

Grants Management Advisory Committee
Fund for a Healthy Nevada
Priority Recommendations for State Fiscal Years 2016 and 2017

Background

Nevada Revised Statute (NRS) 439.630(6) requires three advisory bodies to solicit public input regarding community needs in even-numbered years and use the information to recommend funding priorities for the Fund for a Healthy Nevada (FHN). The three advisory bodies are:

- The Grants Management Advisory Committee (GMAC), staffed by the Department of Health and Human Services (DHHS) Grants Management Unit (GMU);
- The Commission on Aging (CoA), staffed by the Division of Aging and Disability Services (ADSD); and
- The Commission on Services for Persons with Disabilities (CSPD), staffed by ADSD.

All three advisory bodies must submit recommendations to the DHHS Director by June 30, 2014 for consideration in the budgeting process for State Fiscal Years (SFY) 2016 and 2017. In addition to the recommendations tendered by the three bodies, the Director must:

- 1) Ensure that money expended from the FHN is not used to supplant existing methods of funding available to public agencies; and
- 2) Consider how the funds may be used to maximize federal and other resources [NRS 439.630(1)(j) and (k)].

As the title indicates, this report contains recommendations submitted to the Director by the GMAC. Recommendations from the CoA and the CSPD will be submitted separately by ADSD.

GMAC Recommendations

During a GMAC meeting on June 20, 2014, a quorum of nine members voted unanimously to accept the four major service categories identified as priorities in the 2014 Statewide Community Needs Assessment report compiled by the DHHS GMU.

- Health / Mental Health
- Family Support
- Food Security
- Support for Persons with Disabilities and their Caregivers

Although the 2014 Statewide Community Needs Assessment ranked the categories in the order listed above, the GMAC specifically voted to accept the categories in no particular order.

GMAC Discussion

GMAC members discussed results of the 2014 Statewide Community Needs Assessment in three separate meetings.

- A GMAC subcommittee met on June 2nd to examine the Needs Assessment results, listen to public comment, and adopt a recommendation for consideration by the full committee.
- The full GMAC met on June 12th to hear the subcommittee report and listen to public comment.
- The full GMAC met via teleconference on June 20th for final discussion and adoption of a recommendation to be submitted to the DHHS Director. (Two public comment periods were included on the agenda, but no public comment was offered.)

During each of these meetings, GMAC members explored whether to recommend placing emphasis on program areas that have no other source of funding. This line of discussion focused primarily on whether FHN funding should support health services that might be reimbursable under Medicare, Medicaid and private health insurance. Ultimately, this idea was not included in motions entertained by the subcommittee or the full committee.

Discussion also served to clarify that services listed within the major categories should be considered for funding but, again, this point was not specifically included in any motion. *(See Pages 8-11 of the Needs Assessment report for information about services listed within the four major categories.)*

The motion that was made and carried at the full GMAC meeting on June 20th mirrors the preliminary recommendation made by the GMAC subcommittee. *(See attached subcommittee report.)*

GMU Staff Comments and Recommendations

The DHHS GMU supports the broad recommendation made by the GMAC. Staff would like to add the following.

- The GMAC discussion about directing funds to programs with no other major source of support was reasonable and worth consideration. As discussed, there are many health programs that may be reimbursable under Medicaid, Medicare and private health insurance.

- Family Resource Centers and Differential Response are solely funded by FHN funds and Nevada 2-1-1 relies on FHN money for stability. Likewise, the success of Nevada's anti-hunger initiative depends on FHN support.
- As noted on Page 14 of the 2014 Statewide Community Needs Assessment report, survey respondents and public forum participants sent a clear message that (1) continued work is needed to improve current information and referral (I&R) programs and (2) substantially more outreach and awareness activities should be conducted so consumers know who to call for information. GMU staff recommends responding to this input by (1) increasing FHN allocations to Family Resource Centers and Nevada 2-1-1 to better support the I&R service these programs provide and (2) adding an allocation for a public awareness campaign.
- New ideas for services, chronic issues with transportation and the continuing need for integration of services (*see Pages 13-14 of the Needs Assessment report*) should be pursued to the extent possible. Examples include the following.
 - Requests for Applications (RFAs) conducted by the GMU and other State agencies could require or, at minimum, offer an incentive for proposals that incorporate new ideas, involve integration of services and/or address access issues such as transportation.
 - Public and private entities could be encouraged to forge creative partnerships that maximize resources. For instance, emergency food might be delivered to a physician's office for pick-up by a Medicaid patient who is transported to that office via non-emergency medical transportation.
 - Transportation barriers associated with the children's Summer Meal Program might be addressed by offering families the option of receiving Electronic Benefits Transfer (EBT) cards to purchase food at grocery stores and farmer's markets.

Grants Management Advisory Committee
Subcommittee on 2014 Statewide Community Needs Assessment
June 2, 2014

The Grants Management Advisory Committee (GMAC) Subcommittee on the 2014 Statewide Community Needs Assessment unanimously passed a motion to recommend that the full GMAC **embrace the four major service categories on Page 5 of the needs assessment report for the next biennium** (State Fiscal Years 2016 and 2017).

- Health / Mental Health
- Family Support
- Food Security
- Support for Persons with Disabilities

In deliberation leading to this recommendation, discussion focused primarily on the following issues.

- The Affordable Care Act (ACA) and Medicaid expansion may have an effect on the health and mental health needs identified in the assessment. The subcommittee considered whether more weight should be placed on services that support families and food security, neither of which is reimbursable through health insurance or Medicaid. Ultimately, however, it was agreed that it is (1) too early to determine the full impact of the ACA and Medicaid expansion and that (2) the mental health issues documented in the needs assessment will not be quickly resolved.
- Many of the new ideas listed on Page 14 of the needs assessment report were deemed promising. However, recommending these as priorities might dilute the funding available for existing programs and services. As an alternative, some of these new ideas might be considered for inclusion in the next solicitation for grant applications.
- Likewise, the subcommittee decided against recommending secondary priorities as the GMAC did in 2012. Some needs that rank below the four major service categories might be incorporated in the next application process. For instance, applicants might be asked to address client transportation barriers in their proposals.
- A request was made for census data including population by county, ethnicity and age. The purpose was to determine whether this information would have any bearing on the final GMAC recommendations.

Public comment supported food security, tobacco use prevention, transportation, respite, mental health, support for persons with disabilities, collaboration, telemedicine and other electronic methods of reaching clients/consumers. Washoe County's master plan (which includes transportation, information access, upgrading Nevada 2-1-1 and the Aging and Disability Resource Centers) was cited as a valuable reference tool. Geographic differences in ranking of the four major categories led to a suggestion to look at the results of the needs assessment county by county.

Members of the GMAC Subcommittee on the 2014 Statewide Community Needs Assessment in attendance at the meeting were Dan Musgrove (elected chair), Marcia O'Malley (elected vice-chair), Al Conklin and Deborah Campbell. Pauline Salla was unable to attend.

This report was prepared for the subcommittee by Laurie Olson, Chief of the Department of Health and Human Services (DHHS) Grants Management Unit (GMU). It does not comprise the official minutes of the meeting.