

*Nevada Department of Health and Human Services
Director's Office, Grants Management Unit*

Helping People -- It's who we are and what we do.



SFY23 Annual Report

DRAFT

*Contingency Account for Victims of Human Trafficking, Community Services Block Grant,
Fund for a Healthy Nevada, The Grief Support Trust Account, Children's Trust Fund,
Social Services Block Grant*

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**Department of Health and Human Services
Grants Management Unit
SFY23 Annual Report
DRAFT**

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Introduction

Section A

The following Department of Health and Human Services (DHHS), Director's Office (DO), Grants Management Units' (GMU) State Fiscal Year (SFY) 2023 Annual Report Draft is submitted in accordance with the following Nevada Revised Statutes (NRS):

- Fund for a Healthy Nevada [NRS 439.630\(1\)\(m\)](#)
- Family Resource Centers [NRS 430A.200](#)
- Children's Trust Fund [NRS 432.133](#)
- The Grief Support Trust Account [NRS 439.5134](#)

The report for SFY 2023 is assembled as follows:

Section A is an introduction.

Section B and C contain an overview of the GMU, activities, funding and expenditures which includes tables and graphs. The data was compiled from the Data Warehouse of Nevada (DAWN), GMU Vendor Logs, and BETS.

Sections D lists the Grants Management Advisory Committee and staff who oversee grants awarded by the DHHS GMU.

Sections E through J each focus on a different funding source and/or program area. These sections show individual grantee progress and statistical reports.

Grants Management Unit Overview

Section B

The DHHS, Grants Management Unit (GMU) is an administrative unit within the Director’s Office. The mission of the GMU is to help families and individuals in Nevada reach their highest level of self-sufficiency by supporting the community agencies that serve them through engagement, advocacy, and resource development.

The GMU has primary authority for managing grants awarded to local, regional, and statewide programs serving Nevadans. In addition to ensuring accountability and providing technical assistance to community partners, staff engages in a progressive system intended to help clients, consumers, individuals, and families improve their quality of life and reduce dependence on the social services safety network.

Underserved, low-income, and disparate populations are at a higher risk of developing health problems because of a greater exposure to health and social risks. Access to services for this population is strained and requires innovative approaches on behalf of community organizations to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede clients from accessing services. The GMU manages programs to mitigate these barriers through a variety of community organizations funded by the Fund for a Healthy Nevada, the Children’s Trust Fund, the Community Services Block Grant, the Social Services Block Grant, and the Contingency Account for Victims of Human Trafficking.

Director’s Office Grants Management Unit Staff (as of May 2024)

Staff	Title
Kelli Quintero	Social Services Chief III
Michelle McNeely	Social Services Program Specialist III
Tawny Chapman	Social Services Program Specialist III
Tessa Grundy	Management Analyst II
Cathy Robinson	Management Analyst IV (Contractor)
Michelle Shuman	Administrative Assistant III
Shannon Jenkins	Administrative Assistant II

Grants Management Unit Funding

Section C

The GMU awarded 117 grants and contracts in SFY23, some with multiple funding sources. The total amount awarded was \$28,746,730.00.

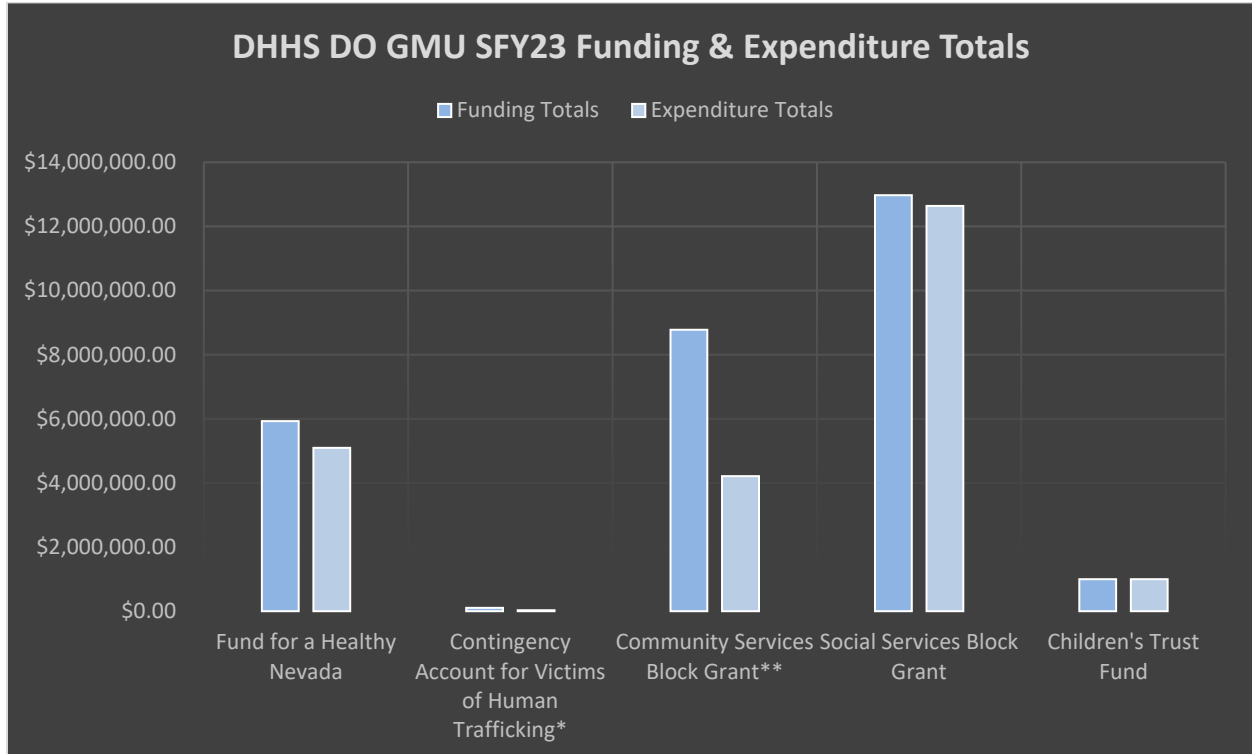
DHHS DO GMU SFY23 Funding and Expenditure Totals Table

DHHS DO GMU Program	Awarded	Expended
Fund for a Healthy Nevada	\$5,927,321.00	\$5,095,412.00
Contingency Account for Victims of Human Trafficking *	\$107,400.00	\$27,698.00
Community Services Block Grant **	\$8,777,221.00	\$4,209,738.00
Social Services Block Grant	\$12,976,837.00	\$12,641,121.00
Children’s Trust Fund	\$997,444.00	\$997,444.00
The Grief Support Account	\$72,425.00	\$66,695.00

*Multi-Year Awarded, funded only 6 months of funds in SFY23

**Funding based on the Federal Fiscal Year (FFY) includes base award, FFY22 supplemental, and CSBG CARES

DHHS DO GMU SFY23 Funding and Expenditure Totals Graph



Grants Management Advisory Committee Overview

Section D

Grants Management Advisory Committee Overview

Section D

The purpose of the Grants Management Advisory Committee (GMAC), created under [NRS 232.383](#), shall be to advise and assist the Department of Health and Human Services in the administration of the following programs and/or funding sources

1. Children’s Trust Fund
2. Account for Victims of Human Trafficking
3. Family Resource Centers
4. Social Services Block Grants (Title XX, Social Security Act) non-state grants
5. Fund for a Healthy Nevada
6. Other programs or funding sources as requested by the DHHS Department Director.

The role of the GMAC shall be to support the Department Mission, as established by the Director:

The Department of Health and Human Services promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

The role of the Committee members is to represent the best interests of the Advisory Committee ahead of individual interests in all public communications regarding DHHS programs and staff. Appointments are made by the Director of the Department of Health and Human Services. The following tables indicate the current members of the GMAC, as of May 2024.

Grants Management Advisory Committee - Current Members (as of May 2024)

Position Held on GMAC	Member	Affiliation
A superintendent of a county school district, or the superintendent’s designee.	Vacant	—
A director of a local agency which provides services for abused or neglected children, or the director’s designee.	Laura Alison Caliendo	Foster Kinship
A member who possesses knowledge, skill, and experience in the provision of services to children.	Ellen Richardson-Adams	Southern Nevada Adult Mental Health Services
A member who possesses knowledge, skill, and experience in building partnerships between the public sector and the private sector.	Lauren Beattie	ABA Therapy for Teens and Behavioral Health Consultation for Adults

Grants Management Advisory Committee - Current Members (as of May 2024) Continued

Position Held for GMAC	Member	Affiliation
A member who possesses knowledge, skill, and experience in the provision of services for senior citizens.	Stacy York, Chair	Storey County Director of Senior Services
One of two members who possesses knowledge, skill, and experience in finance or in business generally.	Vacant	_____
One of two members who possesses knowledge, skill, and experience in finance or in business generally.	Vacant	_____
A representative of the Nevada Association of Counties.	Shayla Holmes	Nevada Association of Counties
A representative of a department of juvenile justice services.	Leslie Bittleston	Nevada DCFS, Juvenile Justice Programs Office
A member who possesses knowledge, skill, and experience in building partnerships between the public and the private sector.	Ann Polakowski	Children’s Mental Health, DCFS
One of 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.	Vacant	_____
One of 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.	Fernando Serrano, Vice Chair	Independent Contractor, Retired Deputy Administrator, Juvenile Justice Services, DCFS
One member who possesses knowledge, skill, and experience in the provision of services to persons with disabilities.	Vacant	_____
A member who possesses knowledge, skill, and experience in the provision of services relating to the cessation of the use of tobacco.	Tom McCoy	American Cancer Society
A member who possesses knowledge, skill, and experience in the provision of health services to children.	Vacant	_____
A representative who is a member of the Nevada Commission on Aging, created by NRS 427A.032, who must not be a legislator.	Vacant	_____

Background Information and Overview

The Contingency Account for Victims of Human Trafficking , herein after referred to the Contingency Account, was created by [NRS 217.500](#) in 2013, with legislation through [Assembly Bill 311](#), authorizing the Director of the Department of Health and Human Services (DHHS) to allocate money from the Contingency Account to nonprofit corporations and agencies and political subdivisions of this State for the purposes of establishing or providing programs and services to victims of human trafficking.

DHHS implemented a policy of standardized procedures to help ensure fair and appropriate distribution of money in the Contingency Account, by setting forth the criteria and protocol to be met before the funding is released. The policy and an assistance request form were updated and made available on the DHHS website.

The Grants Management Advisory Committee (GMAC) reviews applications and makes recommendations to the Director concerning allocation of money from the Contingency Account for requests submitted for services that are deemed non-emergency by DHHS. In some circumstances, DHHS may determine an emergency exists and disburse funds from the Contingency Account as needed immediately through local organizations and agencies, and without review and recommendation of the GMAC.

[Senate Bill 389](#) of the 2023 legislative session adopted changes to [NRS 217.540](#) which renamed the Contingency Account for Victims of Human Trafficking to the Account for Victims of Human Trafficking, effective July 1, 2023.

Distribution of Funds and Accountability

In SFY23, \$27,698.00 was expended to local organizations and agencies from the Contingency Account for Victims of Human Trafficking.

- \$5,415.00 was expended by local organizations and agencies for circumstances deemed an emergency by DHHS.
- \$22,283.00 was expended by a local law enforcement agency to fund a position to assist exploited human trafficking victims.

Key Activities in SFY23

Nonprofit organizations, local or state agencies working directly with victims of human trafficking are encouraged to submit an Emergency Assistance for Victims of Human Trafficking request to the Department of Health and Human Services Grants Management Unit.

Collaborative Efforts and Leverage

The local organizations and agencies that received funding from the Contingency Account for Victims of Human Trafficking for emergency services provided support to victims/witnesses of human trafficking. The services included but were not limited to transportation (bus, car, plane), food, shelter (housing, rent, temporary living).

The Contingency Account funded a Victim Advocate position for the Washoe County Sheriff's Office (WCSO) Regional Human Exploitation and Trafficking Unit (HEAT) to assist exploited victims and pursue the arrest of human traffickers through extensive criminal investigation. The funding allowed for the WCSO to have the necessary time to research/explore alternative funding options for the advocate position.

Background Information and Overview

The Community Services Block Grant (CSBG) is a federally funded block grant in the Office of Community Services, Administration for Children and Families, United States Department of Health and Human Services that provides funds to states, territories, and tribes to administer to support services that alleviate the causes and conditions of poverty in under resourced communities. Tribes, territories, and over 1,000 local Community Action Agencies provide CSBG funded services and activities including housing, nutrition, utility, and transportation assistance; employment, education, and other income and asset building services; crisis and emergency services; and community asset building initiatives, among other things. Over 9 million individuals are served by CSBG-funded programs annually.

In Nevada CSBG funds are awarded by the Department of Health and Human Services to eligible Community Action Agencies (CAA) that provide services to low-income individuals and families and network with other local agencies to address poverty issues. CAAs receive CSBG funding on an ongoing basis under the federal regulations established by the [CSBG Act](#). The role of DHHS is to ensure accountability for program and fiscal requirements, assist CAAs to develop the capacity to provide services, and to coordinate statewide strategies to maximize the impact of CAAs.

There are currently 12 designated CAAs to receive CSBG funds. These agencies form the [Nevada Community Action Association](#) to network with one another, develop strategic plans to address rural and urban poverty in our state, and provide training opportunities to member agencies.

Distribution of Funds and Accountability

CSBG funds are distributed on a Federal Fiscal Year (FFY) to designated CAAs based on a historical funding formula. The formula includes two factors:

1. A base level of funding to all CAAs to ensure that agencies can meet the federal program requirements.
2. An allocation based on the number of people living below the federal poverty level in each county based on census data.

The Community Action Agencies are guided by several key accountability activities in administering CSBG funds and delivering services.

- ROMA: Results Oriented Management and Accountability
 - ROMA provides a framework for continuous growth and improvement among local CAAs and a basis for state leadership and assistance.

- PEAAK: Performance Evaluation Accountability Accessibility Knowledge
 - Community Needs Assessments, American Customer Satisfaction Index (ACSI), Organizational Standards, ROMA, Accountability Measures, Monitoring/Oversight, State Plan, Annual Reporting, etc.

- The Federal Office of Community Services (OCS) issued a draft of national Organizational Standards for CAAs in January of 2015. There are 58 standards that cut across nine domain areas (example: governance, fiscal management, and strategic planning). Implementation of the standards has involved a multi-year project. OCS requires CAAs to achieve full compliance with all the 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. Additionally, agencies are required to submit Community Action Plan annually that includes a plan for delivering services based on local needs which have been identified in the community needs assessment. The plan includes a description of services, a multi-purpose program and project budget, an annual plan that addresses the three goal areas of CSBG – family development, community engagement, agency capacity-building, and performance targets.

- Agencies are required to use a state-mandated client software program and service delivery model to maximize client outcomes. The Nevada model provides a standardized intake process, an assessment of need using scales related to client status across 12 income related domains (e.g., employment, transportation access, childcare, nutrition, etc.), a service plan or case plan to assist clients to move up one or more scales into a higher status, and periodic reassessment to track client progress and record results. The software produces reports that CAAs use to become more data driven in addressing community and client needs.

- Detailed fiscal expenditure reports that list every transaction must be submitted and reviewed 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.

Key Activities

Community Action Agencies work directly with clients to establish the immediate need of services and resources. Activities vary depending on local need. Services provided include educational attainment, accessing and maintaining employment, financial management education, securing housing, and nutrition.

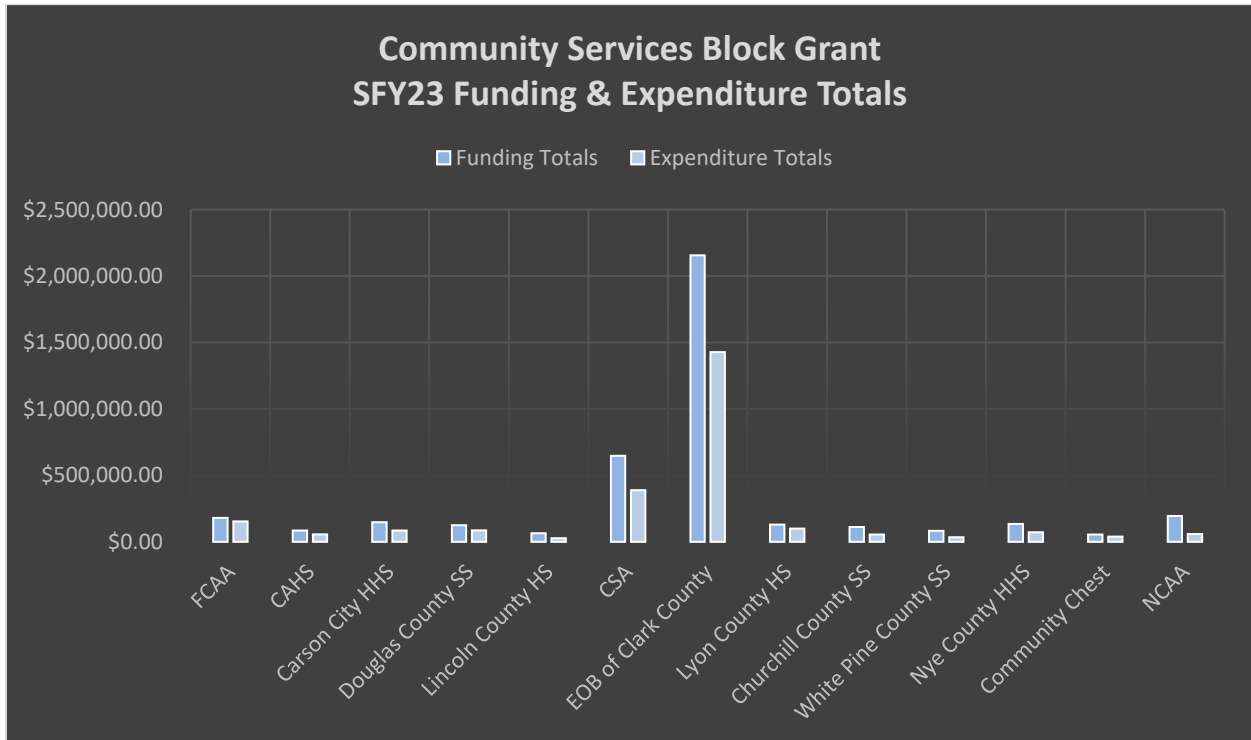
Nevada Service Delivery Model: Through a partnership with the NCAA, a statewide service delivery model and software program was utilized by all CAAs. The service delivery model improves the ability of CAAs to increase the number of individuals who improve their economic stability and achieve self-sufficiency. The software 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 client, program, 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. The project received recognition from the national CSBG network.

**Community Service Block Grant SFY23 Funding and Expenditure Totals
Including the Number of People Served Table**

Agency Name	Awarded	Expended	Number of People Served
Frontier Community Action Agency (FCAA)	\$180,368.00	\$153,583.00	3,275
Consolidated Agencies for Human Services (CAHS)	\$85,295.00	\$56,295.00	954
Carson City Health and Human Services (HHS)	\$147,700.00	\$84,983.00	970
Douglas County Social Services (SS)	\$125,349.00	\$86,824.00	1,710
Lincoln County Human Services (HS)	\$65,009.00	\$27,060.00	879
Community Service Agency (CSA)	\$647,653.00	\$388,134.00	4,448
Economic Opportunity Board (EOB) of Clark County	\$2,155,910.00	\$1,427,548.00	3,395
Lyon County Human Services	\$129,375.00	\$99,176.00	2,566
Churchill County Social Services	\$111,995.00	\$54,750.00	1,191
White Pine Social Services	\$82,379.00	\$34,560.00	146
Nye County Health and Human Services	\$134,290.00	\$72,601.00	1,762
Community Chest, Inc.	\$54,767.00	\$40,014.00	689
Nevada Community Action Association (NCAA)	\$194,877.00	\$58,938.00	N/A

*Funding based on the Federal Fiscal Year (FFY) includes base award and FFY22 supplemental

Community Service Block Grant SFY23 Funding and Expenditure Totals Graph



*Funding based on the Federal Fiscal Year (FFY) includes base award and FFY22 supplemental

Community Service Block Grant (CSBG) CARES Funding

At times, Congress has appropriated supplemental CSBG funding with different income eligibility criteria. In May of 2020, Congress appropriated \$1 billion in supplemental CSBG funding, from the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) that could be used to serve individuals and families with an annual income of up to 200% of the federal poverty line. The CARES Act funds were appropriated to states, territories, and tribes authorized under the CSBG ACT and are intended to address the consequences of increasing unemployment and economic disruptions as a result of COVID-19. Because CARES Act funding is a supplemental appropriation, states, territories, and tribes will receive funds for immediate distribution to eligible entities based on the proportionate share, and subject to the signed assurances and certifications, included in the FFY 2020 State CSBG Plan or Tribal CSBG Plan.

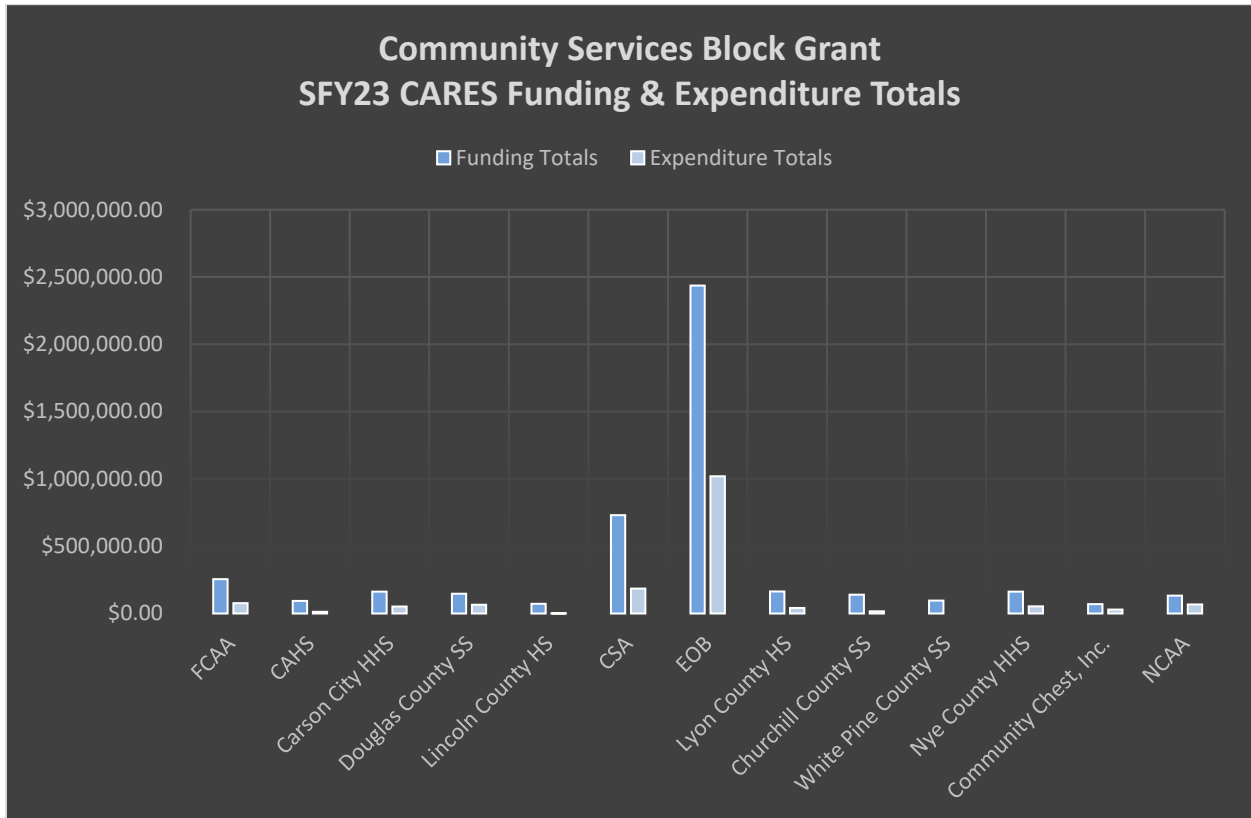
An eligible entity could give priority in providing CSBG services to clients of lower income levels within the CSBG income eligibility limit. For the purposes of the CARES Act, the Office of Community Services accepts an abbreviated State Plan as a supplement to provide additional information to the to the Federal Fiscal Year (FFY) 2020 Sate Plan. For states, the CARES Act CSBG Amendment will include the amounts allocated to each eligible entity, income eligibility levels, a plan for state training and technical assistance and discretionary uses of CSBG, and a detailed monitoring plan.

Community Service Block Grant CARES Funding and SFY23 Expenditure Totals Table*

Agency Name	Awarded	Expended
Frontier Community Action Agency (FCAA)	\$255,401.00	\$77,187.00
Consolidated Agencies for Human Services (CAHS)	\$93,974.00	\$13,243.00
Carson City Health and Human Services (HHS)	\$162,509.00	\$52,505.00
Douglas County Social Services (SS)	\$147,321.00	\$65,565.00
Lincoln County Human Services (HS)	\$72,162.00	\$962.00
Community Service Agency (CSA)	\$731,003.00	\$184,806.00
Economic Opportunity Board (EOB) of Clark County	\$2,436,192.00	\$1,019,481.00
Lyon County Human Services	\$163,382.00	\$41,203.00
Churchill County Social Services	\$139,874.00	\$15,997.00
White Pine Social Services	\$95,958.00	\$0.00
Nye County Health and Human Services	\$161,968.00	\$53,248.00
Community Chest, Inc.	\$70,259.00	\$29,045.00
Nevada Community Action Association (NCAA)	\$132,251.00	\$67,926.00

*Awarded amount is based on a multi-year budget period

Community Service Block Grant FY23 CARES Funding and Expenditure Totals Graph*



*Awarded amount is based on a multi-year budget period

Background Information and Overview

The Fund for a Healthy Nevada (FHN) was created in 1999 under [NRS 439.620](#) using a portion (60%) of the State’s share of the Tobacco Master Settlement Agreement. Several changes related to FHN occurred with [Senate Bill 421](#) in 2011, including the following:

- DHHS is required to consider recommendations submitted by the GMAC, the Nevada Commission on Aging (CoA), and the Nevada Commission on Services for Persons with Disabilities (CSPD) when proposing a plan for allocation of FHN funds to programs. The GMAC, CoA, and CSPD must seek community input on needs when developing their recommendations.
- The provision related to children’s health was revised to broaden the kinds of projects that may be supported with these funds. The revised legislation covers “programs that improve the health and well-being of residents of this state, including, without limitation, programs that improve health services for children.”

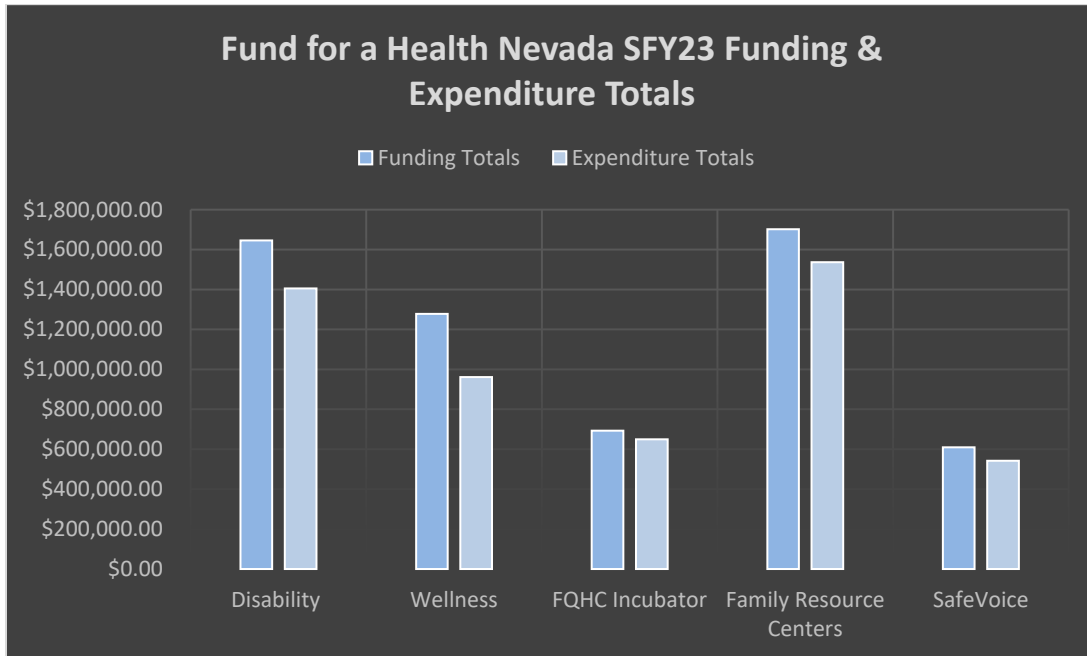
The Grants Management Unit conducts (or works through other DHHS divisions) to conduct a Request for Application (RFA) to award subgrants for programs addressing: Tobacco Prevention and Cessation, Health & Wellness, and Disability (Respite, Independent Living, and Positive Behavior Support) programs.

All unspent awards in the below table revert to the fund initially obligated from, per [NRS 439.630](#) the Grants Management Unit reports the following:

Fund for a Healthy Nevada (FHN) SFY23 Funding and Expenditure Totals Table

Category	Awarded	Expended
Disability	\$1,645,741.00	\$1,405,519.00
Wellness	\$1,277,889.00	\$961,330.00
FQHC Incubator	692,683.00	\$649,680.00
Family Resource Centers	\$1,701,661.00	\$1,536,862.00
SafeVoice	\$609,346.00	\$542,020.00

Fund for a Healthy Nevada (FHN) SFY23 Funding and Expenditure Totals Graph



Disability

The FHN Disability Funds are aligned with the 2014 Integration Plan from the Nevada Aging and Disability Services Division “...to adopt and implement a person-centered framework for the delivery of services.” This is accomplished through grants and contracts to primarily fund three (3) types of disability programs: 1) Respite 2) Independent Living and 3) Positive Behavior Support.

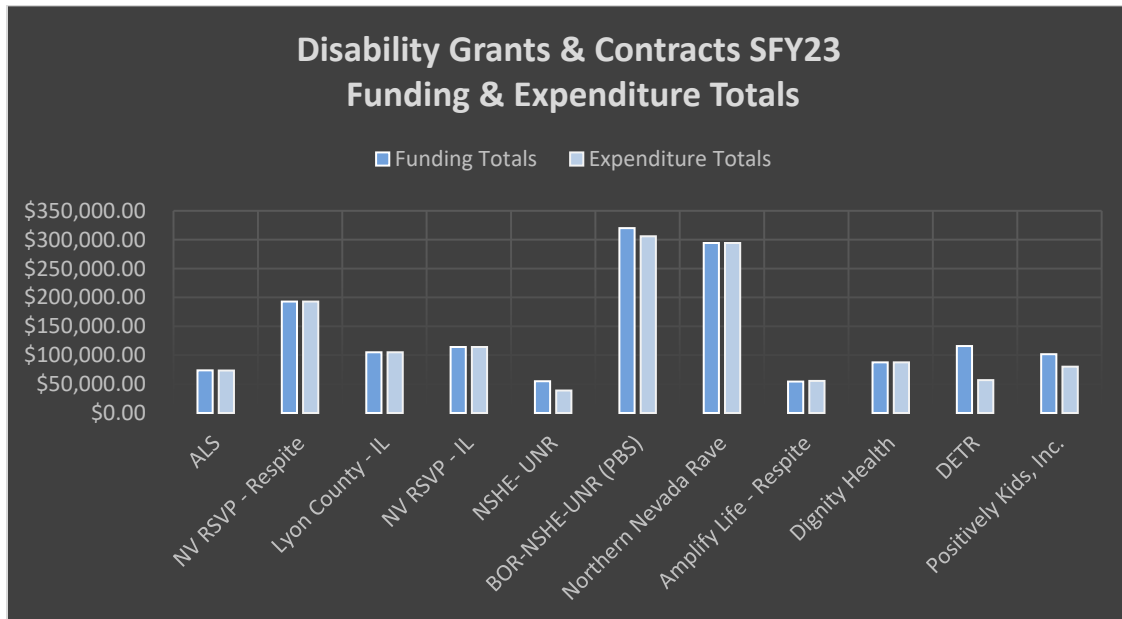
Distribution of Funds and Accountability

- Respite Care is intended to alleviate stress by providing temporary relief for the primary caregiver of a person or persons with disabilities of any age.
- Independent Living provides direct services to individuals with disabilities such as adaptive resources, life skills training, transportation, and transitional housing.
- Positive Behavior Support is an empirically validated, function-based approach to developing and employing a plan of support for individuals whose disability is accompanied by a problem behavior and focuses on educative strategies to expand the individual’s behavior repertoire resulting in an enhanced lifestyle and minimized problem behaviors.

**Fund for a Healthy Nevada - Disability Grants/Contracts
SFY23 Funding and Expenditure Totals Table**

Category	Awarded	Expended
ALS Association Nevada Chapter (ALS)	\$73,917.00	\$73,649.00
Nevada Rural Counties RSVP – Respite (NV RSVP Respite)	\$192,853.00	\$192,853.00
Lyon County Human Services – Independent Living (IL)	\$105,251.00	\$105,251.00
Nevada Rural Counties RSVP – Independent Living (IL)	\$114,274.00	\$114,274.00
NSHE – UNR Path to Independence	\$55,000.00	\$38,820.00
Board of Regents (BOR) – NSHE – UNR Positive Behavior Support (PBS)	\$320,000.00	\$306,016.00
Northern Nevada Rave	\$294,337.00	\$294,337.00
Amplify Life – Respite	\$54,433.00	\$55,431.00
Dignity Health	\$87,754.00	\$87,754.00
Department of Employee Training and Rehabilitation (DETR)	\$115,970.00	\$56,911.68
Foundation of Positively Kids, Inc.	\$101,690.00	\$80,221.00

**Fund for a Healthy Nevada - Disability Grants/Contracts
SFY23 Funding and Expenditure Totals Graph**



Wellness

FHN Wellness Funds are appropriated to be used for any purpose authorized by the Legislature or DHHS for expenditure or allocation in accordance with the provisions of [NRS 439.630](#), to support health and wellness in Nevada.

Distribution of Funds and Accountability

The Division of Public and Behavioral Health (DPBH) received funds to support the Immunization Program, the Office of Suicide Prevention, and Oral Health in Nevada. The Nevada Public Health Foundation also received FHN funds to support and provide technical assistance to DHHS and statewide minority health, equity and regulatory policy and planning, and to work with University of Nevada Reno School of Social Work to identify and place master level students within public and private agencies for paid internships. Money Management International was cross funded with FHN funds to provide food assistance to three (3) food pantries to provide food and reduce insecurity among elderly individuals in Southern Nevada, and to work with clients to become self-sufficient and financially solvent.

In SFY23, nine (9) subrecipients were funded with FHN through Wellness grants, contracts, and agreements. The entities received a total of \$1,277,889.00.

All the subrecipients are required to submit reporting through various systems and databases including but not limited to, quarterly reports, internal database reports, Hunger Services Survey Summary Report, Food Distribution Reports, Homeless Management Information System Reports (HMIS).

Key Activities

Helping Hands of Vegas Valley provided groceries to elderly homebound people in Southern Nevada through the home-delivered grocery program.

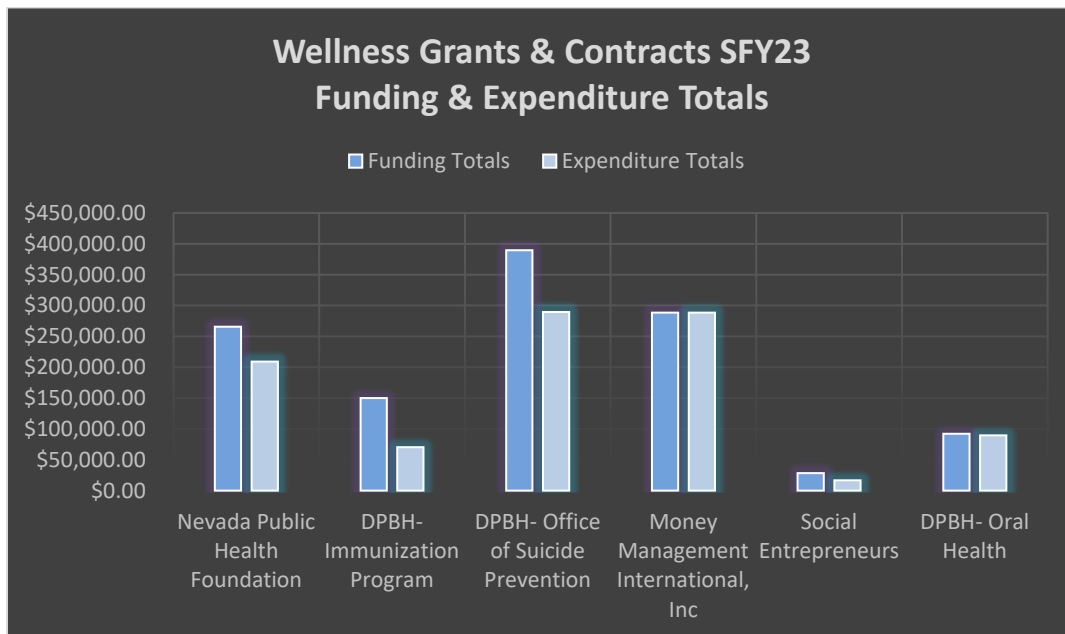
Lutheran Social Services of Nevada (LSSN) offered monthly nutrition classes.

DPBH Immunization Program coordinated and collaborated with state, regional, and local health jurisdictions, and tribal communities to implement immunizations programs activities.

FHN - Wellness Grants/Contracts Funding and Expenditure Totals Table

SFY23 Wellness Grants	Awarded	Expended
DBPH Oral Program	\$92,123.00	\$89,554.00
DBPH Office of Suicide Prevention	\$389,490.00	\$289,493.00
DPBH Immunization Program	\$150,000.00	\$70,413.00
Money Management International	\$288,548.00	\$288,547.00
Nevada Public Health Foundation	\$265,610.00	\$209,179.00

FHN - Wellness Grants/Contracts SFY23 Funding and Expenditure Totals Graph



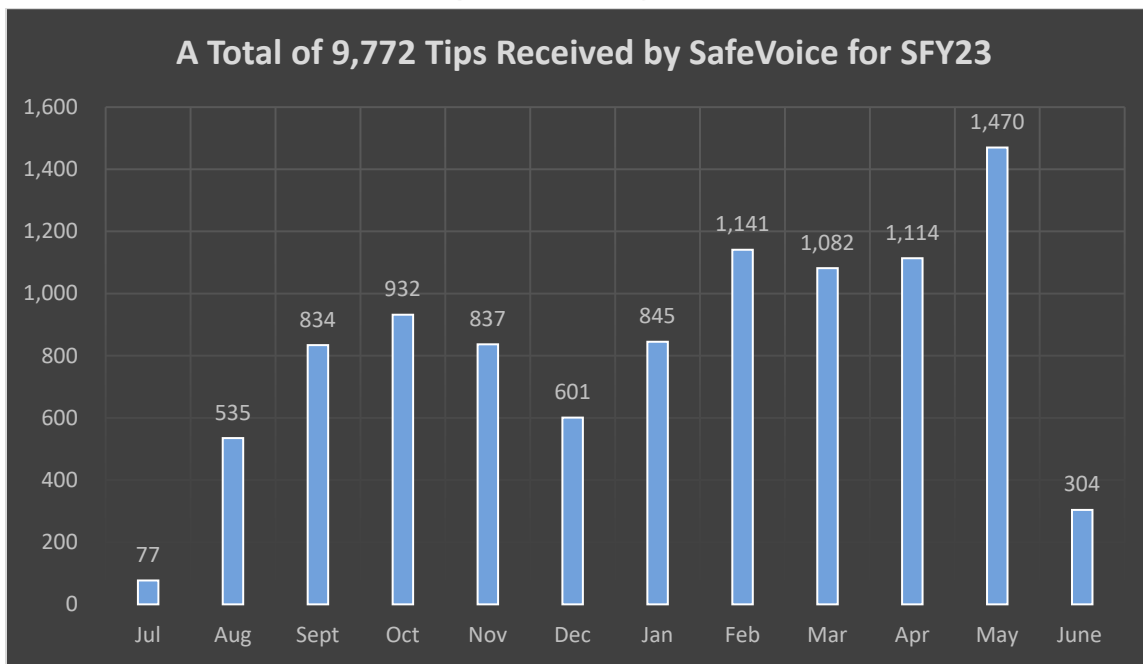
SafeVoice

The SafeVoice Program in partnership with the Nevada Department of Public Safety (DPS), provides students and the community at large with a safe place to submit tips concerning their own safety or that of others. SafeVoice is administratively managed by the Nevada Department of Education, Office for a Safe and Respectful Learning Environment with a dedicated team of individuals who oversee the fiduciary and operational aspects of the program. On the operations side, there are fully trained professional communication specialists within the DPS, Division of Investigation who operates and responds 24 hours a day, seven days a week, 365 days a year.

The program allows students, parents, faculty, and other community members throughout Nevada to have access to SafeVoice, an anonymous reporting system used to report threats to the safety or well-being of students. SafeVoice was established by the Nevada Department of Education under [Senate Bill 212](#) in 2017, to protect student wellness, prevent violence and save lives. Integrated into the overall SafeVoice program are mental and behavioral health professionals along with the district and school administrators. This synergy brings about a collaborative effort to ensure the safety and security of our student populations where they reside. Since its implementation, SafeVoice has significantly evolved within the State of Nevada and continues to adapt to best meet the safety needs of Nevada's students.

SafeVoice tips are submitted using the hotline, internet website, mobile telephone application, and text messaging applications. Frequent tips include HandleWithCare (HWC), suicide threats, threats to students, suspicious person/activity, and cyberbullying. HWC is a program in Nevada that requires law enforcement to notify the SafeVoice platform when a school-aged child is exposed to a traumatic event that may affect their ability to succeed in school. The goal of HWC is to ensure that resources are available to help the student.

A Total of 9,772 Tips Received by SafeVoice for SFY23



Federally Qualified Health Center Incubator Project

The Nevada Department of Health and Human Service (DHHS) administers the Federally Qualified Health Center (FQHC) Incubator Project, which is intended to create or enhance existing FQHC programs and services. DHHS, with approval from the 2017 Nevada Legislature, utilized allocations from the (FHN) to initiate projects under a new FQHC Incubator Project. Since then, the FQHC Incubator Project has continued to focus on increasing access to health care among different target populations. To be eligible for funding, applicants must be an existing FQHC or FQHC look-alike within the State of Nevada.

FQHCs are community-based organizations that provide comprehensive primary care and preventative care, including health, oral, mental, and behavioral health services to persons of all ages, regardless of their ability to pay or health insurance status. They must qualify for funding under Section 330 of the Public Health Service Act (PHS). FQHC organizations primarily serve the most vulnerable Nevadans; more than two-thirds of FQHC patients are uninsured, underinsured or utilizing Medicaid, and more than 95% live below 200% of the Federal poverty level.

Given that FQHCs provide high quality health care in underserved areas, they qualify for enhanced reimbursement from Medicare and Medicaid. They must offer a sliding fee scale; provide comprehensive services; have an ongoing quality assurance program; and have a governing board of directors, the majority of whom must be patients of the FQHC. FQHCs are also a valuable tool for the State to leverage federal funding to increase health care access. Compared to states with similar population sizes, Nevada generally receives a small fraction of health center program dollars.

The FQHC Incubator Project provides the DHHS with the opportunity to support FQHC projects and workforce development needs that cannot be funded through traditional funding sources. Growing Nevada's health care workforce, increasing access to health care, and supporting the growth of FQHCs will lead to the improved health and wellbeing of individuals and families who live in Nevada.

Funded projects may include activities such as training new providers, adopting new service delivery methods, or expanding existing services that will ideally lead to the establishment of programs that better meet the needs of current and future patients. The goals of these limited-term projects are focused on expanding or enhancing the core strengths of an organization to support sustainability and concentrated on building a solid foundation that the FQHC can build upon after these funds have ended.

Distribution of Funds

Utilizing a Notice of Funding Opportunity (NOFO) process, the DHHS procured, evaluated, and funded proposals from various FQHCs. Four FQHCs were awarded two-year subgrants (project period 7/1/2021 to 6/30/2023): Nevada Health Centers: \$225,000 in year one and in year two;

Northern Nevada HOPES Foundation \$185,000 in year one and \$178,516 in year two; Community Health Alliance \$90,000 in year one and \$89,167 in year two; Hope Christian Health Center \$200,000 in year one and in year two.

Overview of Current FQHC Incubator Projects

Nevada Health Centers (NVHC) had the goal of this service expansion project to develop a new pharmacy service line to serve Northern Nevada's geographically isolated, uninsured, and underinsured patients in rural and frontier Medically Underserved Areas (MUAs), increasing the number of individuals who have access to patient-centered medical homes, and enhancing the utilization of preventive healthcare services. The project met a critical need in NVHC's Elko service area which encompasses Elko, Lander, and Eureka Counties, an area with 7 designated Medically Underserved Areas (MUAs).

NVHC is the only FQHC serving the community, retail pharmacies are few and far between, and there are no pharmacies offering 340B discounted prescriptions or chronic medication management to residents. This project provided funding for hiring a full time Clinical Pharmacist and funding to purchase and install a high-speed automated robotic Parata dispensing system. NVHC patients in Elko, Lander and Eureka Counties were made aware of the availability of pharmacy services through radio, print and social media.

Key Activities:

Over the first half of the fiscal year, Nevada Health Centers built the infrastructure for their program by purchasing and installing a Parata Max2-S vial filling robotic system, training staff on the use of the system, and hiring a full-time pharmacist. In addition, they hosted weekly immunization clinics for children.

FY23 Metrics:

- 52 Childhood immunization walk-in clinics offered (every Wednesday)
- 24,741 prescriptions filled
- 1,393 unduplicated patients served

Activities Planned

Nevada Health Centers plans to develop a cardiology service line at the Martin Luther King Health Center to serve patients in Clark County's Medically Underserved Areas (MUAs). Additionally, they wish to expand their mobile service line (medical and dental van) for Northern Nevada, to serve geographically isolated patients in medically underserved rural and frontier communities.

Community Health Alliance (CHA) initiated an intensive and systematic implementation of telehealth services. The project was based in Washoe County, the service area for CHA telehealth services, and included primary care, some oral health services, nutrition counseling, and behavioral health services. The goal of this project was to stabilize at 35% telehealth visits, allowing CHA to serve 5,000 additional patients per year. A secondary goal was to develop a financially sustainable model of care in the event of future surges of Coronavirus or other outbreaks.

State funds were used to support the Project Manager, obtain support from a consultant to configure visits and record-keeping properly, and create the standardized procedures, scripts, and templates for telehealth visits. This allows CHA to integrate telehealth meaningfully into standard care in the FQHC setting.

Key Activities

During the course of the Incubator Project, CHA conducted multiple key activities to achieve the goals as outlined for the project: a Telehealth Project Manager was hired to oversee the implementation of telehealth services; acquired sufficient equipment to support the provision of telehealth services using eClinical Works, Zoom, and Microsoft Teams; standardized procedures, scripts, and templates for telehealth visits; development of the necessary policies and procedures to ensure the telehealth program is compliant with state and federal regulations; and provider and clinic staff were trained in telehealth best practices.

FY23 Metrics

- 35% telehealth visits overall
- 5,000 additional patients served per year.

Activities Planned

After acquisition of equipment, development of protocols, and training of providers and staff, CHA will be able to bill for telehealth visits which will provide an ongoing source of revenue that will cover operating costs. CHA will continue to expand access to telehealth and office-based resources and provide a comprehensive system of services to promote self-sufficiency in Medically Underserved Areas.

Northern Nevada HOPES (HOPES) used Incubator Project funding to improve capacity to provide chronic disease management services to clients, providing patients with targeted chronic disease management outreach, population management activities, healthcare navigation, education, and linkage to health improving resources, this includes HOPES Diabetes Prevention Program (DPP), Diabetes Management Program (DMP), Self-Management of Blood Pressure Program (SMBP), and Family Weight Management programs. These initiatives were moved forward by a Community Health Worker (CHW). Additionally, HOPES increased its capacity to provide Medication Assisted Treatment (MAT).

Key Activities

The CHW provides integrative chronic disease management care and services. Along with conducting care and management activities for all patients living with a chronic disease, the CHW began to deliver self-management education for obesity, diabetes prevention, diabetes management, and hypertension. HOPES operates a Diabetes Prevention Program (DPP) and a Diabetes Management Program modeled off the CDC Lifestyle Change and Stanford Self-Management Programs. The CHW allows HOPES to provide more clients with these programs, in both English and Spanish. The CHW conducts outreach to patients who have pre-diabetes, therefore increasing rates of the DPP participation. The CHW will work to ensure patients get their blood work done and attend clinic appointments to monitor their A1C levels. Through individual/group encounters, the CHW will provide this education and help clients apply it to acquire self-management skills. Finally, the CHW will conduct outreach to clients living with chronic diseases, assessing them for change readiness and connecting them to programs that help them meet their healthcare goals.

The Psych-RN acts as a Family Liaison for MAT patients, conducting outreach to patients' family members and significant others, and providing education about substance use disorders, treatment, and comorbid mental health and medical conditions that impact long-term success and health management. The Psych-RN is also a resource for vital MAT client procedures, such as medication counts and urine drug screen procedures. The Psych-RN will provide individual and group education and will work with the MAT and psychiatry team to coordinate care for clients with comorbid substance use and mental health disorders. The Psych-RN has the knowledge base to assist MAT patients with developing a comprehensive wellness recovery plan to assist with achievement of MAT program goals.

FY23 Metrics

- 270 clients new to the center and 245 existing clients received targeted chronic disease management outreach, population management activities, healthcare navigation, education, and linkage to health improving services 5,000 additional patients served per year.
- 90 new clients in Diabetes Prevention Program
- 75 patients new to the center and 100 existing clients received preventative health outreach, population management activities, healthcare navigation, education, and linkage to resources.

- 60 existing clients and 40 new to the center received MAT services.
- 31 new clients and 45 existing clients with services from Psych-RN

Activities Planned

HOPES will continue expand chronic disease management care and services, and MAT services to meet the ongoing needs of patients. A behavioral health integration provider and peer support services will be added to service offerings in the future, and a plan for another clinic location is also planned.

Hope Christian Health Center (HCHC) utilized Incubator Project funding to establish behavioral health services at their main clinic site by hiring one part-time mental health provider to provide behavioral health services to a monthly caseload. HCHC also expanded primary health care services through the addition of one full-time medical doctor to provide primary care to a monthly caseload.

Key Activities

A part-time mental health provider was hired to provide mental health counseling and prescribing services. The mental health provider works in conjunction with primary care providers to integrate behavioral health into total patient care. New mental health services are advertised through various channels such social media, websites, and outreach coordinator.

As part of the increasing capacity of primary care clinics, two nurse practitioners were hired, one full-time and one part-time. Space available for clinic practice at the main site was expanded, and after-hours appointment availability was made available for additional patient care.

FY23 Metrics

- 40 patients per month on average received behavioral health services.
- 250 additional patients per month on average served through expanded primary care services.

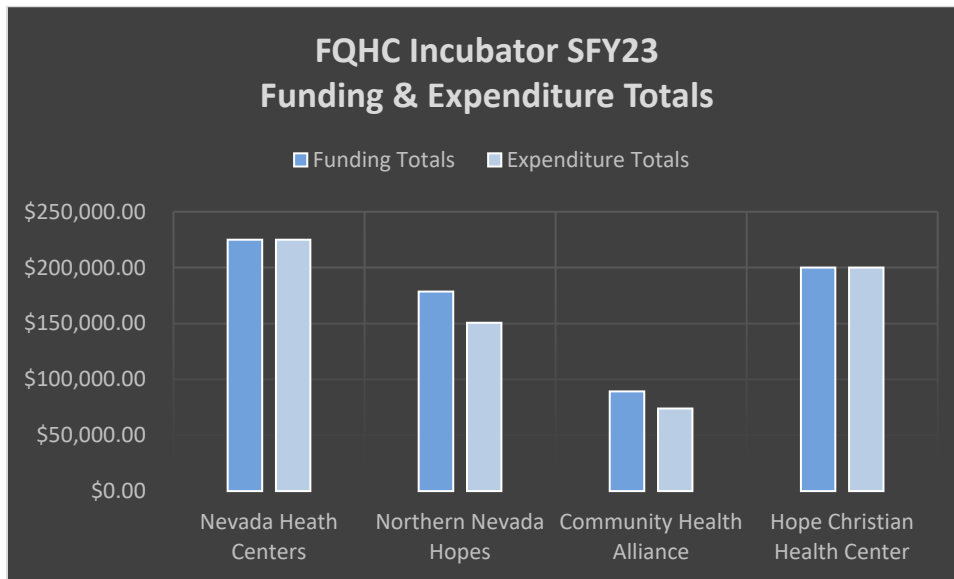
Activities Planned

In future years, HCHC will continue to expand services provided to include behavioral health, primary care, as well as analyzing social determinants of health through a planned addition of a Community Health Worker (CHW) added to the staff.

FHN – FQHC Incubator SFY23 Funding and Expenditure Totals Table

Agency Name	Awarded	Expended
Nevada Health Centers	\$225,000.00	\$225,000.00
Northern Nevada Hopes	\$178,516.00	\$150,711.00
Community Health Alliance	\$89,167.00	\$73,969.00
Hope Christian Health Center	\$200,000.00	\$200,000.00

FHN – FQHC Incubator SFY23 Funding and Expenditure Totals Graph



Family Resource Centers

Family Resource Centers (FRCs) were established by legislation in 1995 [NRS 430A](#) to provide information, referrals, and case management services, and to collaborate with local community partners and organizations to assist individuals and families access needed services and support.

Distribution of Funds and Accountability

In SFY23, \$7,101,661.00 was distributed to 19 FRCs in Service Areas throughout Nevada. The FRCs expended \$1,536,862 of the funds granted to the FRCs from the Fund for a Healthy Nevada (FHN).

Each FRC 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). Also required are quarterly reports, which 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, Grants Management Unit staff worked closely with the FRCs in SFY23 to ensure 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, Sun Valley, the North Valleys, 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), food pantries, their local school districts, and many other community and state agencies. The FRCs also partner with the Energy Assistance Program at DWSS to help clients accurately complete Energy Assistance applications and streamline the process.

Key Activities

- FRC staff attended trainings for homeless outreach, trauma informed care, energy assistance, suicide prevention, Medicaid and Nevada Check-Up, mandated reporting, working with LGBT youth, human trafficking, financial health, as well as many other online classes.

- FRCs participated in Pinwheels for Prevention events in their communities during April 2023, National Child Abuse Prevention Awareness Month.

FRC Programs Grantee Performance Overview

In SFY23, FRC programs across the state collectively served 26,328 unduplicated adults, children, and seniors with referrals, resources, and support to meet their immediate needs. Services included the following:

- FRCs opened 32,268 case files. Of those, 9,000 clients had Goal Worksheets as part of their case file and 8,675 clients (96%) achieved a minimum of one goal.
- FRCs made 7,314 referrals to community support organizations.
- FRCs assisted clients with the submission of 11 Temporary Assistance for Needy Families (TANF) applications, 655 Supplemental Nutrition Assistance Program (SNAP) applications, 442 Nevada Medicaid/Nevada Check-Up applications, 196 Energy Assistance applications, and 12,959 referrals to other services.

Family Resource Center Unduplicated Adults & Children Served with Case Outcomes

Agency and Geography Served						
Description of Data	Boys & Girls Club of So NV Las Vegas West	Cappalappa FRC North Rural Clark County/ Overton/Moapa/Logandale	Churchill County Social Svcs Churchill County	Community Chest Storey County	Consolidated Agencies of HS Mineral, Esmeralda & N Nye Counties	East Valley Family Services Las Vegas East / Central
FY 2023 Funds Expended	\$73,746	\$17,870	\$23,926	\$15,876	\$11,976	\$317,698
Unduplicated Adults & Children	47	390	7	374	32	4,080
Number of Cases Opened	75	396	8	414	35	4,889
Number of Clients w/ Tiered Goals	6	134	1	328	35	1322
Percent of Clients Achieved *(1) Goal	40%	100%	100%	100%	100%	98%

*Minimum of 1 stated Tier goal

Agency and Geography Served						
Description of Data	FRC of Northeastern NV Elko County	Family Support Council of Douglas County Douglas County	Frontier Community Action Humboldt County	HopeLink Las Vegas South	Lincoln Co Community Connection Lincoln County	Lyon County Human Services Lyon County
FY 2023 Funds Expended	\$36,822	\$33,008	\$62,173	\$154,389	\$16,313	\$39,105
Unduplicated Adults & Children	105	10	1,874	1,301	12	2,155
Number of Cases Opened	129	11	3096	2,801	45	2,371
Number of Clients w/ Tiered Goals	50	2	766	921	7	1,006
Percent of Clients Achieved *(1) Goal	80%	100%	95%	93%	100%	100%

*Minimum of 1 stated Tier goal

Agency and Geography Served						
Description of Data	Nevada Outreach & Training Southern Nye County	Olive Crest Las Vegas North	Ron Wood FRC Carson City Consolidated Munc.	Salvation Army of Mesquite North Rural Clark County / Mesquite/Bunkerville	Tahoe Family Solutions Incline Village & Crystal Bay	Washoe County School Dist. Washoe County
FY 2023 Funds Expended	\$36,251	\$178,957	\$39,226	\$22,058	\$12,366	\$179,988
Unduplicated Adults & Children	1,874	1,280	1,933	1,574	73	8,627
Number of Cases Opened	2,404	1,316	2,797	1,831	123	9,643
Number of Clients w/ Tiered Goals	835	317	917	88	10	2,293
Percent of Clients Achieved *(1) Goal	100%	100%	89%	100%	100%	94%

*Minimum of 1 stated Tier goal

Agency and Geography Served				
Description of Data	White Pine County Eureka and White Pine Counties			
FY 2023 Funds Expended	\$20,760			
Unduplicated Adults & Children	13			
Number of Cases Opened	13			
Number of Clients w/ Tiered Goals	13			
Percent of Clients Achieved *(1) Goal	100%			

*Minimum of 1 stated Tier goal

The 2017 Legislative Session passed [Senate Bill 355](#), establishing The Grief Support Trust Account in the State’s General Fund for the purpose of supporting nonprofit community organizations that provide grief support services to children, parents, and adult caregivers.

The requirements for The Grief Support Trust Account funding distribution are very specific to only registered 501(c)(3) nonprofit organizations that have been established for at least three years and that have been providing age-appropriate peer support groups for children ages 3-18 for at least two years, specifically from September to May of each calendar year on a biweekly basis, are eligible. The organizations must be members of the National Alliance for Grieving Children and provide grief support services free of charge.

The Grants Management Advisory Committee (GMAC) is required to apply policies that set forth criteria to determine which nonprofit organizations to recommend for funding by the DHHS Director from programs administered by DHHS. Additionally, the GMAC is required to establish a list of nonprofit community organizations eligible to receive funding from the Grief Support Trust Account.

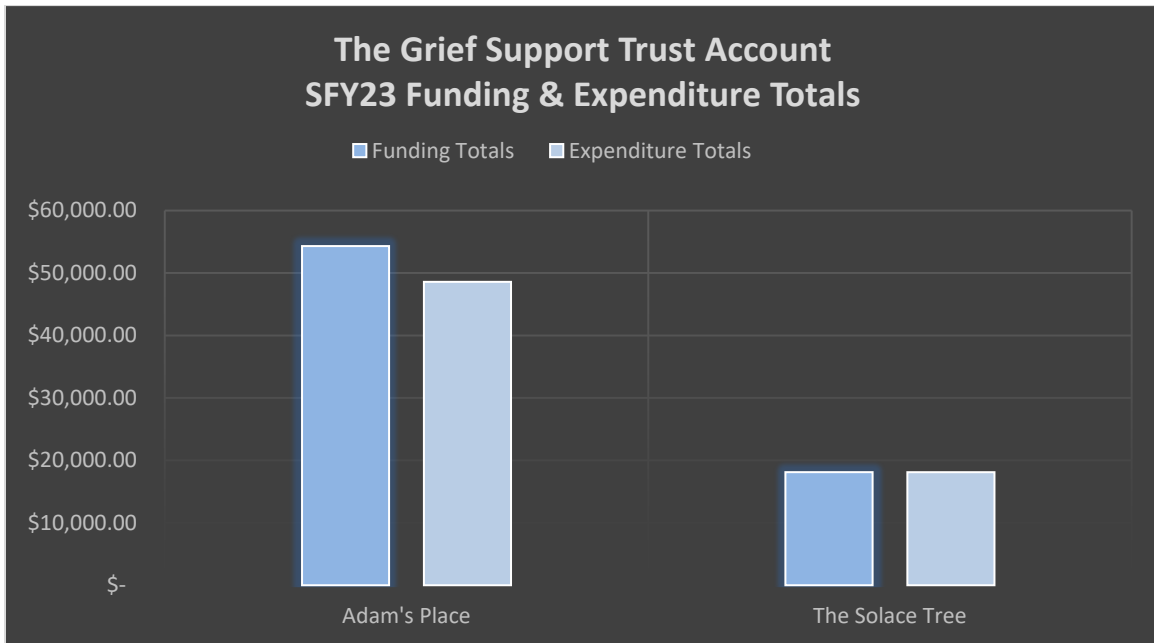
Distribution of Funds and Accountability

The total amount awarded from the Grief Support Trust Account in SFY23 was \$72,425.00, to two recipients: Adam’s Place and The Solace Tree. These agencies provide bereavement support to children and families. The recipients are required to submit financial status reports, monthly requests for reimbursement, and provide quarterly progress reports.

The Grief Support Trust Account SFY23 Funding and Expenditure Totals Table

Agency Name	Awarded	Expended
Adam's Place	\$54,319.00	\$48,589.00
The Solace Tree	\$18,106.00	\$18,106.00

The Grief Support Trust Account SFY23 Funding and Expenditure Totals Graph



The following report was provided to the DHHS Director’s Office GMU by Division of Child and Family Services.

The Children's Trust Fund (CTF) is dedicated to the prevention of child abuse and neglect. It was established in 1985 by the State Legislature [NRS 432.131](#) and is administered by the Division of Child and Family Services’ (DCFS) Grant Management Unit. The CTF is a special account that receives fees from Nevada birth and death certificates. To supplement the Fund, the GMU submits an annual application for federal Community-Based Child Abuse Prevention (CBCAP) grant funds, established by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996 and most recently reauthorized by the CAPTA Reauthorization Act of 2010.

The Division of Child and Family Services (DCFS), a public entity, is serving as the lead agency responsible for administering the Children’s Trust Fund (CTF) and providing oversight to funded programs. DCFS’ goal is to promote the health and well-being of Nevadans through the delivery and facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. DCFS’ Grants Management Unit builds and supports statewide community networks that help children and families assess their needs and work toward holistic solutions through managing available federal and state grant funds that encourages engagement among community organizations, stimulated innovation and maximizes impact.

Distribution of Funds and Accountability

DCFS has implemented a Notice of Funding Opportunity process which allows service providers a clear and concise guide aligning program requirements using child abuse and neglect prevention mindset. A total of 16 subrecipients received funding.

Primary Prevention

Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect. Primary prevention services include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary prevention can be difficult to measure because you are attempting to impact something before it happens, an unknown variable.

Secondary Prevention

Secondary prevention consists of activities targeted to families that have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low-income families. Secondary prevention services include services such as parent

education classes targeted for high-risk parents, respite care for parents of a child with a disability, or home visiting programs for newparents.

Target Population

- Adult former victims of child abuse and neglect or domestic violence
- Fathers
- Homeless families and those at risk of homelessness
- LGBTQIA+ Families
- Members of underserved or underrepresented groups
- Parents (all, new, teens, etc.)
- Parents and/or children with disabilities
- Racial and ethnic minorities
- Unaccompanied homeless youth

Key Activities

Children's Trust Funds provided the following activities and services that ensure the prevention of child abuse and neglect of Nevada's children:

- Offering comprehensive support for parents and parents with disabilities.
- Services promoting the development of parenting skills while providing and improving the access to formal and informal resources:
 - Family Centered Case Management
 - Parenting Education
 - Mental Health Services and Support
 - Home Visiting programs for new parents
 - Respite Care
 - Behavior Management
 - Substance Abuse Treatment Services
 - Peer Support
 - Domestic Violence Service programs for children and their non-abusing caregivers.
- Provide referrals for early health and development services,
- Promote meaningful parent leadership:
 - Participating with Prevent Child Abuse Nevada as they are leading a Nevada parent leadership project.
- Promote self-protection education for children:
 - Public Awareness of Child Abuse and Neglect
 - Self-Protection Education for Children

SFY23 Children's Trust Fund Subrecipients and Service Array

Agency Name	Service Delivery Array	Service Area	Awarded Amount
Advocates to End Domestic Violence	Case Management Parenting Education	Carson County	\$20,597
Board of Regents-UNR-Sierra Families	Parenting Education Referrals	Carson and Washoe Counties	\$86,990
Boys & Girls Club of Truckee Meadows	Case Management Parenting Education	Humboldt, Lyon, Washoe, and White Pine Counties	\$56,125
Boys Town Nevada	Parenting Education	Clark County	\$77,641
Cappalappa Family Resource Center	Parenting Education	Moapa Valley	\$7,628
Child Assault Prevention	Self-Protection Education for Children	Washoe and Northern Nevada Rural Counties	\$99,018
Clark County Dept of Family Services	Parenting Education	Clark County	\$54,468
Community Chest	Home Visitation Parenting Education Peer to Peer Support Groups Referrals	Carson and Northern Nevada Rural Counties	\$59,008
Crisis Intervention Services dba Sierra Community House	Case Management Referrals Self-Protection Education for Children	Washoe County	\$29,846
Family Resource Center of Northeastern NV (FRCNN)	Parenting Education	Elko County	\$35,137
Lyon County Human Services	Case Management Home Visitation Parenting Education Referrals	Lyon County	\$100,880
Nevada Outreach Training Organization	Case Management Home Visitation Homelessness Services Parenting Education Referrals	Nye County	\$57,103

SFY23 Children’s Trust Fund Subrecipients and Service Array Continued

Agency Name	Service Delivery Array	Service Area	Awarded Amount
NyE Communities Coalition	Self-Protection Education for Children	Nye County	\$13,265
Prevent Child Abuse Nevada	Education Awareness Advocacy	Statewide	\$100,000
Signs of Hope	Self-Protection Education for Children	Clark County	\$85,436
Washoe County School District- Family Resource Center	Case Management Home Visitation Homelessness Services Parenting Education Referrals	Washoe County	\$114,302
Total Funding			\$997,444
Total Service Numbers			15,537

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. The purpose of the SSBG is to allocate federal funds to states to support services for at-risk children, adults, and families. The Office of Community Services (OCS), Administration for Children and Families (ACF), at the U.S. Department of Health and Human Services, administers the SSBG. States have broad discretion in the specific programs supported with SSBG funds and may tailor the use of these funds over time to best meet the needs of their populations.

The Omnibus Reconciliation Act of 1981 (Public Law 97-35) amended Title XX to establish the SSBG. The SSBG is a capped entitlement program. This means that states are entitled to their share of funds, according to a formula, from an amount of money that is capped in the statute at a specific level (also known as a funding ceiling). Each year, Congress determines the level of funding to be appropriated to the SSBG. SSBG funds are allocated to each of the 50 states and the District of Columbia according to their relative population size. Designated state agencies administer the SSBG.

Federal law establishes five broad goals for the SSBG. Social services funded by states must be linked to one or more of these statutory goals:

- Achieve or maintain economic self-support to prevent, reduce, or eliminate dependency.
- Achieve or maintain self-sufficiency, including reduction or prevention of dependency.
- Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests or preserve, rehabilitate, or reunite families.
- Prevent or reduce inappropriate institutional care by providing community-based care, or other forms of less intensive care.
- Secure 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 SFY23, \$9,879,094.00 of SSBG Title XX funds were awarded to State agencies within the Nevada Department Health and Human Services (DHHS). The funds support a variety of essential services administered by the Aging and Disability Services Division (ADSD), the Division of Child and Family Services (DCFS), and the Division of Public and Behavioral Health. An additional \$3,097,743 in SSBG Title XX funds were allocated to non-state entities providing social services in urban and rural communities statewide. A total of \$12,976,837.00 was awarded for the SFY23.

The funding is often pooled with other resources, ensuring that Nevada is meeting the immediate needs of its residents. States must submit a plan specifying how grant funds will be used, and an

annual post-expenditure report. States may provide services directly, or sub-allocate funds to local qualified providers.

Target Population

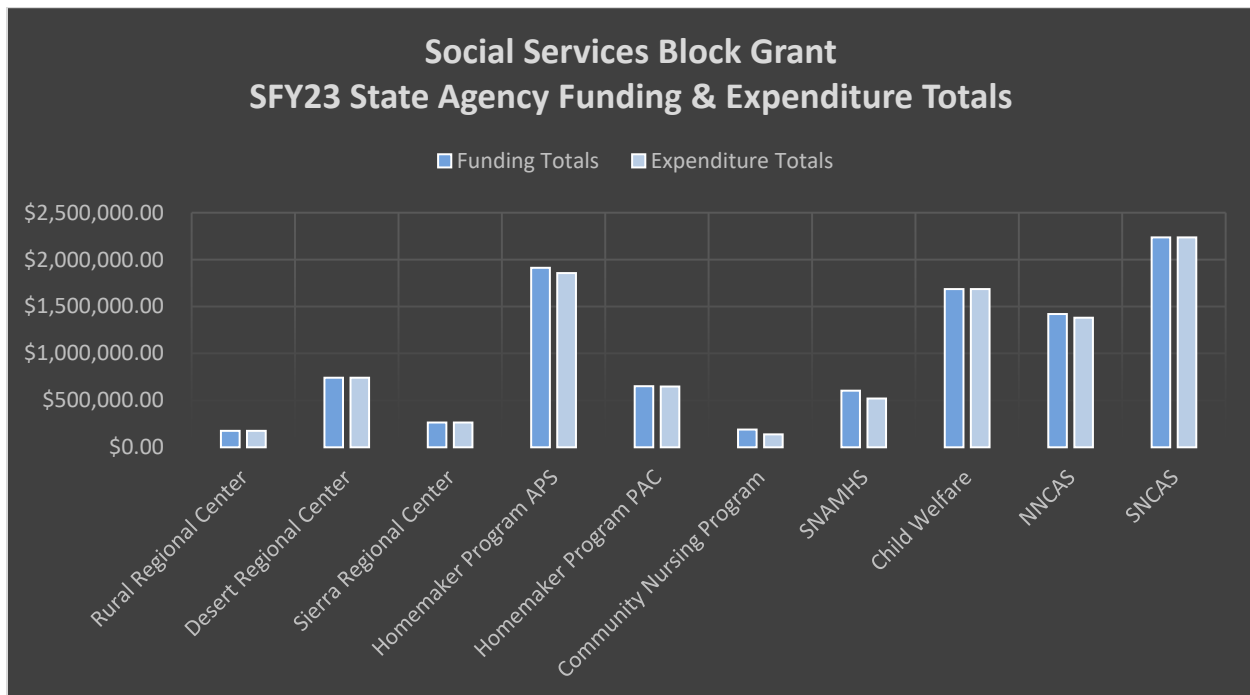
The target population for services provided in FY23 under the Social Services Block Grant include:

- Youth with Serious Emotional Disturbances (SED).
- Children in foster care placement.
- Individuals in rural and frontier communities of Nevada in need of Sexually Transmitted Infection (STI) education and testing services.
- Caregivers aged 55 and older who have guardianship of children and are in need of respite services.
- Vulnerable adults in need of homemaker and other social services.
- Adults diagnosed with serious mental illness and substance abuse.

Social Services Block Grant SFY23 State Agency Funding and Expenditure Totals Table

Agency Name	Awarded	Expended
ADSD Rural Regional Center	\$175,943.00	\$175,943.00
ADSD Desert Regional Center	\$741,477.00	\$741,477.00
ADSD Sierra Regional Center	\$263,916.00	\$263,916.00
ADSD Homemaker Program APS	\$1,913,213.00	\$1,856,220.00
ADSD Homemaker Program PAC	\$650,445.00	\$647,807.00
DPBH Community Nursing Program	\$188,392.00	\$137,143.00
DPBH Southern Nevada Adult Mental Health Services (SNAMHS)	\$603,236.00	\$520,422.00
DPBH Child Welfare	\$1,685,356.00	\$1,685,356.00
DCFC Northern Nevada Child Adolescent Services (NNCAS)	\$1,420,117.00	\$1,380,173.00
DCFC Southern Nevada Child Adolescent Services (SNCAS)	\$2,236,999.00	\$2,236,999.00

Social Services Block Grant SFY23 State Agency Funding and Expenditure Totals Graph



Social Services Block Grant SFY23 Non-State Agency Funding and Expenditure Totals Table

Agency Name	Awarded	Expended
Clark County Department of Family Services (DFS)	\$1,970,568.00	\$1,970,568.00
ALS Association Nevada Chapter (ALS)	\$34,560.00	\$34,242.00
Lyon County Human Services (HS)	\$38,865.00	\$38,865.00
East Valley Family Services (FS)	\$89,877.00	\$89,870.00
CARE Chest of Sierra Nevada	\$150,000.00	\$150,000.00
Families for Effective Autism Treatment (FEAT)	\$60,750.00	\$35,160.00
Washoe County Human Services Agency	\$663,807.00	\$663,807.00
Care with Purpose Medical Center	\$89,316.00	\$13,153.00

Social Services Block Grant SFY23 Non-State Agency Funding and Expenditure Totals Table

