) spending plan for SFY18 and SFY19.
- The GMU will meet with agencies that collaborate in the DR program to review current practices and ensure that all critical functions reside with the appropriate partners. Partners include the GMU, the Clark County and Washoe County child welfare agencies, the Division of Child and Family Services (DCFS) and nine FRCs.

- GMU staff will convene quarterly meetings of grantees in each major program area to share best practices, identify the most common supplemental services consumers need, consider how to help individuals reach their highest level of self-sufficiency, and create successful programs.
- The GMU will convene an inter-agency work group that encourages grant management units within DHHS to share best practices in grant administration, coordinate competitive processes and standardize fiscal requirements, and develop strategies to maximize limited funding. As part of that effort, the GMU and the Fiscal Unit in the DHHS Director's Office will continue to work cooperatively to analyze and monitor fiscal processes and identify ways to improve efficacy.
- The GMU will explore avenues for bringing additional dollars into the program areas within its purview. Among other things, the Unit will coordinate with staff from other Divisions to pursue federal grants intended to support victims of human trafficking and will conduct research to determine whether Medicaid reimbursement is possible for some services currently supported by other funding streams (e.g., Title XX and the Revolving Account for the Prevention and Treatment of Problem Gambling).

Funds Distributed in FY15 by Source



Note -- Chart does not include \$12,793,534 in TXX Social Services Block Grant funds distributed to State agencies per the FY14-15 Legislatively Approved Budget.

CHILDREN'S TRUST FUND

Background Information

In 1985 Chapter 432 of the Nevada Revised Statutes was amended to create a Children's Trust Fund (CTF). Monies from the account are used to fund programs and services designed to prevent abuse and neglect of children. Revenues for CTF are derived from a \$3 fee on Nevada birth and death certificates and from federal Community Based Child Abuse Prevention (CBCAP) funds. Through FY05, the seven-member Committee for the Protection of Children allocated the CTF funds. The 15-member Grants Management Advisory Committee (GMAC) assumed responsibility for funding recommendations in FY06.

Distribution of Funds and Accountability

In FY15, \$819,726 in CTF and CBCAP funds were expended by 15 child abuse prevention programs throughout Nevada.

- \$780,132 was expended by 14 programs to provide parenting classes.
- \$39,594 was expended by the Nevada Institute for Children's Research and Policy to promote statewide child abuse prevention activities through their program, Prevent Child Abuse Nevada, an accredited state chapter of Prevent Child Abuse America.

The \$819,726 distributed to the 14 CTF/CBCAP grantees represented 95% of the total awarded for FY15 (\$866,833) and included \$103,166 rolled forward from reserve to meet statewide needs. The unspent funds (5%) remained in the CTF account for future use.

An additional \$632,588 in Social Services Block Grant (Title XX) funds were also used to support child abuse prevention in FY15, including five crisis intervention programs and one parent training program. (See Section 8 of this report.)

Each grantee is required to submit a Quarterly Report with information about progress on their goals and objectives, the number of unduplicated participants in their programs, and results of “client satisfaction” surveys. Most of the FY15 grantees met or exceeded their stated goals and objectives.

Collaborative Efforts and Leveraging

All of the grantees that received CTF grants used the funds to enhance and/or expand existing programs. All of the organizations used CTF monies for specific programs they would otherwise not have been able to provide. A number of the CTF parenting programs routinely collaborate with the child welfare agencies to provide parenting classes for parents who are court-ordered to attend parenting education classes.

Key Statewide Activities in FY15

- A requirement of the CBCAP funds is participation in Child Abuse Prevention Month activities each April. The 2015 activities were coordinated by the Nevada Institute for Children’s Research and Policy (NICRP) and the Nevada Chapter of Prevent Child Abuse America, with the help and support of 12 CTF grantees along with the statewide network of Family Resource Centers (FRCs). The 2015 *Pinwheels for Prevention* statewide campaign focused on community support for families. Community partners “planted” thousands of colorful pinwheels at 24 *Pinwheels for Prevention* events in communities throughout the state, including on the lawn in front of the Nevada State Legislature. Many of the *Pinwheels for Prevention* events were covered by television stations and newspapers. Proclamations from the Governor, county representatives, and town boards were issued designating April as Child Abuse Prevention Month.



- Programs funded by CTF to provide parent education are required to use the Protective Factors Survey (PFS). In past years, the PFS was only available as a pre/post assessment. However, FRIENDS, the CBCAP National Resource Center, in collaboration with the University of Kansas Institute for Educational Research and Public Service, developed a Retrospective PFS in FY12 that the CTF grantees prefer using. This is because parents who are court-ordered or referred from Child Protective Services (CPS) and teen parents are not as open about their parenting styles when they first enter a program. The Retrospective Survey allows the parents to participate in a series of classes and, at the end of the series, rate how they felt before the class and how they feel after receiving information. The PFS indicates areas of improvement in family function, nurturing and attachment, emotional support, and concrete supports. Each of the protective areas has been researched and determined to be valid measures of child protection and family well-being. PFS has an accompanying database that allows grantees to house their own data and easily transfer quarterly data information to the GMU. The use of the PFS allows the grant administrators to collect the same information from all the grantees who are presenting parenting programs.
- NICRP conducted two statewide video conferences, in February and June 2015, to coordinate Child Abuse Prevention efforts throughout the state. Representatives from all of the FY15 CTF funded programs participated in the video conferences.
- NICRP, the CAN-Prevent Task Force, and the Executive Committee for Child Death Review sponsored the 14th Annual Nevada State Child Abuse Prevention and Safety Conference in Las Vegas June 5, 2015. This is the only statewide conference devoted to the prevention of child maltreatment and unintentional injuries in children.
- Agencies supported by CTF were invited to participate in monthly webinars sponsored by the FRIENDS National Resource Center. Representatives from a few CTF funded programs participated.

Program Anecdotes

- A father was very hesitant to attend parenting classes. He was a tall, muscular gentleman who never smiled. During class he talked about the fact that he was raised in an environment where he was told boys and men do not cry. He admitted to having difficulty being at eye level with his son (age 6) because he was raised by intimidation. His father was always a giant in his eyes. When the Family Educator did an exercise where she stood on a chair to point out how children always have to look up

at adults as if they were giants in their world, the father explained that was the breaking point in his way of thinking as a father to his own son. The father said he was raised through fear and that is not how he wants to raise his son. He talked about making playdough during class and how he learned that making messes is OK. He remembered when he was a boy being beaten for spilling something even if it was an accident. He spoke about how much fun he had actually playing and interacting with his son as opposed to watching him play. His father never played with him so he never focused on the importance of playing with his own son. After graduation from the parenting class, the father actually came back to visit the Family Educator. He and the Family Educator cried together as he told her how much of a difference she had made in his life as a father and about how much he had learned.

- A pregnant teen learned about the parenting program through Storks Nest (a March of Dimes prenatal support program geared toward prenatal health and the prevention of preterm birth). She and her boyfriend attended Storks Nest activities at a center funded by CTF and signed up for Teen Childbirth and Parenting. During discussion about community resources, she said that she had been unable to get into a WIC clinic to receive supplemental food benefits due to transportation and scheduling challenges with another clinic. The center staff was able to introduce her to their own WIC program and enroll her that same day. This collaboration among programs and providing multiple lines of service under one roof provides convenience and a seamless continuum of care for clients. Clients who participate in other in-house programs such as WIC and Storks Nest also strengthen relationships with the staff, strengthening their resources for support beyond the limits of a four-week class, but throughout their pregnancy, and then on to a 5-year relationship through WIC enrollment. The center has continued contact with many of their past Teen Parent Program participants (some as long as seven years).
- Responses to questions on end-of-class client satisfaction surveys demonstrate the value of the parenting programs.
 - How has this program helped you?
 - *It has helped me see and understand a new and better way of parenting.*
 - *It showed different ways to approach things when I see red flags.*
 - *The program has given me a better outlook on parenting. I've learned preventative methods as well as different consequences for actions.*

- *Taught me skills I never had been taught or had the opportunity to learn during my son's infancy as he lived in a different state.*
 - *I am not stressed about my children's behavior and don't believe spanking is necessary in disciplining.*
 - *Taught me a lot that I never knew. Has made me more aware and motivated to be proactive.*
- How has this program changed you?
 - *I am communicating better with my children and developing new habits with them to empower us as a family.*
 - *Being more patient and empathetic to all of my children and learning how to involve everyone in decisions in our home.*
 - *Being creative with my kids by demonstrating and communicating with them.*
 - *Praising children for good works and being specific on what I'm commending them on. Had children create their "Chore Charts" to keep up with and make them responsible for their respective chores.*
 - *I am taking care of myself and getting ready to take care of my baby.*
 - *I have become calm and have become more confident with parenting issues.*

Major Planned Activities for FY16

- CTF grantees will be expected to help coordinate and participate in the *Pinwheels for Prevention* activities planned for April 2016. Planning phone calls for the events will be coordinated by NICRP starting in January 2016.
- CTF grantees will be invited to attend the 15th Annual Nevada State Child Abuse Prevention and Safety Conference in Reno.
- The GMU will participate in program development and performance evaluation of the programs funded with CTF grants through site visits and program monitoring activities.
- Agencies supported by CTF will be invited to participate in monthly webinars sponsored by the FRIENDS National Resource Center.

FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Children's Trust Fund

28 September 2015

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
<p>Children's Trust Fund</p> <p>Advocates to End Domestic Violence The program provides intensive individualized parent training to victims of domestic violence during their shelter stay. The goal being to develop positive parenting skills and establish structure and daily routines toward breaking the cycle of violence that impacts survivors and their children thus preventing child abuse and neglect. \$27,412/\$27,412</p>	<p>25 unduplicated parents residing at the emergency shelter will complete the parent training program. All parents will complete the Protective Factors Survey (PFS) after completing the 8 week course. 90% (23) of participating parents will report a positive change in their perception of their children's behavior and will demonstrate increased parenting ability through increased scores of 4 or more of the 90 items on the (PFS). 25/23/92% 90/96</p>	<p>The Parenting Satisfaction Survey will be administered at the completion of the 8 week Systematic Training for Effective Parenting (STEP) program by 25 parents who completed the classes, of which, 80% will indicate program satisfaction of "very satisfied" as measured by the Satisfaction Survey. 25/23/92% 80/96</p>	<p>The Parenting Abilities Outcome Matrix will be administered to 40 parents upon entering the shelter, of which 15 will NOT complete all 8 weeks of the curriculum but WILL demonstrate a 30% increase in parenting skills after completing at least one parenting class. (Note: Two of the 15 parents demonstrated an increase in parenting skills.) 15/15/100%</p>
<p>BOR NSHE, Nevada Institute for Children's Research and Policy The Nevada Institute for Children's Research and Policy (NICRP) is the Nevada chapter of Prevent Child Abuse America. PCA-NV will focus on building a statewide network of individuals and agencies dedicated to preventing child abuse and neglect (CAN) in all its forms by increasing public awareness of CAN, supporting research based prevention programs, and participating in advocacy activities that will strengthen families and protect children. \$40,000/\$39,594</p>	<p>Of the 12 members of the PCANV Advisory Board, 80% will attend each teleconference meeting held once/quarter and focus on achieving the goals and objectives set forth in the PCANV Strategic Plan. (Note: Over the grant period, there were 48 opportunities for members to attend and reach this goal -- 12 members x 4 meetings. The board achieved attendance of 38 or 79%.) 48/38/79%</p>	<p>PCANV staff will assist organizations throughout Nevada to develop a minimum of 15 "Pinwheels for Prevention" events in April 2015. A summary of all events will be posted on the PCANV website by June 30, 2015. 15/24/160%</p>	<p>To increase public awareness of the prevention of child abuse and neglect, NICRP staff will participate in a minimum of 20 community awareness events in Nevada and distribute a minimum of 1,000 pieces of child abuse prevention materials. 20/28/140% 1,000/3,029</p>

*(1)/ and 0/ and 0/0 indicate that a specific goal was not established in this field of the database. Disregard this notation.

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Nevada Department of Health and Human Services - Grants Management Unit

Children's Trust Fund

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
Board of Regents, Nevada System of Higher Education UNCE - Partners in Parenting. Implement four community-based parenting education programs (Family Storyteller for Preschoolers, Family Storyteller for Infants and Toddlers, Fun to Play, Child Safety and Welfare) to prevent child abuse and neglect targeting approximately 1,000 families with children aged 0-5 years. Programs provide current parenting information and interactive, hands-on learning through group-based parenting classes. \$23,533/\$20,904	A minimum of 1,000 parents of children birth to five years old will participate in one of the following 4 - 8 week parenting programs: Family Storyteller for Preschoolers, Family Storyteller for Infants and Toddlers, Fun to Play, and Child Safety and Welfare. 80% of parents who complete the Retrospective Protective Factors Survey (PFS) will indicate improvement in three or more of the 20 PFS items. 1,000/1,008/101% 80/76	85% of the parents who complete one of the three programs will report improved parent-child interactive skills, such as reading with a child every day or doing age appropriate activities with a child. (1)/ 85/88	90% of participants who complete one of the three parenting programs will "agree" or "strongly agree" with the statement, "Given my experience in the ____ program, I would recommend this class to my friends and family." (1)/ 90/95
Board of Regents, Nevada System of Higher Education UNLV NICRP - Choose Your Partner Carefully. This one hour training will teach parents the importance of selecting appropriate caregivers for their children as well as how to identify warning signs of potentially unsafe caregivers. \$32,707/\$29,373	Through the provision of the "Choose Your Partner Carefully" training to 50 parents, 70% will demonstrate an increase in knowledge about safe caregivers for their children as measured by pre and post survey results. 50/54/108% 70/92	Through the provision of the "Choose Your Partner Carefully" training to 50 parents, a minimum of 80% will indicate on client satisfaction surveys that they would recommend the training to friends and family. 50/49/98% 80/94	Through a survey sent to participants one month following the "Choose your Partner" Carefully training, 50% of the parents will indicate a change in behavior in selecting caregivers for their children. 50/54/108% 50/89

*(1)/ and 0/ and 0/0 indicate that a specific goal was not established in this field of the database. Disregard this notation.

FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Children's Trust Fund

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
<p>The Children's Cabinet, Inc. The Children's Cabinet will offer no-cost parent training classes using evidence-based curriculum (active parenting, guiding good choices, parenting wisely, parents as teachers) to at least 300 Washoe County parents during SFY15. Class participants are typically referred from Washoe County Social Services, Washoe County Juvenile Services, Washoe County School District, municipal courts, and law enforcement agencies. \$25,247/\$25,247</p>	<p>A minimum of 300 unduplicated Washoe County parents will participate in one of the following parenting programs: Active Parenting, Guiding Good Choices, Parenting Wisely, or Parents as Teachers. 300/550/183%</p>	<p>A. 80% of the parents who complete the Retrospective Protective Factors Survey (PFS) at the end of the parenting class will indicate improvement in three or more of the 20 PFS items. B. 80% of the parents who complete a program will report improved feelings of parental competency such as, "I have learned about skills that will help me guide my child(ren)." (Note: Part A - 416 parents took Retrospective PFS and 405 or 97% indicated improvement. Part B - 617 parents completed post survey and 591 or 96% reported improved feelings of competency.) 80/97</p>	<p>90% of participants who complete a parenting program will "agree" or "strongly agree" with the statement, "Given my experience in the _____ parenting class, I would recommend this class to my friends and family". (Note: Grantee surveyed 617 parents and 598 or 97% reported that they would recommend the class.) 90/97</p>
<p>Clark County Department of Family Services The Parenting Project. 1,500 participants attending 90 child abuse and neglect prevention-focused parent education programs will increase knowledge and skills in family and child management, positive communication, coping, stress and anger management creating safer, more stable and nurturing relationships. Through partnerships, free programs in English and Spanish are offered at many community-based locations. \$89,785/\$88,964</p>	<p>A minimum of 1,500 parents will participate in one of the following 6 - 8 week parenting programs: BabyCare, Nurturing Parents & Families, ABCs of Parenting, Triple P Parenting Program, Teen Triple P, or Staying Connected to Your Teen 1,500/1,575/105% (1)/</p>	<p>80% of the parents who complete the Retrospective Protective Factors Survey (PFS) at the end of the parenting class will indicate improvement in three or more of the 20 PFS items. 548/479/87% 80/83</p>	<p>90% of participants who complete a parenting program will "agree" or "strongly agree" with the statement, "Given my experience in the _____ parenting class, I would recommend this class to my friends and family". (1)/ 90/98</p>

*(1)/ and 0/ and 0/0 indicate that a specific goal was not established in this field of the database. Disregard this notation.

FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Children's Trust Fund

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
East Valley Family Services Bears and Binkies is an interactive parenting program for parents and their children birth - 6 years old. The classes strive to prevent child abuse by teaching developmental milestones, appropriate parental response to behaviors, play, and learning. \$29,831/\$29,831	Provide 14 eight-week Bears and Binkies parenting classes for 200 parents of children birth to six years old, 200/201/101%	80 % of the parents who complete the Retrospective Protective Factors Survey (PFS) will indicate improvement in three or more of the 20 items of the PFS. 160/164/103% 80/100	A Client Satisfaction Survey will be distributed to all parent participants at the 8th session of the Bears and Binkies program. 90% of the participants who complete the 8 sessions will circle 4 or 5 to the question, "Given my experience in the Bears and Binkies Program, I would recommend this program to my friends and family". The Client Satisfaction Survey uses a scale of 1 - 5: 5=Always; 4=Often; 3=Occasionally; 2=Rarely; and 1=Never. 160/164/103% 90/100
Family Resource Centers of Northeastern Nevada FRCNEN will provide parenting classes for 150 Elko County families with children age birth to 19 using the evidence-based curriculum, Active Parenting. We will track the improvement in the parent perception of the child(ren's) behavior, their perception of their competency as a parent, and client satisfaction. \$69,145/\$69,145	Through the provision of parenting classes to 150 grandparents and/or parents, at least 85% (128) will show improvement in three or more of the 20 items as measured by completion of the Protective Factors survey. (Note: 73 participants took PFS survey and 65 or 89% showed improvement.) 150/111/74% 85/89	Through the provision of parenting classes to 150 grandparents and/or parents, at least 70% (105) will report a change in their perception of their child(ren's) behavior and their perception of their competency in parenting as measured by completion of a client satisfaction survey with a score of four out of five on each of the four questions. (Note: 80 participants took survey and all 80 reported satisfaction.) 70/100	

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FRIENDS Family Resource Center FRIENDS Family Resource Center will provide parenting classes for parents, grandparents, caregivers, guardians and foster parents using evidence-based parenting programs that best meet the needs of the client in response to referrals for service or self-directed clients. Those completing the series will acknowledge improvement in their parenting skills. \$36,683/\$36,495	Through the provision of Baby Think it Over or Shaken Baby program to 100 in school youth, 70% will respond through the exit survey that they have increased their knowledge from the information provided. 100/407/407% 70/97	Through the provision of evidence-based parenting, a minimum of six classes using Parenting Wisely will be provided to 50 adults. Of those who complete the classes, 80% will show improvement in four or more of the 20 items on the Protective Factors Survey, as measured by the pre and post survey. (Note: 48 parents completed pre/post surveys and 44 or 92% reported improvement.) 50/63/126% 80/92	80% of participants who complete the parenting program will agree that they have been given information that will improve their parenting skills, as indicated by circling 4 or 5 (on a scale of 1 to 5) on the client satisfaction survey to a question such as, "Given my experience in the parenting program, I will recommend this program to my friends and family." (Note: 48 parents completed surveys and 44 or 92% reported satisfaction.) 80/92
Nevada Outreach Training Organization-No To Abuse Nevada Outreach Training Organization will provide Parent Training classes in Pahrump to a diverse population to enhance their family structure and promote stability. \$54,000/\$46,088	Provide 10 eight week parenting sessions of "Nurturing Parents" program for 60 parents with children ages birth to 18 in English. 80% of participants will show improvement in three or more of the 20 items on the Retrospective Protective Factors Survey. All participants who complete the 8-week parenting sessions will complete a Client Satisfaction Survey. 80% of participants will answer "Always" to the question, "Given my experience in the Nurturing Parents program, I would recommend this program to my friends and family". 60/137/228% 80/100	Provide two 8 week Nurturing Parenting program in Spanish for 20 parents in the Nye County School District's Pre-K program. 80% of participants will show improvement in three or more of the 20 items on the Retrospective Protective Factors Survey. All participants who complete the 8-week parenting sessions will complete a Client Satisfaction Survey. 80% of participants will answer "Always" to the question, "Given my experience in the Nurturing Parents program, I would recommend this program to my friends and family". 20/32/160% 80/100	Using the "Nurturing Parents" Program, provide in-home parenting sessions for five families with children ages birth to 18 in Pahrump who are unable to attend classes held at the NOTO offices. 80% of participants will show improvement in three or more of the 20 items on the Retrospective Protective Factors Survey. All participants who complete the parenting sessions will complete a Client Satisfaction Survey and 80% of participants will answer, "Always" to the question, "Given my experience in the Nurturing Parents program, I would recommend this program to my friends and family." 5/2/40% 80/100

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Ron Wood Family Resource Center The Positive Action program is a comprehensive program that works within schools and community providing parenting classes to the whole family. Positive Action provides classes for both the parents and the children and then culminates with bringing the parents and children together, increasing family resilience, social connections and concrete supports. \$88,467/\$88,467	100 unduplicated parents will enroll in classes; 80 of these 100 parents will complete the Positive Action course, and 75% or 60 will report a positive change in their children's behavior and in their competency in parenting as measured by the Positive Action Pre and Post-tests and the Protective Factors Survey (PFS). (Note: 104 parents completed pre/post PFS tests and 100 or 96% reported a positive change.) 80/104/130% 75/96	Upon completion of the Positive Action Parenting Workshop class (by 80 parents), 80% of the parents who complete the workshop will indicate they are satisfied or very satisfied with the parenting class. (Note: 100 parents completed survey and all 100 reported satisfaction.) 80/100/125% 80/100	
The Salvation Army Clark County The Nurturing Parenting Skills program is a six-week evidence based parenting class presented 4-6 times a year, designed to provide parents at-risk of child abuse with the tools and techniques for developing competent, caring, respectful, healthy relationships with their children. \$7,915/\$7,321	Provide six, two-hour sessions of the Nurturing Parenting Program classes to 8 parents of children ages birth - 17 years old. 8/6/75%	80% of parents who complete the Retrospective Protective Factors Survey (PFS) will indicate improvement in three or more of the 20 items of the PFS. 80/100	A Client Satisfaction Survey will be distributed to all parent participants at the last session of the Nurturing Parenting Program. 90% of the participants who complete the 6 sessions will circle 4 or 5 to the question, "Given my experience in the Nurturing Parenting Program I would recommend this program to my friends and family". The Client Satisfaction Survey uses a scale of 1 - 5 where 5=Always; 4=Often; 3=Occasionally; 2=Rarely; and 1=Never. 90/100

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Saint Rose Dominican Hospital St. Rose provides two teen parenting programs: Bellies & Beyond: Prenatal Education and Kickin' It with Baby. These programs address prenatal, postpartum and early childhood risk factors to promote positive steps into parenthood in order to reduce the risk of child abuse and neglect among our teen parent population. \$48,708/\$48,707	Provide seven, 4-week Teen Parent Training Sessions (3 Bellies & Beyond, 4 Kickin' It with Baby – total of 8 parent training hours per session) to 60 teen parents and support persons. 60/26/43%	88% of at least 48 participants surveyed will report a positive change in their perception of their children's behavior and/or their perception of their competency in parenting, as measured by the retrospective Protective Factors Survey. 88/80	Through the distribution of Client Satisfaction Surveys, 94% of at least 48 participants surveyed will indicate a positive response of "strongly agree (5)" or "agree (4)" to the question, "Given my experience in the program, I would recommend this program to my friends and family". 48/19/40% 94/100
Washoe County Family Resource Center Coalition The Family Resource Center will provide Parenting Education Program courses to parents who exhibit factors of being at-risk for child neglect or abuse. These courses are Apple Seeds Program for families with children birth to 5 years and Parenting Wisely for families with children 6-17. \$183,600/\$176,699	Through the provision of parenting training to 275 parents in at-risk households, at least 80% will report a positive change in their competency as a parent as measured by the "Protective Factors Survey." 275/224/81% 80/90	Through the provision of parenting training with 275 parents in at-risk household, at least 90%, or 247 parents, will report being satisfied or very satisfied on the post-workshop Client Satisfaction Survey. (Note: Grantee surveyed 207 parents and 201 reported satisfaction.) 275/224/81% 90/97	Through the provision of parenting training to 125 parents in at-risk households, at least 90%, or 112 parents, will report that they have learned at least one new parenting technique on the post-workshop Client Satisfaction survey and will be able to demonstrate the use of the technique with the home visitor. (Note: Of the 75 parents in at-risk households who participated in the Apple Seeds home visitation program, all 75 learned and demonstrated at least one new parenting technique.) 125/75/60% 90/100

Grand Totals (14 items)

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COMMUNITY SERVICES BLOCK GRANT

Background Information

The Community Services Block Grant (CSBG) is a federal program that provides funding to local Community Action Agencies (CAAs) designated by the Department of Health and Human Services (DHHS) in the CSBG State Plan. The mission of CAAs is to help low-income families and individuals become more economically self-sufficient. Funds are used to provide direct services and to develop collaborative strategies with key stakeholders in the community. In FY15, there were 12 designated CAAs in the state, organized into county service areas. CAAs receive CSBG funding on an ongoing, non-competitive basis under the federal regulations established in the CSBG Act <http://www.acf.hhs.gov/programs/ocs/programs/csbg>. The role of DHHS is to ensure accountability for program and fiscal requirements, assist CAAs to develop capacity to provide services, and to coordinate statewide strategies to maximize the impact of CAAs. This is accomplished through a dedicated State CSBG Office housed in the DHHS Grants Management Unit (GMU).

Distribution of Funds and Accountability

CSBG funds are distributed to designated CAAs based on a funding formula established through a public hearing process. The formula includes two factors: 1) a base level of funding to all CAAs to ensure that agencies are able to meet the federal program requirements and 2) an allocation based on the number of people living below the poverty level in each county.

There are several key accountability activities that guide CAAs in administering CSBG funds and delivering services.

- The Federal Office of Community Services (OCS) issued a draft of national Organizational Standards for CAAs in January 2015. There are 58 standards that cut across nine domain areas (e.g., governance, fiscal management and strategic planning). Developing and implementing a process to ensure that these standards are met in Nevada is a major new undertaking for the GMU and the CAAs.

- CSBG recipient agencies are required to submit an application every year, which includes a plan for delivering services based on local needs, a budget, and an annual plan that addresses the three goal areas of CSBG – family development, community engagement, and agency capacity-building – with goals for improving and expanding service, and a checklist for reporting on compliance with the national Organizational Standards.
- CAAs are required to conduct a community needs assessment every three years that is focused on identifying the needs of low-income individuals and families.
- Agencies are required to use a state-mandated client software program and service delivery model to maximize client outcomes and review and analyze progress reports.
- Detailed fiscal expenditure reports that list every transaction are submitted monthly.
- Ongoing program monitoring is conducted through a review of fiscal reports, program reports, periodic on-site monitoring, and submission of required documents to verify compliance with policies and standards.
- CAAs work with the GMU and the Nevada Community Action Association (NCAA) on statewide special projects to increase quality of service and build agency skills.

Key Statewide Activities in FY15

The GMU partnered with the NCAA on a number of capacity-building and technical assistance projects. The NCAA is the state association for CAAs that is funded by federal and state discretionary CSBG funds. Its role, along with the GMU, is to provide training and organizational development to CAAs.

- The GMU and the NCAA have worked together to form a combined state organizational development and training plan to support the CAAs in the state. The plan combines the discretionary dollars that the state has available for organizational development with the funds that the state association receives from the Federal Office of Community Services into an

integrated plan. This will help Nevada move forward under a single consensus-based plan that builds and sustains stronger bonds among CAAs and between the state and CAAs.

- Through a partnership with NCAA, a statewide service delivery model and software program is being utilized by all 12 CAAs. The service delivery model standardized the intake, assessment, planning and delivery of services. The goal of the model is to improve the ability of CAAs to increase the number of individuals who achieve economic stability and self-sufficiency. The software, which supports the model, provides CAAs with an agency-wide database to collect information on all services provided by the agency. The software includes an outcome-based component that tracks clients, programs, and agency outcomes. The database provides a common agency-wide reporting framework and creates an opportunity for CAAs and the GMU to establish performance benchmarks and to use data to improve services. This project has received recognition from within the national CSBG network.
- In a project related to the implementation of new software, the GMU and NCAA have introduced a new service delivery model to standardize the intake, assessment, planning, and delivery of services to customers. The model provides a framework for more effectively responding to customer needs. It will be driven by a needs assessment that is completed by customers during intake and will guide agencies in providing services that result in improved family stability and self-sufficiency.
- The GMU and NCAA have developed Board Governance Standards and a Board Toolkit to identify the required elements for CSBG Boards and provide tools to help CAAs achieve compliance. The Toolkit brings together what has been a complicated and fragmented set of requirements into a common framework that is understandable and accessible to CAAs.
- The GMU and CAAs have developed policies and implementation strategies for the new national CSBG Organizational Standards. FY16 is scheduled as the implementation year.

Collaborative Efforts and Leveraging

One of the primary goals of the CSBG program is to strengthen collaboration at the community level among non-profit agencies, local businesses, and public agencies. All CAAs are engaged in collaboration with local human service coalitions, where available, and on

specific collaborative projects with other service providers operating in the community. Data for FY15 is not due to the OCS until March 31, 2016 and therefore is not available at the time of this report. In FY14, the 12 CAAs identified a total of 906 government and non-profit agencies that they regularly work with to coordinate services to low-income families.

CAAs manage multiple funding sources and a significant amount of the Nevada's social service resources. CAAs spent more than \$3.3 million in CSBG dollars in FY15. In FY14, CAAs reported that they managed \$39 million in federal, state, local and private funding in addition to CSBG funding.

Most of the CAAs participate in a variety of local, regional and statewide coalitions and workgroups such as the Rural Continuum of Care (which focuses on homelessness issues), the Nevada Housing Coalition, and the NCAA. Participation in these types of coalitions provides opportunities for CAAs to leverage new partnerships and resources in order to help low-income families improve their level of self-sufficiency.

Grantee Performance

CAAs are engaged in providing a variety of safety net and supportive services in their communities. The following is a summary of the data from the FY14 annual report.

- Emergency Services – Emergency services were provided to 12,957 individuals who were in crisis. Emergency services included short-term rent and utility assistance, medical assistance, and food vouchers.
- Child Care – 13,206 families received child care placement and subsidies.
- Housing – 473 families were placed into housing.
- Employment – 967 individuals found employment with the assistance of CAAs.

Client Demographics:

- Total number of individuals served statewide: 21,066

- Total number of families served statewide: 9,605
- Percent of Hispanic individuals served: 24%
- Percent of African American individuals served: 20%
- Single parents: 21% of the families served were headed by a single parent
- Level of income: 76% of families served were below the Federal Poverty Level (FPL) and 55% were below 50% of the FPL.
- Housing: 41% of the families served were homeless or lacked permanent housing and 51% were renters

CAA Outcomes Report

As noted previously, the CSBG program has implemented a new Service Delivery Model and statewide software program. The model and software promises to greatly improve the quality of data and focus outcomes on increasing the economic stability and self-sufficiency of individuals and families. Data will be available in next year's annual report.

Major Planned Activities for FY16

- The GMU will award \$108,000 in CSBG discretionary funds to six CAAs to expand employment services to families and individuals as Nevada continues to lead the nation in unemployment.
- The GMU will continue to support the implementation of the Nevada Service Delivery Model along with NCAA. All 12 agencies will receive training and support focused on using the model in a proficient manner.
- The GMU and NCAA will collaborate on training and technical assistance activities to help CAAs achieve compliance with the new national CSBG Organizational Standards.
- The GMU will implement the commitments contained in the FY15-17 CSBG State Plan.

FUND FOR A HEALTHY NEVADA

Background Information

The Fund for a Healthy Nevada (FHN) is supported by 60% of the revenue generated for Nevada by the Tobacco Master Settlement Agreement reached in 1998 between multiple states and tobacco manufacturers. The remaining 40% supports the Governor Kenny Guinn Millennium Scholarship program administered by the Nevada State Treasurer's Office.

The Grants Management Advisory Committee (GMAC) has been an advisory body for the FHN since July 1, 2007. In order to appropriately address a wide range of consumer needs, Nevada Revised Statute (NRS) 232.383 requires representation on this committee from a variety of health and human services disciplines as well as delegates with business acumen. These members are charged with making recommendations concerning funding priorities and grant awards to the Director of the Department of Health and Human Services (DHHS) who has final authority. FHN is just one of the funding sources within the purview of the GMAC.

Distribution of Wellness and Disability Services Funds and Accountability

Distribution of FHN funds in FY15 was aligned with the results of a Statewide Community Needs Assessment conducted in accordance with NRS 439.630. The GMU was directly responsible for administering grants in the Wellness and Disability Services categories of the FHN statute.

In FY15, \$5,098,014 was distributed as listed on the following pages. All grantees were required to submit progress and financial reports to the GMU. Most grantees met or exceeded projected goals and outcomes. Specific information on expenditures and progress for individual grantees follows this narrative section.

Wellness Program Area	Amount Expended	Notes
Food Security	\$2,055,732	<i>Food Security projects were also supported with Title XX funds in the amount of \$285,436, bringing the total amount of funds expended for these programs to \$2,341,168.</i>
Nevada 2-1-1	\$650,529	<i>Nevada 2-1-1 expenditures included \$32,100 to purchase a software subscription formerly provided free of charge by a 2-1-1 partner and \$35,658 to fund the Statewide 2-1-1 Coordinator as a contracted position until it became a permanent, budgeted position in FY16. The majority of the funds supported two call centers.</i>
Health Access	\$254,634	<i>FY15 was the last year that FHN funds were allocated to this program area.</i>
Immunization	\$500,000	<i>These funds support the immunization program at the Division of Public and Behavioral Health.</i>
Mental Health	\$458,825	<i>Funds expended in this category reflect one grant award to the Division of Public and Behavioral Health to support the Office of Suicide Prevention. Other FHN funds that supported state mental health programs in FY15 were not administered by the GMU but transferred directly into the appropriate budget accounts.</i>
Total	\$3,919,720	<i>FHN Wellness funds were also used in FY15 to support Family Resource Centers and Differential Response. An accounting of expenditures and activities for these programs is located in Sections 7A and 7B of this report.</i>

Disability Program Area	Amount Expended	Notes
Respite Care	\$585,975	<i>Funds were utilized by six subgrantees.</i>
Independent Living	\$294,782	<i>Independent Living programs were also supported by \$140,970 in Title XX funds, bringing the total expended for this purpose to \$435,752.</i>
Positive Behavior Support	\$297,537	<i>All funds were expended by one subgrantee.</i>
Total	\$1,178,294	<i>Other FHN funds that supported Disability Services programs in FY15 were not administered by the GMU but transferred directly into the appropriate budget accounts.</i>

Key Statewide Activities in FY15

- Food security grants administered by the GMU in FY15 included seven one-stop shops to provide individuals and families with food to meet their immediate needs and also to help them find long-term solutions such as enrollment in federal benefit programs. The hallmark of these projects is collaborative partnerships among two or more community agencies. Three additional food security grants created new food access points in six counties – north, south and rural. Collectively, these grantees projected serving 30,810 individuals, but significantly exceeded expectations by serving 48,476.
- Nevada 2-1-1 efforts in FY15 focused primarily on strengthening the infrastructure and planning for future program enhancements. A Request for Proposals for the 2-1-1 call center was released in December 2014, and after a competitive bidding process, Financial Guidance Center (also known as Consumer Credit Counseling) in Las Vegas was awarded the contract. Call center operations transitioned smoothly on July 1, 2015. Prior to this change, 2-1-1 was a collaborative effort involving numerous partners, including the DHHS, HELP of Southern Nevada, Crisis Call Center, United Way of Northern Nevada and the Sierra, and United Way of Southern Nevada.

- Also in FY15, Nevada 2-1-1 began collaborating with the Division of Health Care Financing and Policy (DHCFP) on a project designed to simplify access to long-term support services provided by Medicaid. The DHCFP intends to use 2-1-1 as the telephone number for the program; thereby eliminating the creation of a new 800 number and avoiding duplication of services. Through this partnership, 2-1-1 will update the database taxonomy, conduct strategic and sustainability planning, contract with a marketing agency, and modernize the website.

Program Anecdotes

- A 52-year-old single man who lives alone in his trailer decided to put up outdoor lights over the holidays. In the process, he fell off the ladder and injured his lower back. Because of the injury, he could not ride his bike to the grocery store. Bus tickets provided through an FHN **Independent Living** grantee allowed him to get to the store during his recovery.
- A 6-year-old girl diagnosed with cerebral palsy, epilepsy and autism was crying more than 90% of the time at home, and her parents were at a loss as to how to manage her behavior. An assessment conducted by the **Positive Behavior Support** program determined that she had multiple forms of augmentative communication, none of which were working well for her. Treatment interventions included limited attention to crying, using pictures to communicate wants and needs effectively, and attending to all appropriate behavior. Following intervention, crying was diminished to less than 20% of the time. Her parents were thrilled in the improvement in behavior and overall increase in quality of life for their child and their family. They are now able to leave the house with their daughter and engage in community activities.
- An adoptive mother of three children with special needs called her respite services “a gift from heaven.” She plans to utilize her break to develop a home-based business to help secure a future for her children. Other families receiving help through **FHN Respite** programs in FY15 had similar praise for the service.
 - *“Respite care, in part, has allowed us to keep our son in our home with us. The breaks away help us stay healthy, which allows us to take better care of him. Thank you!”*
 - *“It is nice to get away sometimes and not worry about burdening my family and not stressing over the fact that I cannot afford to pay someone to watch my son when I need a break. I am so thankful for this program. Thank you so much!”*

- *“This program is so beneficial for the mental/physical health of both my son and me. We are so grateful that this program is available. Thank you so very much. You are wonderful and have enriched our lives. Thanks again!”*
- *“As a single mom who received no additional support, I greatly appreciate this source of help!”*
- A 22-year-old Southern Nevada mother was the only working member of a household that also included her 22-year-old boyfriend and 1-year-old daughter. After paying a relative \$380 per month to rent a room, there was insufficient money for food. A **Hunger One-Stop Shop** helped the family complete an application for the Supplemental Nutrition Assistance Program (SNAP) and worked with the Division of Welfare and Supportive Services (DWSS) to expedite approval. The family is now receiving the maximum benefit for a family of three and is following up on other referrals to improve their situation.
- After connecting with a **Hunger One-Stop Shop** in Northern Nevada, the mother of two small children was able to participate in a workforce development program. The One-Stop Shop and its partner pantry continued to help her with food while she attended classes to become a Certified Nursing Assistant.
- A woman in Rural Nevada was experiencing severe back pain, which limited her mobility and restricted her physical activity. Through a community event sponsored by a **Health Access** program, she had the opportunity to see a chiropractor. Follow-up visits were discounted because the initial contact was made through the event. After four visits, her condition has significantly improved and she is able to walk for at least 10 minutes three times per week.

Major Planned Activities for FY16

- Per NRS 439.630, the biennial Statewide Community Needs Assessment will be conducted by the DHHS-DO GMU on behalf of the GMAC to identify future funding priorities for FHN. Recommendations made by the GMAC, the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) will be considered by the DHHS Director in building the FHN spending plan for FY18-19.
- The GMU will participate in program development and performance evaluation of FHN grantees through site visits, program monitoring activities and the provision of technical assistance.

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Fund for a Healthy Nevada (FHN) Disability Services and Wellness

28 September 2015

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
<u>FHN - Disability</u>			
Blindconnect Independence is a peer-led person-centered daily living skills program for blind and visually impaired adults age 22-55 who have no other blindness skills training options available in Nevada. Mastering blindness activities will develop and maintain independence and self-confidence in Southern Nevadans with severe vision loss. \$40,132/\$32,209	Blindconnect will serve 18 unduplicated clients in SFY15. During the 3 month post-program assessment 80% of the clients served (14) will report an increase in self sufficiency. 18/14/78% 80/80	Blindconnect will serve 18 unduplicated clients in SFY15, During the 3 month post program assessment 90% of the clients served (16) will report that they were satisfied with the services that they received. 18/14/78% 90/67	
Board of Regents, Nevada System of Higher Education PBS-NV provides training and technical assistance to parents/caregivers and professionals in a process of evidence-based, multi-component procedures with emphasis on systemic change to increase adaptive behaviors and reduce problem behaviors. A consolidated partnership is proposed to promote a statewide network with capacity to provide Positive Behavior Support to Nevadans. \$325,000/\$297,537	Through the provision of trainings and on-site consultation/technical assistance, 120 unduplicated focus individuals will be served, where 90% (108) of focus individuals will demonstrate behavior improvement as measured by Behavior Change data, assessments and/or interviews. 120/143/119% 90/79	Through the provision of satisfaction surveys to 560 training participants, 80% (448) will be returned and of those, 85% (381) will indicate they found the training valuable and/or were satisfied overall with the training session as measured by the survey. 448/562/125% 85/89	

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Fund for a Healthy Nevada (FHN) Disability Services and Wellness

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
Bureau of Vocational Rehabilitation Implement model training, technical assistance, assessment, and services, to clients, counselors, staff, and service providers of the Bureau of Vocational Rehabilitation in collaboration with the UNR Nevada Center for Excellence in Disabilities to enhance the acquisition and retention of employment based assistive technology for people with disabilities in Northern Nevada. \$87,350/\$83,897	Through the provision of Assistive Technology services to 50 clients. Surveys will be administered to all 50 clients no later than 90 days after receiving services. Of the clients served 80% (40) will demonstrate improved self-sufficiency as measured by case progression through RAISON. (Note: 86 clients were served and all demonstrate improved self-sufficiency.) 50/86/172% 80/172	Of the 50 clients surveyed, 75% (38) of those who return surveys will report satisfaction with services through client satisfaction survey administrated no later than 90 days after receiving services. (Note: Grantee sent 19 surveys and received 9 back. All were satisfied with services.) 50/27/54% 75/64	Increase training offered to VR staff and clients to improve knowledge skills and abilities to use or demonstrate the use of recommended assistive technology equipment or services. Following completion of the training, 30 will be evaluated and 75% of those will report an increase in knowledge of assistive technology equipment or services. (Note: 92% of the 64 evaluated were able to increase their ability to assess client AT needs.) 30/64/213% 75/92
CitiCare CitiCare will provide 2,000 non-ADA service area paratransit rides to people with disabilities, and use as match to double those rides with federal funds. CitiCare will also partner with local organizations to provide 1,196 free bus tickets so people with disabilities in need can access food resources in their communities. \$50,369/\$49,236	Through the provision of 2,000 non-ADA service area paratransit rides to 200 people with significant disabilities. 150 paratransit riders will be surveyed, six months into the grant. 35% (53) will respond. 80% (42) of respondents will indicate that access to paratransportation increased their self-sufficiency. (Note: Because surveys are done in Quarter 3, and ridership was at only 106 at that time, not as many riders could be surveyed as projected.) 150/137/91% 35/34	150 paratransit riders will be surveyed, 35% (53) will respond. 85% (45) of the respondents will indicate they are satisfied or very satisfied with the services received. (Note: The same circumstance cited in Outcome 1 affected Outcome 2.) 53/98/185% 85/44	Citicare will provide 1,196 free RTC RIDE and RTC ACCESS tickets to 305 people with disabilities in need through community partners. Of these riders,100 will be surveyed when tickets are issued. 85% (85) of respondents will indicate that access to these free tickets has increased their access to food resources. 100/138/138% 85/100

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Foundation for Positively Kids, Inc. Positively Kids will provide in-home and/or center based respite services for children who are disabled, including medically fragile and/or developmentally delayed children living in Clark County, Nevada. \$65,000/\$39,159	Through the provision of respite and/or medical daycare services to 50 children/families with a disability, at least 85% (42) will indicate reduced stress as measured by Consumer Satisfaction Surveys. 50/53/106% 85/81	Through the provision of respite and/or medical daycare services to 50 children/families, at least 85% (42) of parents/caregivers surveyed will report a delay or prevention of out-of-home placement as a result of these respite services. (Note: Limited service hours contributed to 0% outcome.) 85/0	Through the provision of respite and/or medical daycare services to 50 families, at least 85% (42) of parents/caregivers surveyed will report satisfaction with the services. 85/100
Head Start Of Northeastern Nevada Family Respite of Northeastern Nevada is a non-profit organization in Elko County that serves as an effective family preservation tool by providing short-term quality care for children with special needs, offering a "gift of time" to their families, enabling them to enhance the quality of their lives. \$62,753/\$59,488	Through the provision of respite care to 56 unduplicated families who have primary caregiving responsibilities for a child with special needs, 80% (45) of the families will report reduction in family stress levels as a result of respite services received through the Head Start of Northeastern Nevada- Family Respite as measured by pre- and post-respite surveys. 56/50/89% 80/100	Through the completion and return of pre- and post-respite surveys, at least 75% (42) of the families served will return the completed surveys, 80% (34) will report a delay or prevention of out-of-home placement as a result of receiving respite care services. 42/50/119% 80/100	Through the provision of the completion of annual surveys, 42 families will return the completed surveys, 80% (34) will report that they are satisfied or very satisfied with respite services received. 42/50/119% 80/100
Easter Seals Nevada Caring for a loved one with a disability can be exhausting with little opportunity of relief. The Easter Seals Nevada Respite Program provides families with respite through a voucher system so they can secure a provider that best meets the needs of the family and their loved one. \$171,617/\$153,569	Through the provision of respite vouchers to 112 unduplicated families who have primary caregiving responsibilities for a child with disabilities or at-risk status, 75% (84) of the families will report reduction in family stress levels as a result of receiving respite through the Easter Seals program as measured by pre-and post-respite surveys. 112/448/400% 75/100	Through the completion of pre- and post-respite surveys, at least 75% (84) of the 112 parents/caregivers surveyed will report a delay or prevention of out-of-home placement as a result of receiving respite services. 84/448/533% 75/100	Through the provision of the completion of post-respite surveys 75% (84) of the 112 unduplicated families served will report that they are satisfied or very satisfied with services provided by the Easter Seals program. 84/448/533% 75/100

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<p>Nevada Rural Counties RSVP Program Inc Provides escorted door to door safe transportation for low income elderly and disabled persons giving them access to life saving services such as: medical and dental appointments, to pick up prescriptions, and grocery shopping. Volunteers provide the emotional support, socialization, and human contact that is so necessary for the homebound elderly. Funding allocation Social Services Block Grant/Title XX \$31,957 and Fund For A Healthy Nevada (FHN) \$34,897. \$66,854/\$66,854</p>	<p>Through the provision of the RSVP escorted transportation services to 600 unduplicated clients, 75% (450) of the clients will indicate in an annual follow-up survey that they were able to remain independent and at home. 600/782/130% 75/100</p>	<p>Through the completion of annual surveys by 50% (300) of the 600 unduplicated clients served, 85% (255) will indicate that they are satisfied or very satisfied with the transportation services provided by RSVP volunteers. 85/100</p>	
<p>Northern Nevada Center for Independent Living, Inc. NNCIL's proposed R.A.M.P. project will provide preventative maintenance for existing wooden access ramps keeping them useable for a longer period of time helping to control ramp replacement costs. \$19,504/\$18,385</p>	<p>Through the provision of ramp maintenance services to 13 consumers, a 100% (13) will be able to maintain self-sufficiency immediately after the services are completed. 13/15/115% 100/100</p>	<p>Through the completion and submission of post-construction surveys to 13 consumers, 90% (12) of the consumers surveyed will report "Satisfied or "highly Satisfied with the overall experience with the R.A.M.P. program. 13/15/115% 90/100</p>	

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Northern Nevada RAVE Family Foundation The Northern Nevada RAVE Family Foundation will provide center-based respite through the RAVE Family Center to 40 unduplicated families caring for young children with disabilities, special needs, or children in foster or adoptive care, as well as siblings, between the ages of 3 months through 6 years. \$89,850/\$88,656	Through the provision of respite care to 40 unduplicated families who have primary caregiving responsibilities for a child with special needs, 80% of the families will report reduction in family stress levels as a result of respite services received through the RAVE Family Center as measured by pre- and post-respite surveys. 40/80/200% 80/88	Through the completion and return of pre- and post-respite surveys, at least 80% (32 of the families served) will report a delay or prevention of out-of-home placement as a result of receiving respite care services at the RAVE Family Center. 32/80/250% 80/98	Through the completion and return of post-respite surveys, at least 80% (32 of the families served) will report that they are satisfied or very satisfied with the respite services provided through the RAVE Family Center. 32/80/250% 80/99
Northern Nevada RAVE Family Foundation The Rural Respite program will provide respite vouchers to 150 families caring for a family member, birth to elder, with a disability (onset prior to age 22) who reside in the rural areas of Nevada or Washoe County. \$142,129/\$142,129	Through the provision of respite voucher to 150 unduplicated families who have primary caregiving responsibilities for a young or adult child with special needs, 70% of the families will report reduction in family stress levels and measured by pre- and post-respite surveys. 150/165/110% 70/96	Through the completion and return of the pre- and post-respite surveys, at least 70% (105 of the families served) will report a delay or prevention of out-of-home placement as a result of receiving respite care services. 105/165/157% 70/95	Through the completion and return of post-respite surveys, at least 70% (105 of the families served) will report that they are satisfied or very satisfied with services provided through the Rural Respite program. 105/165/157% 70/98
Olive Crest Foster Family Agency To provide respite care services to parents, foster parents, adoptive parents, and legal guardians with children who have a developmental disability, autism, emotional and behavioral needs (mental health diagnosis), or special education involvement. \$118,626/\$102,974	Through the provision of respite vouchers to 157 unduplicated families who have primary care-giving responsibilities for a child with special needs, 80% of the families responding to the surveys (107 families) will report a reduction in family stress levels as measured by service surveys. 157/158/101% 80/84	Through the completion and return of service surveys, at least 90% (120 families served) will report a delay or prevention of out-f-home placement as a result of receiving respite care services. 90/76	Through the completion and return of post-respite surveys, at least 90% (120) of the families) will report that they are satisfied or very satisfied with services provided through the Olive Crest Respite program and that they would refer the program to another family. 90/84

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The Salvation Army Clark County The Vocational Training Program provides assistance with finding employment for homeless individuals providing a program of evidence based supported employment. The program serves approximately 35% of the individuals in the Vocational Training Program with disabilities, primarily Axis I Clinical Disorders . \$48,114/\$46,714	Through the provision of Vocational Training services to 56 participants with disabilities 74% or 42 individuals will complete the program and attain employment as measured by review of pay stubs and contacts with employers. 56/57/102% 74/84	Of the 56 participants 42 will complete client satisfaction surveys implemented at completion or exit from the program, at least 74% will report satisfaction with the services. 42/53/126% 74/85	Through the provision of vocational training services 42 participants will complete the program and attain competitive employment and at least 75% will maintain employment at 3 months. 42/57/136% 75/84
Southern Nevada Center for Independent Living SNCIL's Student Advocacy Training project is a proven program designed to inform students with disabilities about resources available to them in Southern Nevada. We will provide teachers and students with our Disability Resource Guide and conduct informational sessions with students with disabilities in schools throughout the Clark County School District. \$44,634/\$29,444	Through the provision of the Disability Resource Guides and the Student Advocacy Training presentations to 720 students with IEPs in the Clark County School District. 60% (432) of those will return surveys. 720/558/78% 60/94	Through the provision of the Student Advocacy Training project to students in the Clark County School District who have IEPs, 60% (432/720) will report that they are satisfied or very satisfied with the presentation and Disability Resource Guide as measured by client satisfaction surveys distributed following the presentation in which they also receive the Guide. 720/558/78% 60/93	Of the 432 surveys returned after presentation 346 (80%) of the youth surveyed will report that the Guide and the presentation made them more aware of resources available to them. 432/532/123% 80/98

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FHN - Wellness			
Catholic Charities of Northern Nevada Kids to Seniors Korner, a program of Catholic Charities of Northern Nevada, assists our community's most vulnerable children, their families and seniors, providing community resources to increase their quality of life directly in areas where they reside. \$76,000/\$76,000	Through the intake and assessment processing, 700 children will be identified as lacking access to affordable healthcare due to a lack of payer source; of those 700 children, 60% (420) will be successfully linked to Medicaid or NV Check Up as measured by documentation indicating enrollment. (Note: Several factors including refusing services or lack of parent cooperation contributed to the low percentage of successful links.) 700/918/131% 60/25	Through provision of intake and assessment services to 700 children and adults who have been identified as lacking access to affordable healthcare due to lack of a primary care provider, 70% (490) will be successfully linked to a primary care provider, as measured by the client's initial appointment establishing him/her as a patient at a medical facility (Note: Same factors cited in Outcome 1 contributed to low percentage of successful links.) 700/2,989/427% 70/22	
Catholic Charities of Northern Nevada To meet the needs of the less fortunate through food distribution and other social services resources, we are proposing that our agency expands upon our already established one-stop-shop approach to decreasing poverty. Our project would connect a wide variety of social services to the large food pantries in our community. [Funding is split between Title XX (\$286,567) and FHN Wellness (\$33,433).] \$320,000/\$318,869	Through the provision of food assistance to 20,700 unduplicated people, 6,210 (60%) of the 10,350 surveyed will report that they did not need to skip meals after receiving services for at least one month. (Note: Grantee surveyed 5,484 people and 3,270 responded positively.) 20,700/24,327/118% 60/60	Through the provision of food assistance referrals to 20,700 people, 13,455 (65%) will be successfully linked to one or more federal food assistance programs and be approved for service. (Note: Grantee referred 24,327 unduplicated people to supportive services and verified that 24,327 were successfully linked and approved.) 20,700/24,327/118% 65/100	Through the provision of 2,449,917 meals in FY 2015, the project will increase the number of meals provided to low-income families by 181,475 (8%) as compared to the 2,268,442 meals provided in FY 2014. (Note: Grantee provided 1,079,923 more meals in FY15 than in FY14, a 48% increase.) 2,449,917/3,348,365/137%

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<p>The Children's Cabinet, Inc. The Children's Cabinet will provide access to mental health therapy services to Washoe County and rural Nevada youth between the ages of 13 and 17. The SOS (Signs of Suicide) screening tool and educational curriculum will be used to provide mental health services through secured videoconferencing/telemedicine. \$62,581/\$62,576</p>	<p>Through the screening of 150 youth in the Signs of Suicide program, 32.6% (49) will be identified as at-risk for suicide and in need of counseling. Of these, 80% (39) will participate in counseling services 150/1,013/675% 33/23</p>	<p>Through the provision of counseling services to 39 youth, 90% (35) will demonstrate progress in addressing the mental health issue that led to the positive screen, as measured by a post assessment and discharge summary. 35/212/606% 90/100</p>	<p>A part of the Signs of Suicide screening, 150 unduplicated will be advised regarding long-term pay sources and/or primary providers for themselves and their families. Of these, 80% (12) will be successfully linked to these resources. 150/349/233% 80/100</p>
<p>Community Services Agency Community Services Agency will contract with Catholic Charities of Northern Nevada to provide food distribution via mobile efforts. Using the mobile pantry delivery system and a network of existing pantries in Lyon and Churchill Counties, this initiative will provide additional food distribution opportunities in five un-served/underserved areas. New distribution sites will be established at locations naturally suited to supplemental food distribution, and where potential recipients already gather for other reasons. Examples of suitable sites include high-risk schools, churches, and community service organizations, . \$182,250/\$180,989</p>	<p>Through the provision of food assistance to 2,500 unduplicated people, 468 (75%) of the 625 surveyed will report that they did not need to skip meals after receiving services for at least one month. (Note: Grantee ultimately surveyed a total of 1,491 people with 1,341 positive responses.) 2,500/5,784/231% 75/90</p>	<p>Through the provision of referrals to 375 unduplicated individuals to one or more supportive services, 282 (75%) will be successfully linked to at least one service. (Note: Grantee referred 396 unduplicated individuals to supportive services and verified that 91 were successfully linked.) 375/396/106% 75/23</p>	<p>Through the provision of 126,610 meals in FY 2015, the project will increase the number of meals provided to low income families by 16,514 (15%) as compared to FY 2014 when 110,096 meals were provided. (Note: Grantee provided 31% fewer meals in FY15 than in FY14.) 126,610/75,781/60% 15/0</p>

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Community Services Agency This project creates a collaborative and organizes an innovative network of agencies working together on food security and family self-sufficiency. It does this by providing individuals and families with sufficient quantities of food to meet their hunger needs, and by linking them with benefits and supportive services they need to establish a foundation to stabilize and move toward economic self-sufficiency. CSA will partner with Catholic Charities of Northern Nevada and seven participating food pantries. \$290,725/\$289,827	Through the provision of food assistance to 2,300 unduplicated people, 431 (75%) of the 575 surveyed will report that they did not need to skip meals after receiving services for at least one month. (Note: Grantee surveyed 2,552 people and received 1,965 positive responses.) 2,300/7,169/312% 75/77	Through the provision of food assistance referrals to 345 people, 258 (75%) will be successfully linked to one or more federal food assistance programs and be approved for service. (Note: Grantee referred 2,347 people to supportive services. Of those, 784 or 33% were successfully linked, and of those, 384 or 16% were approved.) 345/2,347/680% 75/16	Through the provision of 199,608 meals in SFY 2015, the project will increase the number of meals provided to low-income families by 26,036 (15%) as compared to 173,572 meals provided in SFY 2014. (Note: Grantee provided 41% fewer meals in FY15 than in FY14.) 199,608/101,770/51% 15/0
Consumer Credit Counseling Service Of Southern Nevada The Nutrition For Life (NFL) program is a partnership of agencies who have served Nevadans for over 102 years. NFL will deliver to food insecure households comprehensive services that provide healthy food, ensure basic needs are met, and provide support services essential to self-sufficiency, and counseling for long-term financial stability. \$233,262/\$233,134	Through the provision of food assistance to 2,200 unduplicated people, 1,037 (76%) of the 1,364 surveyed will report that they did not need to skip meals after receiving services for at least one month. (Note: Grantee surveyed 1,416 people and received 1,309 positive responses.) 2,200/6,067/276% 76/92	Through the provision of food assistance referrals to 700 people, 240 (40%) will be successfully linked to one or more federal food assistance programs and be approved for service. (Note: Grantee successfully linked 2,997 unduplicated people to supportive services. Of those, 757 or 25% were approved.) 700/2,997/428% 40/25	Through the provision of 71,440 meals in FY 2015, the project will increase the number of meals provided to low-income families by 35,200 (97%) as compared to the 36,240 meals provided in FY 2014. (Note: Grantee served 41,552 more meals in FY15 than in FY14.) 71,440/77,792/109% 97/115

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Crisis Call Center - First Call for Help Nevada 2-1-1 -- Information and Referral Statewide Call Center. \$187,447/\$187,447	Through the provision of information and referrals, the statewide 2-1-1 system will provide access to health and human services to improve the well-being of approximately 84,600 individual callers. Of these callers, approximately 12,000 will be assisted by Crisis Call Center during the hours of 4 p.m. to 7 a.m. Monday through Thursday and from 4 p.m. on Friday through 7 a.m. on Monday, as well as all holidays. (Note: 14,048 callers answered operator questions and, of those, 12,149 responded positively.) 12,000/14,702/123% 95/86	Operators conduct follow-up calls to past callers using a random sampling of 2% of the previous callers. 95% of the clients responding to the follow-up calls will report positively as a result of the referrals. (Note: Grantee contacted 8% of callers. Of those, 346 responded to questions and, of those, 307 responded positively.) 240/1,172/488% 95/89	
Division of Welfare and Supportive Services This project consists of outreach to low-income families and individuals, and assistance in applying for the federal Supplemental Nutrition Assistance Program (SNAP). Funds will be subgranted to Three Square (\$94,854) and Food Bank of Northern Nevada (\$191,713) to carry out the agreement already executed between these entities and the Nevada Division of Welfare and Supportive Services. \$286,567/\$286,567	In order to track SNAP Outreach activities as they relate to the Food Security Strategic Plan, at the end of each quarter, DWSS will submit copies of the Application Tracking Activities Summary for trusted partners throughout the state, including but not limited to, Three Square and Food Bank of Northern Nevada. (Note: No service projections were established, but DWSS reported that community partners supported by this grant assisted clients with 8,489 applications. Of those, 6,168 or 73% were approved.) 0/8,489/ 0/73		

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East Valley Family Services Program Title-Chance, Choice,Change will strive through a strong collaboration by the Family Resource Centers to provide eligible persons with a sufficient amount of food for immediate needs and assist them to build an economic foundation to move toward economic self-sufficiency. \$311,300/\$311,300	Through the provision of food assistance to 700 unduplicated people, 630 (90%) surveyed will report that they did not need to skip meals after receiving services for at least one month. (Note: Grantee reported surveying 787 people and all 787 responded positively.) 700/987/141% 90/100	Through the provision of food assistance referrals to 500 people, 450 (90%) will be successfully linked to one or more federal food assistance programs and be approved for service. (Note: Grantee successfully linked 787 unduplicated people to supportive services. Of those, 787 or 100% were approved.) 500/987/197% 90/100	Through the provision of 14,200 meals in FY 2015, the project will increase the number of meals provided to low income families by 4,200 (70%) as compared to the 10,000 meals provided in FY 2014. (Note: Grantee provided 10,727 more meals in FY15 than in FY14.) 14,200/20,727/146% 70/207
Family Resource Centers of Northeastern Nevada In partnership with Friends in Service Helping (FISH) and Communities in Schools, the Family Resource Centers of Northeastern Nevada will establish a system for increasing access to food and other services for food insecure individuals, children and families in Elko County. \$241,900/\$241,899	Through the provision of food assistance and supportive service referrals to 400 unduplicated clients, 280 (70%) of the 310 surveyed will report that they did not need to skip meals in the month after services were rendered. (Note: Grantee surveyed 427 people and 395 reported positively.) 400/647/162% 70/93	Through the provision of food assistance referrals to 175 unduplicated clients, at least 61 (35%) will be successfully linked to one or more federal food assistance programs and, of those, 12 (20%) will report during follow-up that they actually received benefits. (Note: Grantee referred 624 people to supportive services. Of those, 382 or 61% were successfully linked and 344 or 55% were approved.) 175/624/357% 35/55	Through the provision of 164,333 meals in FY15, the one-stop shop will increase the number of meals provided to low income families by 54,209 (33%) as compared to FY14 when 110,124 meals were provided. (Note: Grantee provided 6,680 more meals in FY15 than in FY14, a 6% increase.) 164,333/116,804/71%

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HAWC This program will provide behavioral health services to Community Health Alliance's pediatric patients, who are poor, uninsured or underinsured, and/or are enrolled in Medicaid. The Pediatric Behavioral Health Program will operate in collaboration with the University of Nevada School of Medicine (UNSOM), Department of Child and Adolescent Psychiatry. \$69,781/\$69,781	Through the provision of behavioral health assessment and services to 300 pediatric patients per year, 50% will achieve an improvement in their mental health status as measured by psychiatric evaluation tools and documented in the Electronic Medical Record. 300/913/304% 50/57	Through the provision of integrated primary care and behavioral health care to 300 pediatric patients per year, 50% will achieve an improvement in their physical health status as measured by CHA's Clinical Performance Measures and documented in the Electronic Medical Record. 300/913/304% 50/57	
Healthy Communities Coalition Healthy Communities Coalition Access to Healthcare Project will use multiple strategies with multiple partners to improve access to wellness and healthcare services in the Lyon, Storey, and Mineral County areas. This grant will focus on people of low income that are currently medically underserved. \$20,300/\$20,283	Through Medical Outreach Response Event (MORE), community health advocates will identify 100 individuals with chronic diseases or at high-risk for chronic disease. When follow-up is conducted six months after the event, at least 50% (50) of these individuals will report an increased ability to manage their health as a result of linkage to primary care providers and utilization of wellness strategies. 100/156/156% 50/65	Through a Medical Outreach Response Event (MORE), volunteer "knowledge workers" will refer 250 individuals to long-term resources for health care and other basic needs. When follow-up is conducted six months after the event, 50% (125) of these individuals will report that the assistance they received helped them move from episodic to routine health care. 250/100/40% 50/60	

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Nevada Department of Health and Human Services - Grants Management Unit

Fund for a Healthy Nevada (FHN) Disability Services and Wellness

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
HELP of Southern Nevada Nevada 2-1-1 - Health and Human Services Information and Referral Statewide Call Center. \$395,324/\$395,324	Through the provision of information and referrals, the statewide 2-1-1 system will provide access to health and human services to improve the well-being of approximately 84,600 individual callers. Of these callers, approximately 72,600 will be assisted by HELP of Southern Nevada during regular business hours on weekdays. 95% of callers who answer operator's questions will document a positive experience with 2-1-1 in the initial call. (Note: 60,256 callers responded to operator questions and, of those, 51,145 responded positively.) 72,600/67,822/93% 95/85	Operators conduct follow-up calls to past callers using a random sampling of 2% of the previous callers. 95% of the clients responding to the follow-up calls will report positively as a result of the referrals. (Note: Grantee contacted 3.5% of callers. Of those, 1,461 answered operator questions. Of those, 1,157 responded positively.) 1,452/2,413/166% 95/79	
Helping Hands of Vegas Valley Open an additional food pantry location in southeast Las Vegas for low income seniors and multigenerational families that include a senior, using a community collaborative partnership. \$277,975/\$273,967	Through the provision of pantry services to 900 low income individuals, 60% (540) will respond to a follow-up survey six months after initial intake and, of those, 80% (432) will report increased food security. (Note: Grantee surveyed 586 people and 459 responded positively.) 900/1,170/130% 80/78	Through the provision of 150,000 meals in FY15, the food pantry project will increase the number of meals provided to low income families by 42,000 (28%) as compared to 2014 when 108,000 meals were provided. (Note: Grantee provided 68,796 more meals in FY15 than in FY14.) 150,000/176,796/118% 28/64	

*(1)/ and 0/ and 0/0 indicate that a specific goal was not established in this field of the database. Disregard this notation.

FY15 Annual Report

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<p>Little People's Head Start We will work in conjunction with CACH to provide backpacks containing food supplies for two days to low income children and their families through schools and Head Start in White Pine County. We will also provide bi-weekly Bountiful Baskets to income-eligible families. \$30,000/\$24,372</p>	<p>Food assistance in the form of Bountiful Baskets will be provided to 600 unduplicated clients representing about 150 family units. Through quarterly surveys completed by 75% of the families (covering about 450 individuals), 92% (about 414 individuals) will report that they did not need to skip meals in the month after services were rendered. (Note: Grantee surveyed 932 people and 875 responded positively.) 600/988/165% 92/94</p>	<p>Food assistance in the form of backpacks will be provided to 75 unduplicated children, 40 of whom will receive two backpacks per week. Follow-up surveys will not be conducted among this group of service recipients due to their age and the method of service delivery. 75/422/563%</p>	<p>Through the provision of 35,280 meals in FY15, the Bountiful Baskets and backpack program will increase the number of meals provided to low-income children and families by 20,748 (45%) as compared to 2014 when 14,532 meals were provided. (Note: Grantee served 60,398 more meals in FY15 than in FY14, a 416% increase.) 35,280/74,930/212% 45/416</p>
<p>Nevada State Immunization Program To support Immunize Nevada in statewide and regional efforts in providing a variety of immunization promotion and education activities to improve access to vaccinations and to decrease disparities in vaccination coverage levels in Nevada populations. \$500,000/\$500,000</p>	<p>Through a subgrant with the Southern Nevada Health District, AFIX visits to child care centers will be increased by an additional 50 locations throughout Clark County by June 30, 2015. This is the same outcome as used in SFY14, ultimately resulting in 100 AFIX visits with child care centers throughout Clark County for the period spanning 7/1/13 – 6/30/15. In an additional effort to improve vaccination rates, Southern Nevada Health District will provide 5 immunization trainings for child care staff throughout Clark County; these trainings will provide the staff with continuing education credits for their profession. 50/50/100%</p>	<p>Through a subgrant with the Southern Nevada Health District, 300 adult child care workers in Clark County will receive Tdap vaccinations at no cost. 300/271/90%</p>	<p>Through a subgrant with Immunize Nevada, PINK (Protect & Immunize Nevada's Kids) Packets will be developed and distributed to all participating birthing hospitals in Nevada. (Note: No service projection was established for this outcome but the grantee distributed 28,860 packets.) 0/28,860/</p>

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<p>Nye Communities Coalition Nye Communities Coalition (NyECC) will facilitate a coordinated, comprehensive, and cooperative approach to ensure food security in Nye, Esmeralda and Lincoln Counties. NyECC will facilitate a One Stop Shop focused on developing and refining the systems to end hunger and promote health and nutrition. \$77,995/\$77,942</p>	<p>Through the provision of food assistance to 210 unduplicated people, 120 (80%) of the 150 surveyed will report that they did not need to skip meals after receiving services for at least one month. (Note: Grantee surveyed 305 people and 203 responded positively.) 210/852/406% 80/67</p>	<p>Through the provision of food assistance referrals to 210 people, 75 (36%) will be successfully linked to one or more federal food assistance programs and be approved for service. (Note: Grantee referred 193 people to supportive services. Of those, 91 or 47% were successfully linked and 72 or 37% were approved for service.) 210/193/92% 36/37</p>	<p>Through the provision of 34,210 meals in FY15, the project will increase the number of meals provided to low income families by 7,560 (28%) as compared to the 26,650 meals provided in FY14. (Note: Grantee served 35,239 more meals in FY15 than in FY14.) 34,210/61,889/181% 28/132</p>
<p>Office of Suicide Prevention - Division of Public and Behavioral Health This is a statewide program that will promote public health to decrease suicide and injury due to suicide attempts for Nevadans across the lifespan. To accomplish this, the program will strengthen and further implement the goals of the Nevada Suicide Prevention Plan, bring a new programming focus to military members, veterans, and their families, and build on the successes of current youth suicide prevention programs. \$500,000/\$458,825</p>	<p>Through the expansion of text messaging and hotline awareness, the Office of Suicide Prevention will increase help-seeking behaviors and access to suicide prevention information, resources and crisis intervention services for youth and adults, as demonstrated by an increase in calls/texts of 5% (from 39,179 in FY14 to 41,138 in FY15). (Note: Grantee received 14,244 more calls/texts in FY15 than in FY14, a 36% increase.) 41,138/53,423/130%</p>	<p>Through the provision of 20 safeTALK trainings, OSP will partner with the Department of Education to address SB 164. At least 600 school administrators statewide will be trained to become suicide alert helpers. This will lead to a 20% increase in support of school-based screening, demonstrated by school participation from 24 schools in FY14 to 29 schools in FY15. (Note: Did not reach as many administrators as projected due to summer break and schedules but did exceed number of schools participating.) 29/171/590% 20/154</p>	<p>Through the provision of 15 ASIST two-day suicide intervention workshops to 300 providers and caregivers, 4 Youth Mental Health First Aid trainings to 80 participants and 10 NV Gatekeeper trainings to 200 participants, 80% will show increased suicide intervention knowledge or awareness as demonstrated by the results of pre and post-tests and surveys. (Note: Exceeded overall people trained but numbers were lower for other trainings.) 1,000/2,534/253% 80/100</p>

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Senior Center Of Boulder City Inc This one stop shop would be a formal collaboration between the Senior Center of Boulder City, Inc.(SCBC) and Emergency Aid to operate a food pantry and referral service Monday thru Friday 8am to 3pm. \$102,610/\$102,302	Through the provision of meals to 300 unduplicated clients who may be low income, physically disabled or at risk, 252 (84%) will be surveyed after services are rendered and, of those, 209 (83%) will report that they did not need to skip meals in the month following the food assistance and supportive service referrals received. (Note: Grantee surveyed 392 people and, of those, 347 or 89% responded positively.) 300/485/162% 83/89	Through the provision of referrals to 252 low income, at risk or physically disabled clients, 181 (72%) will be successfully linked to one or more federal food assistance programs. (Note: Grantee referred 189 clients to federal food assistance programs and, of those, 114 were successfully linked.) 252/189/75% 72/60	Through the provision of 32,400 meals in 2015, the one-stop shop will increase the number of meals provided to low income, physically disabled or at risk individuals by 10,800 meals (50%) as compared to 2012 when 21,600 meals were provided. (Note: Grantee served 15,232 more meals in FY15 than in FY14.) 32,400/36,832/114% 50/71
VMSN Inc The mission of Volunteers in Medicine of Southern Nevada is to provide quality healthcare and support, in a culture of caring, to the working uninsured and unemployed residents in Southern Nevada. We focus on preventative health care, and treatment of chronic and acute illnesses, at no cost to our patients. \$35,739/\$25,995	VMSN will provide 159 patient visits to the uninsured as the first step to ensuring our patients' good health. Services provided include physician visit, diagnostic testing, medications, and health education. 159/822/517%	The number of unduplicated individuals to be served is 32 patients. 90% of the patients will show signs of improved health as measured by established core measures, as defined by the federal government. 32/128/400% 90/75	Through the provision of health education counseling, all patients will receive lifestyle/healthy habit recommendations from our clinicians. Additionally approximately 4 out of 32 unduplicated patients will choose to enroll in a formalized health education class, gaining control of their health as measured by completion of the course and improved health state 4/32/800% 0/62

Grand Totals (34 items)

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FAMILY RESOURCE CENTERS

Background Information

Family Resource Centers (FRCs) were established by legislation in 1995 (NRS 430A). The state is divided into 18 Service Areas with a FRC providing information, referrals, and case management to residents in each Service Area. FRCs collaborate with local and state agencies and organizations to help individuals and families access needed services and support.

Distribution of Funds and Accountability

In FY15, \$1,255,700 was distributed to 21 organizations that served as fiscal agents for FRCs in 18 Service Areas throughout Nevada. This represents 97% of the \$1,300,000 allocated to the FRCs from the Fund for a Healthy Nevada (FHN).

The Grants Management Advisory Committee (GMAC) first approved the allocation of funds to the fiscal agents in FY09. A funding allocation formula was created based on demographic data for each of the 18 Service Areas. Still in use today, the formula takes into consideration total population, percent of people living in poverty, and the number of children ages birth to 18. Current statistics are reflected through periodic updates; the most recent of which was completed in April 2015.

Each grantee is required to submit a monthly report with information about the number of unduplicated individuals served, the number of case files opened, the number of referrals made, the number of clients with a “Goal Worksheet”, and the number of times a case manager met with a client to review progress toward achieving their goal(s). Quarterly reports are required that focus on program accomplishments, challenges, staffing, staff training received, technical assistance requested, in-kind/cash donations received, and anecdotal stories that demonstrate the impact of the program. Through review of monthly and quarterly reports, regional meetings, telephone calls, and e-mail correspondence, GMU staff worked closely with the FRCs in FY15 to ensure that clients accessing services were provided with appropriate referrals and support to help them achieve goals.

Collaborative Efforts and Leveraging

In Las Vegas, the geographic boundaries of the Service Areas correspond with Neighborhood Family Service Centers, which provide services to families involved with the Nevada Division of Child and Family Services (DCFS), Clark County Department of Family Services (CCDFS), Nevada Early Intervention Services (NEIS), and Nevada PEP (a statewide parent training and information center for families who have children with disabilities). In Washoe County, the Washoe County School District (WCSD) Family Resource Center Coalition is comprised of five sites located in Central Reno, Northeast Reno, the north valley area, the Sun Valley area, and Sparks. The WCSD-FRC Coalition provides services to families involved with the Washoe County Department of Social Services (WCDSS) as well as local community service providers. FRCs throughout the state (including those located in rural Nevada) collaborate with DCFS, the Nevada Division of Welfare and Supportive Services (DWSS), the Aging and Disability Services Division (ADSD), the Division of Public and Behavioral Health (DPBH), their local school districts, and many other local and state agencies. The FRC programs also partner with the Energy Assistance program at DWSS to help clients accurately complete Energy Assistance applications and streamline the process.

Statewide, FRCs received more than \$750,000 in cash and in-kind donations in FY15.

Grantee Performance

- Statewide in FY15, FRC programs served 33,320 unduplicated adults, children, and seniors with referrals, resources and support to meet their immediate needs.
- Statewide, FRC programs opened 10,692 case files. Of those, 10,415 clients had Goal Worksheets as part of their case file and 9,753 (94%) achieved a minimum of one goal.
- Statewide, FRC programs made 161,543 referrals to community support organizations.

- Statewide, FRC programs assisted clients with the submission of 332 Temporary Assistance for Needy Families (TANF) applications, 3,577 Supplemental Nutrition Assistance Program (SNAP) applications, 2,254 Nevada Medicaid/Nevada Check-Up applications, 2,144 Energy Assistance applications and 75 childcare assistance applications.

Key Statewide Activities in FY15

- Statewide, FRC staff attended trainings for the Affordable Care Act, Access NV, Energy Assistance, Nevada Check-up and Medicaid, and attended other meetings with state and local agencies in their Service Areas to ensure that appropriate resources were available for their clients.
- Representatives from FRCs throughout the state participated in SafeTALK, a suicide awareness training presented by the Nevada Office of Suicide Prevention.
- FRCs participated in *Pinwheels for Prevention* events in their communities during April 2015, National Child Abuse Prevention Awareness Month.

Program Anecdotes

- A family that just arrived from the Philippines visited the FRC in their area. They were desperate to find someone who would help them obtain medical insurance for their 10-year-old daughter. The Family Support Specialist was able to assist with the Medicaid application process by applying through Nevada Health Link. The application was submitted during the first week of July. Three weeks later, the family returned to the FRC; except this time they were not desperate. They were grateful, relieved and very excited to show their Family Support Specialist their daughter's Medicaid card.
- A call was received from a woman needing resources. She, her husband and three children had been struggling since the husband broke his leg. He was not able to return to work and was the primary provider for the family. A Family Support Specialist scheduled an appointment with the family. The two primary concerns were food and school supplies for the three children. The Family Support Specialist was able to provide the family with food from the Temporary Emergency Food

Assistance Program (TEFAP), and the children were immediately enrolled in the Back-to-School Backpack Program. New backpacks, school supplies and clothing were taken to the family during the following visit. The family was also given a \$25 gift card to purchase additional items for the household.

- One client relocated from Texas to Las Vegas and became overwhelmed when she arrived. She had good employment history and presented well but struggled with getting started with a job search. After an assessment, the client was told she could use the FRC client computers to aid in her job search. Within a month of working with a case manager, the client was hired in a grocery store as a result of an application she submitted through the FRC.
- A client approached FRC representatives who were conducting outreach at a school in their Service Area. She walked back and forth to the table several times. After having some of her questions answered, she asked to speak to a Family Support Specialist in private. It was during this conversation that the client disclosed she was a victim of domestic violence. She was afraid and angry with her current situation. She went on to say the relationship she was currently in was one of many. She began to cry as she talked about the fact she was a single mother of four children, three of whom had special needs. She was given applications for several resources and a promise was made by the Family Support Service Specialist to return the following day with additional assistance. The next day the client cried as she received gift cards for groceries and to purchase diapers, support group information for victims of domestic violence and a hug that simply let her know someone cared.
- An undocumented single mother with a 14-year-old son went to the FRC and completed a Family Goal Worksheet to do what was necessary to receive her immigration paperwork. The client was employed at a job she did not like, and she was also concerned about working a graveyard shift as this did not allow her to keep an eye on her teenage son. The client returned to see her case manager a few months later, and she was very excited to share the information that she had received her immigration paperwork. The case manager enrolled the client in the Chance, Choice, Change (CCC) Food Security Program where she was able to acquire the necessary pre-employment skills to seek a more enjoyable job with preferable hours. The client graduated from the CCC Program and returned to the FRC excited about her new job at the Culinary Institute. The job is during the day and allows the client to be home with her teenage son at night.

- A single mother with one child went to the FRC after being unemployed and on public assistance for 24 months. She had no family or support system locally, and she was in need of help. She said she went to the FRC as her last resort. After an assessment, the client was enrolled in a 10-week program that would not only provide food but would also teach her how to shop cost-effectively and prepare healthy and nutritious meals and snacks for herself and her child. The case manager helped the client with clothing, transportation and referrals for jobs. Several months later the client was employed. The FRC continued to provide support in the form of holiday help and a 30-day bus pass to start her new job. Because the struggle to move out of poverty can be a lengthy process, the case manager continued to see her and supplement the family's need for food and personal hygiene. The client has already received a promotion at work and now stops by just to say hello.
- A client moved to Reno with her two teenage daughters to escape a domestic violence situation. The client and her oldest daughter were able to find employment and secured an apartment, but were going to have difficulty paying the first month's rent after all of the move-in fees. The FRC was able to pay their first month of rent, so they could get settled and focus on getting themselves established in their new environment and employment.

Major Planned Activities for FY16

- The FRCs will be encouraged to be the lead organizations in their communities for the statewide *Pinwheels for Prevention* campaign for Child Abuse Prevention Month in April 2016.
- The GMU will participate in program development and performance evaluation of the FRCs through site visits, program monitoring activities and the provision of technical assistance. As part of that effort, continued support will be given to the FRCs to access additional funding sources to expand their programs and services.
- The GMU will work with 21 designated Family Resource Centers to develop statewide standards, establish outcomes that effectively measure the impact that services have on quality of life, and create a training component for coordinators to enhance case management skills and community outreach efforts.

**State Fiscal Year 2015
Family Resource Centers**

Geographic Area	Agency	FY 15 Award Amounts*	YTD Unduplicated adults & children	YTD Case files opened (families served)	YTD Clients with a Family Goal Worksheet	A minimum of 85% of clients with a case file will have a Goal Worksheet.	YTD clients who have achieved a minimum of one goal on the Family Goal Worksheet	A minimum of 75% of clients pursuing the goals listed on their Goal Worksheet will achieve a minimum of one goal as stated on their goal sheet.
Las Vegas North Zip Codes: 89030, 89031, 89033, 89036, 89081, 89084, 89085, 89086, 89087, 89115, 89130, 89131, 89143, 89149, 89156, 89191	Olive Crest 4285 N Rancho Drive, Suite 160 Las Vegas, NV 89130	\$205,499	1,971	526	526	100%	410	94%
Las Vegas East and Central Zip Codes: 89032, 89101, 89102, 89104, 89106, 89107, 89108, 89109, 89110, 89119, 89120, 89121, 89142, 89169	East Valley Family Services 1830 E Sahara, Suite 103 Las Vegas, NV 89104	\$255,306	10,039	3,335	3,335	100%	3035	91%

**State Fiscal Year 2015
Family Resource Centers**

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Las Vegas West Zip Codes: 89004, 89018, 89103, 89113, 89117, 89118, 89124, 89128, 89129, 89134, 89135, 89138, 89139, 89141, 89144, 89145, 89146, 89147, 89148, 89166, 89178, 89179	Boys and Girls Clubs of So. NV 2850 Lindell Road Las Vegas, NV 89146	\$169,334	2,237	650	650	100%	648	100%
Las Vegas South Zip Codes: 89002, 89005, 89011, 89012, 89014, 89015, 89044, 89052, 89074, 89122, 89123, 89139, 89183	HopeLink 178 Westminster Way Henderson, NV 89015	\$134,226	3,007	972	923	95%	877	95%

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Family Resource Centers**

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North Rural Clark County (Mesquite/Bunkerville) Zip Codes: 89007, 89024, 89027	Salvation Army of Mesquite 355 West Mesquite Blvd. Mesquite, NV 89027	\$20,067	264	45	42	93%	41	98%
North Rural Clark County (Overton/Moapa/Logandale) Zip Codes: 89021, 89025, 89040	Cappalappa FRC 189 North Moapa Overton, NV 89040	\$14,552	388	101	101	100%	80	79%
South Rural Clark County (Laughlin) Zip Codes: 89019, 89026, 89028, 89029, 89039, 89046	Services provided by East Valley Family Services	\$20,351	349	155	155	100%	131	85%
Washoe County Zip Codes: 89339, 89405,	Washoe County School District, Family Resource Center Coalition (WCSD FRC)	\$164,404	5,210	1,373	1,372	100%	1,365	99%

**State Fiscal Year 2015
Family Resource Centers**

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89412, 89424, 89431, 89432, 89433, 89434, 89435, 89436, 89439, 89442, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89523, 89533, 89557, 89570, 89595, 89599 Incline Village & Crystal Bay Zip Codes: 89402, 89450, 89451, 89452	425 East 9th Street Reno, NV 89512 5 locations in Reno/Sparks -- the FRCs are located in Washoe County School District facilities Tahoe Family Solutions 948 Incline Way, #212 Incline Village, NV 89451	\$7,000	404	107	107	100%	107	100%

**State Fiscal Year 2015
Family Resource Centers**

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Douglas County Zip Codes: 89402, 89410, 89411, 89413, 89423, 89448, 89449, 89450, 89451, 89452	Family Support Council of Douglas County 1255 Waterloo Lane, Suite A Gardnerville, NV 89410	\$29,809	318	98	97	99%	80	82%
Carson City and Storey Counties Zip Codes: 89440, 89701, 89702, 89703, 89704, 89705, 89706, 89711, 89712, 89713, 89714, 89721,	Ron Wood FRC 2621 Northgate Lane, #62 Carson City, NV 89706	\$37,179	2,246	1,001	1,001	100%	1,001	100%
	Community Chest, Inc. 991 South "C" Street Virginia City, NV 89440	\$12,927	98	37	20	54%	20	100%
Churchill County Zip Codes: 89406, 89407, 89496	Churchill County School District, FRIENDS FRC 280 South Russell Street Fallon, NV 89406	\$24,615	678	217	207	95%	205	99%

**State Fiscal Year 2015
Family Resource Centers**

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Lyon County Zip Codes: 89403, 89408, 89428, 89429, 89430, 89444, 89447	Lyon County Human Services 1075 Pyramid Way Silver Springs, NV 89429	\$35,777	1,454	363	231	64%	229	99%
Humboldt County Zip Codes: 89404, 89414, 89421, 89425, 89426, 89438, 89445, 89446	Frontier Community Action Agency (FCAA) 640 Melarky Street, Suite 3 Winnemucca, NV 89445	\$23,126	1,252	376	336	89%	280	83%
Lander County Zip Codes: 89310, 89820	Battle Mountain FRC 101 Carson Road, Suite 4 Battle Mountain, NV 89820	\$14,163	462	160	160	100%	153	96%
Pershing County Zip Codes: 89418, 89419	Pershing County School District Family Resource Center 1295 Elmhurst Ave. Lovelock, NV 89419	\$14,382	69	14	14	100%	14	100%

**State Fiscal Year 2015
Family Resource Centers**

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Elko County Zip Codes: 89801, 89802, 89803, 89815, 89822, 89823, 89824, 89825, 89826, 89828, 89830, 89831, 89832, 89833, 89834, 89835, 89883	Elko Family Resource Center 331 Seventh Street Elko, NV 89801	\$31,745	1,408	803	796	99%	748	94%
White Pine and Eureka Counties Zip Codes: 89301, 89311, 89315, 89316, 89317, 89318, 89319, 89821	Little People's Head Start 435 South 13th Street Ely, NV 89301	\$21,628	448	94	94	100%	94	100%

**State Fiscal Year 2015
Family Resource Centers**

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Mineral, Esmeralda and Northern Nye Counties Zip Codes: 89010, 89013, 89022, 89045, 89047, 89049, 89314, 89409, 89415, 89420, 89422, 89427	Consolidated Agencies for Human Services (CAHS) 924 Fifth Street Hawthorne, NV 89415	\$14,174	385	9	8	89%	3	38%
Southern Nye County Zip Codes: 89003, 8920, 89023, 89041, 89048, 89060, 89061	Nevada Outreach Training Organization, No to Abuse 621 Bragg Road Pahrump, NV 89048	\$35,962	496	193	177	92%	174	98%

**State Fiscal Year 2015
Family Resource Centers**

Geographic Area	Agency	FY 15 Award Amounts*	YTD Unduplicated adults & children	YTD Case files opened (families served)	YTD Clients with a Family Goal Worksheet	A minimum of 85% of clients with a case file will have a Goal Worksheet.	YTD clients who have achieved a minimum of one goal on the Family Goal Worksheet	A minimum of 75% of clients pursuing the goals listed on their Goal Worksheet will achieve a minimum of one goal as stated on their goal sheet.
Lincoln County Zip Codes: 89001, 89008, 89017, 89042, 89043	Lincoln County Community Connection 30 Lincoln Street Caliente, NV 89008	\$13,774	137	63	63	100%	58	92%
	Totals	\$1,300,000	33,320	10,692	10,415	97%	9,753	94%

*FY15 Award Amounts do not necessarily reflect actual expenditures. Collectively, FRCs expended \$1,255,700 (97%) of the \$1,300,000 awarded in FY15.

FAMILY RESOURCE CENTER – DIFFERENTIAL RESPONSE

Differential Response (DR) is an early intervention and child abuse prevention program that is administered through a partnership among the Department of Health and Human Services (DHHS) Grants Management Unit (GMU), the three Nevada Child Protective Service Agencies (CPS) – *Clark County Family Services (CCDFS)*, *Washoe County Department of Social Services (WCDSS)* and the *Division of Child and Family Services (DCFS)* – and nine of the Family Resource Centers (FRCs). DR workers hired by the participating FRCs respond to screened-in Priority 3 child abuse/neglect cases that are assigned by the respective CPS agencies. Instead of using the conventional investigative approach, the DR worker conducts a family assessment and uses that information to link the family to services in the communities.

Background Information

The DR pilot project was initiated in the spring of 2006 when the DHHS Director met with FRC representatives to discuss program expansion that would address the rising rate of child abuse and neglect. Discussions over the summer led to the creation of a Statewide Steering Committee that included the three CPS agencies named above. A joint plan was developed to implement the DR pilot project to reduce lower risk caseloads through referral to FRCs, which would provide assessment and case management to families who were willing and able to benefit from community-based services. The pilot was successful and DR became a permanent and critical piece of Nevada's child welfare system.

Distribution of Funds and Accountability

In FY15, a total of \$1,402,026 was expended on activities that supported the DR program. This included \$1,352,026 from the Fund for a Healthy Nevada (FHN) and \$50,000 from Casey Family Programs. Of the total expended, \$1,387,955 was used to provide direct services through nine FRCs located throughout Nevada. The remaining \$14,071 paid for DR staff training.

Each DR grantee is responsible for hiring staff who work in partnership with CPS to provide assessment and services for screened-in Priority 3 reports that are referred by the CPS agencies. Maximum response time is three working days. Each grantee is required to

submit monthly reports indicating the number of cases referred from CPS, the number of families who have received a family assessment and the number who have a case plan.

Key Statewide Activities in FY15

- Nine FRCs were funded to hire staff to be the first responders to screened-in Priority 3 CPS reports assigned to the DR assessment tract. DR programs are serving the following communities: Las Vegas East, Las Vegas Central, Las Vegas North, Las Vegas West, Las Vegas South and Henderson, Reno, Elko, Carson City, Douglas County, Churchill County, Pahrump, Fernley, Silver Springs, Pershing County, Dayton, Yerington, and Hawthorne. In addition to the FRC DR programs, the Children's Cabinet is funded by Washoe County Department of Social Services to provide additional DR services in Washoe County.
- The 2013 Nevada Legislature adopted AB155, allowing some CPS screened-in reports involving children 5 years old and younger to be sent to a DR program for assessment services instead of automatically having a CPS investigation. Since then, the GMU DR grant managers have continued to work with the three child welfare agencies to ensure that all cases referred to the DR program are appropriate for assessment services and that there is no present or impending danger to children.
- In FY15, CPS agencies referred 1,421 families to DR. Of those referrals, 42 cases were returned to CPS for the following reasons: Unable to locate family, family moved, family refused DR services, child(ren) in home were reported to be unsafe, and/or there were new allegations of abuse or neglect.
- DR served 1,379 families in FY15. Since the DR program began in February 2007, DR has served a total of 8,412 families.
- Staff from the DR programs in northern Nevada participated in the five-week CPS New Worker Core Training conducted in Carson City and presented by Nevada Training Partnership. The training expenses were covered by funds provided to the DR program by Casey Family Programs.

- Southern Nevada DR staff participated in the Safety Intervention and Permanency System (SIPS) training along with staff from the Clark County Department of Family Services. The training was conducted by the staff of *Action 4 Child Protection*.
- The Statewide Steering Committee continues to meet quarterly. All the agencies involved have worked collaboratively to ensure the development of a system that can be expanded statewide if funding becomes available. There is a high level of commitment from all partners evidenced by the fact that additional staff assists the committee with information technology, training, assessment tools, policy documents and legal guidance.
- The GMU DR grant managers participated in the Statewide Quality Improvement Committee (SQIC) that meets monthly via teleconference calls and has representation from the three child welfare agencies on the Committee. The SQIC focused on recruiting and training staff to conduct in-depth CPS Case Reviews. The Southern Nevada GMU grant manager participated in CPS Case Reviews in November 2014. In FY16, several DR supervisors and staff will participate in specialized training and be available to review CPS cases.
- A GMU DR grant manager participated in the Statewide Intake Policy Subcommittee, which is tasked with rewriting the DHHS CPS Intake Policy. The existing Intake Policy did not include definitions of Differential Response or response times. The subcommittee continues to meet in FY16 and the new Intake Policy with references to Differential Response will be approved by the DMG (Decision Making Group) in FY16.
- Staff from the 10 DR programs participated in online training for UNITY 2.0, the statewide child welfare data system.

Program Anecdotes

- A case was referred to DR for medical neglect because of concern for an 8-year-old girl who had severe eczema on her feet and needed new hearing aids. The child was seen by a dermatologist who prescribed cream for her feet. She was also seen by an otorhinolaryngologist to get new hearing aids. The child had hearing aids, but they did not work properly because she received them as a baby and they were now too small for her ears. The child's eczema and hearing issues have greatly

improved. The school staff was excited when the child was able to receive the care she needed and, since these changes have occurred, the child is attending school more regularly.

- An Educational Neglect report was received because a child had missed 43 days of school. After the DR worker talked to the child about the importance of going to school, especially if he wanted to be in football when he goes to high school, he began attending school the next day and attended every day for the rest of the school year.
- One DR worker worked with a family with a child who did not like going to school because he said the teacher treated him poorly. The DR worker set up a meeting with the teacher, parents, nurse, and assistant principal. Since the meeting, the child reported he was happy with the way he was treated at school.
- A DR Worker received a report that a family had inadequate food. The report was for a grandmother raising her five grandsons. The five boys were in foster care in California and had all been drug exposed as infants. The grandmother was able to gain custody of her grandsons and settle in Las Vegas. However, the grandmother had little support in the city and was unaware of the resources that could benefit her family. The allegation of inadequate food was false, but the DR worker was able to refer the family to several different resources. One of the referrals was for the grandmother to connect to the Aging and Disability Resource Center where she could receive services and support for raising her grandchildren. The children were referred to counseling and in-home support for the whole family.
- A report was made for environmental neglect from a school because a child was reported to have poor hygiene and an unpleasant odor. The DR worker started an incentive program with the child to encourage her to take better care of herself. It was discovered through working with her that she was also struggling in class and would lock herself in the bathroom. The DR Worker was able to work with the school to get her moved to a self-contained classroom. Once the classroom move occurred, her hygiene improved, her self-esteem increased and she was participating more in class.

Major Planned Activities for FY16

- The DR Steering Committee will update policies and will also be looking at the possibility of recoding cases from investigation to DR. This would allow some cases that are in the investigative track to be redirected to the assessment track if it is determined by the CPS agencies that the family would benefit from the DR program.
- The GMU staff will continue to work collaboratively with the Statewide Quality Improvement Committee. DR staff will participate in the Child Family Service Reviews statewide in collaboration with WCDSS, CCSS, and DCFS.
- Several DR staff will attend the 10th annual *Conference of Differential Response in Child Welfare* in Minneapolis, MN in October 2015.

**Nevada Differential Response (DR) Program
Report through June 30, 2015**

	SFY 07 2/28/07 – 6/30/07	SFY 08 7/1/07– 6/30/08	SFY 09 7/1/08 – 6/30/09	SFY 10 7/1/09 – 6/30/10	SFY 11 & 12 & 13 & 14 & 15 Current Status 7/1/10 – 6/30/15					
Number of DR programs	2 (Las Vegas)	7 (4 Las Vegas, 2 Washoe, 1 Elko)	12 (5 Las Vegas, 2 Washoe, 5 Rural)		12 (5 Las Vegas, 2 Washoe, 5 Rural)					
Number of DR Staff	4	16	23		23					
Total number of Families Served by DR February 28, 2007 through June 30, 2015										
	SFY 07 2/28/07- 6/30/07	SFY 08 7/1/07- 6/30/08	SFY 09 7/1/08 – 6/30/09	SFY 10 7/1/09 – 6/30/10	SFY 11 7/1/10 – 6/30/11	SFY 12 7/1/11 – 6/30/12	SFY 13 7/1/12- 6/30/13	SFY 14 7/1/13- 6/30/14	SFY15 7/1/14- 6/30/15	Total 2/28/07- 3/31/15
Cumulative Number of Families Referred to DR from CPS	90	362	912	1,053	1,137	1,234	1,319	1,367	1,421	8,895
Number of Cases returned to CPS	16	66	147	76	44	47	13	32	42	483
Number of cases closed	33	247	665	906	1,135	1,182	1,324	1,333	1,403	8,228

Cases have been returned to CPS for the following reasons: Unable to locate family or family moved; family refused DR services or did not respond to DR communication; child in home under the age of 5(2/28/07-6/30/13); after 7/1/13 concern for safety of children under 5; new allegation of abuse or neglect; family not in service area

Current Status by Program – SFY15 July 1, 2014 through June 30, 2015

Program	DR Case Managers FTE Positions	Number of cases carried forward from FY14 to FY15	Number of cases referred to DR from CPS	Number of cases returned to CPS	Number of cases closed	Number of open DR cases carried over to SFY16
Las Vegas – South HopeLink FRC	2	7	116	4	100	19
Las Vegas – East East Valley Family Services FRC	2.5	9	145	0	142	12
Las Vegas – Central East Valley Family Services FRC	2	24	154	1	163	14
Las Vegas – North Olive Crest FRC	2	32	128	1	128	31
Las Vegas – West Boys & Girls Club of So. NV FRC	2	26	199	0	210	15
Total Clark	10.5	98	742	6	743	91
Washoe FRC	2	27	87	7	96	11
Washoe Children’s Cabinet*	3	34	156	0	160	30
Total Washoe	5	61	243	7	259	41
Elko Elko FRC	2	5	87	9	80	3
Lyon, Pershing, Mineral Lyon Co. Human Services FRC	2.5	21	105	7	97	22
Churchill FRIENDS FRC	1	5	70	2	69	4
Carson City/Douglas Ron Wood FRC	1.5	11	143	10	127	17
Pahrump/S. Nye East Valley Family Services FRC	.5	9	31	1	31	8
Total Rural	7.5	51	436	29	400	54
Total State	23	210	1,421	42	1402	186

*Children’s Cabinet is funded by WCDSS to provide DR services. While they are not being funded by FRC state funding, they are participating in the training and other DR activities and their data is incorporated into the evaluation information.

SOCIAL SERVICES BLOCK GRANT (TITLE XX)

Background Information

Title XX was added to the Social Security Act in 1974 and was amended to establish the Social Services Block Grant (SSBG) program in 1981. Under the block grant statute, states receive annual allocations for services directed toward one or more of the following five national goals:

- I. Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
- II. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- III. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, rehabilitating or reuniting families;
- IV. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care; and
- V. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Distribution of Funds and Accountability

In FY15, \$12,793,534 in Title XX funds were distributed to state programs under the Department of Health and Human Services (DHHS). The funds supported a variety of essential services administered by the Aging and Disability Services Division, the Division of Child and Family Services, and the Division of Public and Behavioral Health (formerly separate divisions known as the Health Division and the Division of Mental Health and Developmental Disabilities).

Also in FY15, \$1,058,993 in Title XX funds were distributed to nine non-state entities to support programs that focused on parent training, crisis intervention for at-risk families, food security, and supportive services for persons with disabilities. These grants represented the second year of a two-year grant cycle that began July 1, 2013, after a competitive application process.

Grants are administered by the Grants Management Unit (GMU) in the DHHS Director's Office. Projects are monitored through quarterly progress reports and through fiscal reports when funds are drawn. On-site program monitoring is conducted and technical assistance is provided to both state and non-state agencies that receive Title XX funds.

Leveraging

Title XX benefits Nevadans because of the flexible nature of its intended purpose and liberal rules of use. This fund is often pooled with other resources, ensuring that Nevada is meeting the immediate needs of its residents. The FY14 Post-Expenditure Report submitted to the federal Office of Community Services by the DHHS GMU in December 2014 documented that the \$14,201,244 Nevada expended in Title XX dollars that year was an important part of a \$145 million effort to support at-risk Nevada families, children and individuals.

Grantee Performance

As shown in the detailed progress records included in this report, most non-state grantees substantially met or exceeded their goals in FY15. However, complete service results are still being collected for both non-state and state agencies that received Title XX funds in FY15.

The most recent and complete data for Title XX services in Nevada covers the previous fiscal year – July 1, 2013 through June 30, 2014. The federal Post-Expenditure Report (referenced in the preceding section) documented services to 69,435 Nevadans. Data by service categories for FY13 was as follows.

- Adoption services to 388 children
- Case Management services to 525 children
- Counseling services to 934 children and 221 adults
- Employment and Job Training to 898 adults
- Foster Care services to 6,237 children

- Health Related services to 6,465 children and 8,261 adults
- Home Based services to 29 children and 936 adults
- Independent/Transitional Living Services to 10 children and 415 adults
- Prevention and Intervention services to 12,096 children and 808 adults
- Protective services to 5,255 adults
- Residential Treatment services to 144 children
- Substance Abuse services to 160 adults
- Transportation services to 93 children and 95 adults
- Other Services to 5,900 children and 19,565 adults

Program Anecdotes

- One program funded through Title XX received a referral through their counseling department for a 13-year-old boy and his mother. They were seeking help and support with some challenges they were facing at home. The boy was struggling with anger and behavior issues at home and school. His parents had recently divorced, and he was acting out. The mother felt lost and needed some guidance on how to effectively communicate with her son and decrease his behavior issues. Through case management, the program was able to provide anger management classes, family wellness classes, family counseling, and parenting classes. After completing all of the programs successfully, the mother reported the boy's behavior had improved.
- A youth came into a shelter seeking help because she was having issues with her mother. This youth reported that they fought all the time, and she felt like she couldn't tell her mother anything. She felt unimportant and didn't want to go home. When a case manager talked to the youth and her mother, the mother stated she didn't know her daughter felt the way she did. The case manager offered the family counseling services, which they accepted. The daughter returned home, and the case manager continues to work with the family in reaching their goals and ensuring that their needs are being met. The youth has not had to utilize shelter services since.

- A family informally took custody of a deceased cousin's six teenage children, one of whom has an infant daughter and is pregnant with another. The woman who took responsibility has twin daughters of her own who are getting ready to go to college. The program supported by Title XX funds was able to set the woman up with the Foster Kinship program to help her through the process of gaining legal custody of the children. In addition, the program was able to help the pregnant teenager find prenatal care. And, finally, a referral was sent to a community partner to help the family obtain in-home counseling to adjust to this sudden change and also to help the children through the grieving process since losing their mother.

Major Planned Activities for FY16

- Monitoring visits are planned for at least one-third of the state and non-state agencies funded in FY16 through Title XX. Informal site visits will be conducted and technical assistance will be provided as needed.
- GMU staff will also participate in monthly conference calls convened by the federal Office of Community Services and will assist in collecting success stories to support continued funding of the Title XX program.

FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Social Services Block Grant -- Title XX

28 September 2015

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
<u>TXX - Social Services Block Grant</u>			
Accessible Space, Inc. The Nevada Supportive Housing Services (NSHS) Project will assist very low-income adults with disabilities at risk of institutionalization or homelessness in locating available housing; completing applications; and moving into and/or remaining in their accessible, affordable housing with community-based, supportive care services. \$109,013/\$109,013	Through the provision of supportive services, application assistance move-in assistance, ongoing services and case management support to 368 very low income persons with disabilities, there will be an occupancy rate of 90% (331); of those 331, 65% (215) will have maintained housing for a period of at least 18 months as evidenced through rent rolls. 368/368/100% 65/75	Through the distribution and analysis of a client satisfaction survey to NSHS' residents/clients 90 days after move-in, 70% of the residents will respond and 70% of the respondents will indicate a positive experience. 70/70	Through the provision of more affordable, accessible housing to very low-income adults with physical disabilities, applicants will experience an 18% decrease in wait time for housing from 406 days to 355 days as evidenced by property management records. 18/18
Boys Town Nevada, Inc. Boys Town's In-Home Family Services (Family Preservation) program works with families in crisis: teaching parent skills to ward off destructive behaviors while creating a safe home life for their children. The result: families stay together through cost-effective, high-value care that aids state governments and society as a whole \$149,232/\$148,759	Of the 32 families/80 children served each year, 90% of the children served will remain in their homes as measured by the 12 month follow up questionnaire. (Goal 72 children) 80/122/153% 90/100	Of the 32 families served each year, 85% will be connected with outside support services as measured by the Family Consultant and/or supervisor and the 12 month follow up questionnaire (Goal 27 families) 32/44/138% 85/134	Of the 80 children served each year, 90% of the school aged children will either be attending school or have graduated as measured by the 12 month follow up questionnaire (Goal 72 children) 80/122/153% 90/98

*(1)/ and 0/ and 0/0 indicate that a specific goal was not established in this field of the database. Disregard this notation.

FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Social Services Block Grant -- Title XX

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
Catholic Charities of Northern Nevada To meet the needs of the less fortunate through food distribution and other social services resources, we are proposing that our agency expand upon our already established one-stop-shop approach to decreasing poverty. [Activity is also listed in Section 6 of this report since funding is split between Title XX (\$286,567) and the Fund for a Healthy Nevada (\$33,433).] \$320,000/\$318,869	Through the provision of food assistance to 20,700 unduplicated people, 6,210 (60%) of the 10,350 surveyed will report that they did not need to skip meals after receiving services for at least one month. (Note: Grantee surveyed 5,484 people and 3,270 responded positively.) 20,700/24,327/118% 60/60	Through the provision of food assistance referrals to 20,700 people, 13,455 (65%) will be successfully linked to one or more federal food assistance programs and be approved for service. (Note: Grantee referred 24,327 unduplicated people to supportive services and verified that 24,327 were successfully linked and approved.) 20,700/24,327/118% 65/100	Through the provision of 2,449,917 meals in FY 2015, the project will increase the number of meals provided to low-income families by 181,475 (8%) as compared to the 2,268,442 meals provided in FY 2014. (Note: Grantee provided 1,079,923 more meals in FY15 than in FY14, a 48% increase.) 2,449,917/3,348,365/137%
Child Assault Prevention Project of Washoe County CAP provides an interactive, skills-based workshop that uses songs, demonstrations, dialogue and role playing to empower children to recognize and ward off abusive situations they may encounter with bullies, strangers, internet predators and known and trusted people. CAP encourages children to talk to adults who will advocate for them. \$81,561/\$81,561	Through the provision of 300 Elementary Abuse Prevention Workshops to 7,000 unduplicated children attending second, fourth and sixth grades in Washoe County, Storey County, Lyon County and Carson City, 75% will demonstrate an increase in knowledge and skill of self-protection as determined by post tests administered to children 90 days after the CAP workshop presentation. (Note: 2,435 students completed post test and 2,157 or 89% demonstrated increase in knowledge and skill.) 300/12,992/4,331% 75/89	Through the provision of 300 Elementary Abuse Prevention Workshops to 7,000 unduplicated children in second, fourth and sixth grades in Washoe County, Storey County, Lyon County and Carson City, 45% will acknowledge affirmative action against an abusive situation as determined by post testing children 90 days after the CAP workshop presentation. (Note: 2,435 students completed post test and 1,372 or 56% reported affirmative action.) 300/12,992/4,331% 45/56	

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FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Social Services Block Grant -- Title XX

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
The Children's Cabinet, Inc. The Children's Cabinet provides immediate assistance for Washoe County youth ages 12 to 18 who are in crisis. Safe Place has a 1-800 number and identifies youth-friendly businesses, city buses, churches, law enforcement agencies and youth recreation facilities as Safe Places where youth can access help when in crisis. \$110,321/\$110,321	Through the provision of Project Safe Place services to 85 youth, and their families, 80% (68) will be linked to long-term supports to ensure stability after the 6-month intervention as measured by client evaluation. 85/99/116% 80/100	Through the provision of Project Safe Place services, at least 80% (68) of families receiving services will demonstrate improvement in three protective factors. This outcome will be measured using pre- post- Protective Factors Survey. (Note: 67 families completed pre/post PFS and 58 demonstrated improvement.) 80/87	
Hopelink This project targets families who have not yet had reports of child abuse or neglect, as well as those with active CPS reports. Intensive family assessment and case management assists families to achieve self-sufficiency, family stability, and positive functioning, thus reducing child abuse and neglect. \$98,974/\$98,912	HopeLink will accept referrals of 150 families in Crisis from CCSD & CCDFS; 75% of families referred will agree to participate in the Family Support Intervention Program (FSIP). 150/115/77% 75/78	Of those families engaged with services, a minimum of 75% will achieve a minimum of two goals on their individualized case plan. 75/86	All families will receive a survey upon initiation and closure of their case; 85% will indicate that the program was successful in reducing family stress and improving family functioning. 85/71
Nevada Rural Counties RSVP Program Inc Provides escorted door to door safe transportation for low income elderly and disabled persons. [Due to split funding, activity is also listed in Section 6. Title XX (\$31,957) and the Fund For A Healthy Nevada (\$34,897).] \$66,854/\$66,854	Through the provision of the RSVP escorted transportation services to 600 unduplicated clients, 75% (450) of the clients will indicate in an annual follow-up survey that they were able to remain independent and at home. 600/782/130% 75/100	Through the completion of annual surveys by 50% (300) of the 600 unduplicated clients served, 85% (255) will indicate that they are satisfied or very satisfied with the transportation services provided by RSVP volunteers. 85/100	

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FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Social Services Block Grant -- Title XX

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
Olive Crest Foster Family Agency Strong Families is a strength based program that targets families in crisis and helps them overcome current stressors while also working to build their protective capacity, enhance overall family functioning, and meet basic needs to decrease the incidence of abuse/neglect. Strong Families strengthens families and moves them toward self-sufficiency. \$266,008/\$241,715	160 families will receive crisis intervention services through the Strong Families Program and at the close of services, 85% of the families will indicate positive outcomes as evidenced by achievement of care plan goals, results of the Olive Crest Pre/Post Assessment or the Protective Factors Survey. 160/145/91% 85/95	Through the administration of surveys at 3 months, 6 months, and a year following successful discharge from the Strong Families Program, a minimum of 80% of the families will report no involvement with Child Protective Services and/or there will be no further Child Protective Services referrals/involvement reported on the family. 80/39	Through the administration of a Client Satisfaction survey following discharge from the Strong Families program, 90% of the families will respond affirmatively to the statement, "I will recommend this program to my friends and family". 90/99
Tahoe SAFE Alliance Tahoe SAFE Alliance provides therapeutic and non-therapeutic treatment to children who are victims of abuse and/or who have witnessed some form of family violence. Our program works with and assists the non-offending parent and family members, when appropriate. \$37,578/\$36,826	Through the provision of individual therapy for 8 children, 7 (88%) will show improved self-management of emotional symptoms as measured by the Traumatic Events Screening Inventory (young children 0-6); Trauma Symptom Checklist (8-16); Trauma Symptom Checklist for young children (3-12). 8/18/225% 88/100	Through the provision of education, therapy groups, advocacy, and case management for 50 children, 42 (85%) will show improved well-being as measured by the emotional symptoms, as outlined in individual treatment plans. 50/48/96% 85/100	

Grand Totals (9 items)

**(1)/ and 0/ and 0/0 indicate that a specific goal was not established in this field of the database. Disregard this notation.*

PROBLEM GAMBLING SERVICES OVERVIEW

Background Information

The Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling was created by Senate Bill 357 of the 2005 Legislative Session and codified in NRS 458A. The account is funded through slot machine fees that would otherwise go to the State General Fund. The statute was amended in the 2007 Legislative Session to remove the sunset clause initially attached to this funding. The Grants Management Unit (GMU) in the Director's Office of the Department of Health and Human Services (DHHS) administers the funds, and the Advisory Committee on Problem Gambling (ACPG) provides review and recommendations related to solicitation of applications and awarding of grants.

Distribution of Funds and Accountability

- Treatment – five grants, \$956,522 expended
- Research and Evaluation – one grant, \$93,579 expended
- Technical Assistance – one contract, \$40,973 expended
- Workforce Development – six grants, \$73,725 expended
- Prevention – two grants, \$228,902 expended

The expenditures above total \$1,393,701 (95% of the \$1,463,420 awarded).

All grantees and contractors must submit regular progress and financial reports to the GMU. Summary reports are provided to the ACPG at their meetings.

Implementation of Treatment Strategic Plan

FY15 marked year four of the "Five-Year Strategic Plan for Problem Gambling Treatment Services within the State of Nevada," which was first approved by the ACPG on April 29, 2011, and revised November 15, 2012 and June 23, 2014. The document includes: (1) Strategic planning for procurement, information management, treatment and workforce development, and (2) Treatment admission criteria, provider standards, reporting requirements, procedure codes and reimbursement rates.

As required in the strategic plan, GMU staff analyzed utilization of funds by treatment grantees mid-year and developed a reallocation plan that was executed in March 2015. The intent of this process is to ensure that money is moved from treatment grantees that are under-utilizing funds to grantees that are demonstrating a need for additional funds. This was a valuable tool in years when reduced funding was in place. However, in FY15 a sufficient amount of unobligated money was available mid-year to increase grants where necessary without decreasing the amount of funds available to other grantees. About 96% of the funds awarded to treatment providers were expended by year end (\$998,500 awarded, \$956,522 drawn).

Grantee Performance

- It was expected that, across all programs, 540 new clients would be admitted in FY15. Collectively, grantees enrolled 629 clients (about 116% of the program goal).
- All five grantees exceeded the performance standard set forth in the Treatment Strategic Plan for the number of clients who would complete treatment during the project period. The performance standard reads as follows.

“Successful Completion: The percent of all individuals receiving services funded through this Agreement who successfully complete treatment must not be less than 35%. A successful problem gambling treatment completion is defined as the individual’s: (a) achievement of at least 75% of short-term treatment goals, (b) completion of a continued wellness plan (i.e., relapse prevention plan), and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from services.”

Based on 629 admissions in FY15, a minimum of 220 clients should have successfully completed treatment. The actual number successfully completing treatment was 308 (49%).

Program Anecdotes

- A client came in with a severe gambling disorder complicated by a severe stimulant use disorder (amphetamine type). This client was originally a self-referral and had attended treatment one month prior to being mandated by the court system. At the time of this report, the client had not gambled since early April. This is new behavior in that there were 14 months of prior daily gambling and drug use. Since working a recovery program, the client has reunited with family and children, and is

committed to mending those fences. Within a short four-month span, the client excelled at work and is now saving money, has found spirituality, and is now able to identify triggers and set boundaries in relationships.

- A client attended residential gambling treatment in September and then transferred to outpatient services. The client then relapsed, gambling \$19,000 in two weeks. The client lost a house, car, family, and hope. In October, the client unsuccessfully attempted suicide by hanging. The client then attended an outpatient gambling group asking for help and wanting to readmit into residential treatment. The client stated treatment gave him hope.
- A client attending treatment since May had been arrested on suspicion of theft of \$25,000. Originally, the client had six felony charges. Due attendance at treatment sessions and continued motivation to make life changes, the charges have been reduced down to one count. The client is now eligible for probation, instead of mandatory time in prison.

Major Planned Activities for FY15

- Monitoring visits are planned for at least one-third of the grantees funded in FY15. Informal site visits will be conducted and technical assistance will be provided as needed. In addition, a random sample of client records will be audited to determine whether the payments issued to treatment providers match those records.
- Improvements set forth in the Treatment Strategic Plan will be rolled out, and the Prevention Strategic Plan will be reviewed and updated.

FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Revolving Account for the Prevention and Treatment of Problem Gambling

28 September 2015

Organization Name Project Description Grant Amount Total Payment Amount	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD % O3Q4
<u>Problem Gambling Fund</u>			
Board of Regents Nevada System of Higher Education University of Nevada, Las Vegas, International Gaming Institute This grant supports ongoing data collection and research projects at several stages throughout the client's experience in state-funded problem gambling clinics in the State of Nevada. \$100,000/\$93,579	As defined in the approved Scope of Work IGI will collect encounter data from state-funded treatment grantees and generate monthly reports for purposes of cost reimbursement. There are 5 treatment centers resulting in 5 reports per month (total of 60 per year). As part of that process, IGI will resolve any reporting discrepancies with the grantees and send revisions/corrections to DHHS as necessary. 60/60/100%	As defined in the approved Scope of Work IGI will collect data on all clients served with state funds at problem gambling clinics and will submit draft quarterly reports and semiannual reports to DHHS and the ACPG 14 to 21 days prior to every Problem Gambling Advisory Committee meeting. IGI will also submit a draft annual report to DHHS and the ACPG due 90 days after the completion of FY15.(total of 6 reports) 6/6/100%	As defined in the approved Scope of Work IGI will complete follow-up interviews with clients of state-funded problem gambling treatment programs who consent to be contacted regarding their experiences in treatment. IGI will attempt to contact clients at 30 days, 90 days, and one year following intake into a problem gambling treatment program.IGI will submit a draft report summarizing all follow-up research to DHHS and the ACPG 30 days after the completion of FY15. 1/1/100%
Board of Regents, Nevada System of Higher Education Problem Gambling Prevention -- The Center for the Application of Substance Abuse Technologies CASAT. This program is comprehensive, evidence-based and implemented through an existing campus substance abuse program at the University of Nevada, Reno (UNR). \$70,256/\$67,989	Thirty (30) students will attend problem gambling educational support interventions sponsored by NRAP (Nevada's Recovery and Prevention Community) 30/220/733%	Seventy-six (76) faculty and staff members will attend trainings/webinars on problem gambling identification, support, and treatment for students. The UNR Counseling and Testing Center will receive 25 inquiries from faculty, staff and others for help regarding students who may need treatment, recovery, or prevention services. (Note: Grantee projected 25 inquiries and received 4 -- 16% of goal.) 76/52/68%	Ten percent or 1,468 UNR undergraduate students will 'Like' the NRAP (Nevada's Recovery and Prevention Community) Facebook page that hosts the problem gambling social media campaign, indicating that they have interacted with the page. 1,468/1,273/87%

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FY15 Annual Report

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Bristlecone Family Resources Bristlecone's Gambling Addiction Treatment and Education (GATE) Program provides clients with recovery-oriented and evidence-based interim, residential, intensive outpatient, and outpatient treatment services. \$137,937/\$110,027	75 clients will be admitted in FY15. Of these clients, at least 40% (30) will actively engage in problem gambling treatment for at least 10 clinical contact sessions (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 75/48/64% 40/81	Of the 75 clients admitted in FY15, at least 35% (26) will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 75/48/64% 35/56	10 family members will be enrolled in problem gambling services SFY 2015. (Note: Grantee reports that most clients are estranged or otherwise separated from their families.) 10/0/0%
Nevada Council on Problem Gambling The NCPG Prevention Initiative will support distribution of problem gambling prevention materials, community outreach activities and awareness presentations, prevention messaging through electronic and social media, and development of an advocacy project that engages the recovery community to expand outreach and peer support services. \$175,232/\$160,912	NCPG will distribute 2500 printed brochures, guides, booklets, and posters through participation in 15 community health and wellness events and outreach activities throughout Nevada. 2,500/10,141/406% 15/25	NCPG will develop and promote a mini-grant awards program in 10 Nevada counties and will award at least 4 grants in FY15. Collaborative partners that receive mini-grants will be required to provide NCPG with outcome reports that will be shared with DHHS. (Note: Grantee projected 4 mini-grants and awarded 3 -- 75% of goal.) 10/10/100%	NCPG will review successful models for problem gambling peer support programs, and utilize the information to develop a multi-year project plan to guide the development of PRESS ON! Council staff will make volunteers aware of available service or training opportunities and document at least 50 hours of engagement by volunteers during FY15. 50/62/124%

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Nevada Department of Health and Human Services - Grants Management Unit

Revolving Account for the Prevention and Treatment of Problem Gambling

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Nevada Council on Problem Gambling The NCPG Workforce Development Initiative will offer training, education, and networking opportunities to develop provider competencies and foster a supportive and collegial workforce. Primary program activities will include an annual statewide problem gambling conference, E-Learning series, and provider workshops hosted in conjunction with the State Conference or other collaborative events. \$46,386/\$46,386	NCPG will deliver a professional education conference for 85 attendees over 2 consecutive days, providing a minimum of 12 CEUs. 85% of participants completing a post-conference evaluation survey will rate the conference satisfactory or better. 85/175/206% 85/98	NCPG will maintain a schedule of problem gambling training opportunities and send training announcements to 20 Nevada providers at least quarterly. 20/79/395%	
New Frontier Treatment Center New Frontier Treatment Center provides evidenced-based residential and outpatient treatment for problem/pathological gambling in the areas of Fallon, Lovelock, Winnemucca, Battle Mountain, Elko, Wendover, Ely, Pioche, Caliente, Hawthorne and Tonopah. \$115,986/\$108,923	30 clients will be admitted in FY15. Of these clients, at least 40% (12) will actively engage in problem gambling treatment for at least 10 clinical contact sessions (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 30/52/173% 40/77	Of the 30 clients admitted in FY15, at least 35% (11) will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 30/52/173% 35/62	5 Family Members will be enrolled in problem gambling services 5/3/60%

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FY15 Annual Report

Nevada Department of Health and Human Services - Grants Management Unit

Revolving Account for the Prevention and Treatment of Problem Gambling

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Pathways Counseling Center Pathways provides quality treatment services to problem gamblers and their families through evaluation and referral to the appropriate level of care and referral. The treatment program includes intensive outpatient groups and one-on-one counseling. \$123,361/\$118,653	88 clients will be admitted in FY15. Of these clients, at least 40% (35) will actively engage in problem gambling treatment for at least 10 clinical contact sessions (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 88/68/77% 40/68	Of the 88 clients admitted in FY15, at least 35% (31) will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 88/68/77% 35/69	10 family members will be enrolled in problem gambling services FY 2015 10/6/60%
The Problem Gambling Center The Problem Gambling Center provides an outpatient program demonstrated to effectively treat individuals with gambling problems. \$398,398/\$391,392	257 clients will be admitted in FY15. Of these clients, at least 40% (103) will actively engage in problem gambling treatment for at least 10 clinical contact sessions (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 257/229/89% 40/70	Of the 257 clients admitted in FY15, at least 35% (90) will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 257/229/89% 35/48	50 Family members will be enrolled in problem gambling services SFY 2015, 50/41/82%
Reno Problem Gambling Center The Reno Problem Gambling Center (RPGC) provides expert and compassionate treatment services to problem gamblers and their families in Washoe County, Carson City and nearby rural areas, regardless of their ability to pay. \$254,865/\$254,865	90 clients will be admitted in SFY15. Of these clients, at least 40% (36) will actively engage in problem gambling treatment for at least 10 clinical contact sessions (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 90/127/141% 40/55	Of the 90 clients admitted in SFY15, at least 35% (32) will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 90/127/141% 36/43	20 family members will be enrolled in problem gambling services SFY2015. 20/20/100%

Grand Totals (9 items)

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