



NEVADA DEPARTMENT of HEALTH and HUMAN SERVICES

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

Office of Community Partnerships and Grants Annual Report State Fiscal Year 2018 *July 1, 2017—June 30, 2018*

Brian Sandoval, Governor
Richard Whitley, Director

SFY 18 Annual Report

Department of Health and Human Services – Office of Community Partnerships and Grants

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INTRODUCTION

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 217, Section 500, Contingency Account for Victims of Human Trafficking

NRS 439, Section 630, Fund for a Healthy Nevada

NRS 458A, Section 090, Revolving Account to Support Programs for the Prevention and Treatment of 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) Office of Community Partnerships and Grants (OCPG). Sections 2 and 3 summarize major activities and expenditures.

Sections 4 through 10 each focus on a different funding source and/or program area. Narratives are followed by statistical reports that track individual grantee progress unless the data is reported within the narrative (e.g., CSBG and Nevada 2-1-1).

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 mean 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.

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Department of Health and Human Services – Office of Community Partnerships and Grants

Advisory Committee Members and Staff

GRANTS MANAGEMENT ADVISORY COMMITTEE

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 SFY18.

NRS 232.383 Requirements for GMAC	Members/Terms	Affiliation	Subcommittee
One superintendent of a county school district or his designee	Dan Wold Term expires 6-30-2020	Eureka County School District	Wellness (Hunger)
Director of a local agency which provides services for abused or neglected children	Laura Alison Callendo Term expires 6-30-19	Foster Kinship	Prevention of Child Abuse and Neglect
One member with knowledge, skill and experience in the provision of services to children	Amy Kelly Term Expires 6-30-2020	Placer Commission on Children and Families	Prevention of Child Abuse and Neglect
Representative of Department of Juvenile Justice	Leslie Bittleston Term expires 6-30-2020	DCFS Juvenile Justice Program Office	Disability Services
One member with knowledge, skill, and experience in providing services to senior citizens	Shirley Trummell Term Expires 6-30-2020	Senior Nutrition through Division of Aging	Wellness (Hunger)
Two members with knowledge, skill, and experience in finance or business	VACANT		
Two members with knowledge, skill and experience in finance or business	Jeff Bargerhuff, Vice Chair Term expires 6-30-2020	Unaffiliated	Wellness (Hunger)
Representative of Nevada Association of Counties	Jeff Fontaine Term expires 6-30-2020	Nevada Association of Counties	Prevention of Child Abuse and Neglect

One member with knowledge, skill, and experience in building partnerships between the public sector and the private sector	Vacant, Chair Term expires 6-30-2020	HumanResourcesExpert.com; Federal Mediation and Conciliation Service	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	Diane Thorkildson Term expires 6-30-2020	University Center for Autism and Neurodevelopment	Wellness (Hunger)
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 Term expires 6-30-2020	Contractor, Rite of Passage	Prevention of Child Abuse and Neglect
One member with knowledge, skill, and experience in the provision of services to persons with disabilities	Susan Lucia-Terry Term expires 6-30-19	Clark County School District Assistive Technology Services	Disability Services
One member with knowledge, skill, and experience in the provision of services relating to the cessation of the use of tobacco	Tom McCoy Term Expires 6-30-2020	American Cancer Society Cancer Action Network	Disability Services
One member with knowledge, skill, and experience in the provision of health services to children	VACANT		
One member who is a member of the Nevada Commission on Aging	Stacy Gilbert Term expires 6-30-2020	Commission on Aging and Disabilities	Disability Services

ADVISORY COMMITTEE ON PROBLEM GAMBLING

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 SFY18.

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	Desert Research Institute; Lanie's Hope
Two members who represent private organizations that provide assistance to problem gamblers	Carol O'Hare, Vice-Chair	Nevada Council on Problem Gambling
Two members who hold nonrestricted gaming licenses	Carolene Layugan	Caesars Entertainment Corporation
Two members who hold nonrestricted gaming licenses	VACANT	
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 / Association of Gaming Equipment Manufacturers
One member who works in the area of mental health	Don Jorgason	Dept. of Veteran Affairs, Sierra Nevada Health Care System
One member who represents an organization for veterans	VACANT	

CURRENT OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS (OCPG) STAFF

Cindy Routh	Unit Chief
Crystal Johnson	Program Specialist: Lead – Community Services Block Grant
Lori Follett	Program Specialist: Lead – Statewide Coordinator of Family Resource Centers; Lead – Victims of Human Trafficking; Fund for Healthy Nevada, Wellness
Julieta Mendoza	Program Specialist: Lead – Social Services Block Grant; Fund for a Healthy Nevada, Disability Services; Children’s Trust Fund;
Kim Garcia	Program Specialist: Lead – Problem Gambling
Jennifer White	Program Specialist: Statewide Coordinator of Nevada 2-1-1
Connie Ronning	Auditor
Cathy Council	Administrative Assistant III and OCPG Website Administrator
Shannon Gruening	Administrative Assistant II

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Department of Health and Human Services – Office of Community Partnerships and Grants

Office of Community Partnerships and Grants (OCPG) Overview

OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS OVERVIEW

MISSION: *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.*

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

GUIDING PRINCIPLES:

1. *The Office of Community Partnerships and Grants (OCPG) builds and supports statewide community networks that help families and individuals assess their needs and work toward holistic solutions.*
2. *The OCPG manages available grant funds in a fair and responsible manner that encourages engagement among community organizations, stimulates innovation and maximizes impact.*
3. *The OCPG shares responsibility for program accountability, growth and success with its community partners.*
4. *The OCPG engages in the development of new programs and strengthens existing programs through short- and long-term planning, establishing meaningful goals, tracking achievements, and advocating for sustainability.*
5. *The OCPG serves as a department-wide resource to foster common standards in grantmaking, streamline processes, share compliance requirements, and otherwise advocate for enhanced coordination among divisions that grant funds to community partners.*
6. *The OCPG inspires staff to strategically and professionally execute their present responsibilities while preparing for the next steps in their careers.*

Background Information

The Office of Community Partnerships and Grants (OCPG) is an administrative unit within the Department of Health and Human Services (DHHS), Director's Office. The OCPG has primary authority for managing grants to local, regional, and statewide programs serving Nevadans. In addition to ensuring accountability and providing technical assistance to community partners, staff engages in progressive system development intended

to help end users (clients, consumers, individuals and families) improve their quality of life and reduce dependence on the social services safety network.

The OCPG oversees the following funding sources and programs.

- Children's Trust Fund (CTF), which leverages federal Community-Based Child Abuse Prevention (CBCAP) dollars
- Community Services Block Grant (CSBG)
- Family Resource Centers (FRC)
- Differential Response (DR)
- Fund for a Healthy Nevada (FHN) Wellness and Disability Services
- Social Services Block Grant (Title XX of the Social Security Act)
- Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling
- Contingency Account for Victims of Human Trafficking
- Grief Support Services
- Success Contracts

When the unit was created in July 2003, the goal was to bring together multiple grant programs and advisory committees. Today, two committees provide oversight and recommendations to the DHHS Director – the Grants Management Advisory Committee (GMAC) and the Governor's Advisory Committee on Problem Gambling (ACPG).

Key Statewide Activities in SFY18

- The OCPG awarded 120 grants and contracts in SFY18, some with multiple funding sources. Total expenditures reached \$26,446,030
- Nevada Revised Statute (NRS) 217.500 was passed by the legislature in 2013 to provide programs and services to victims of human trafficking. Administration of the fund was assigned to the OCPG. In SFY18, the Attorney General's Office, along with several community members, organized the First Annual Contingency Account for Victims of Human Trafficking fundraising event in Las Vegas. The event was a huge success with record attendance. As of September 2018, the account had a total of \$145,574. During SFY18, the OCPG approved a record number of requests statewide, by community agencies for emergency funds that helped victims in crisis.
- The OCPG staff implemented a Departmentwide initiative to streamline the grant process. This included creating a Grant Management Committee to review and approve Departmentwide templates for consistency and to meet the standards of our federal requirements and regulations.

- OCPG continues to work with Medicaid to identify billable services with funded agencies and are working with the agencies to implement Medicaid billing if applicable.
- OCPG staff continue to work with representatives from Amplifund, our on-line grant management system, on overall improvements related to outcome evaluation, reimbursement requests and the Request for Application process.
- Implemented the Grief Support awards. There are two eligible entities that are currently receiving the funding in Washoe County and Clark County, with services and training being offered in rural counties provided by both providers.
- DHHS, Director Office staff and OCPG, have held 2 public workshops to discuss Success Contracts. One was held in Reno and one in Las Vegas, to connect with possible partners and to have the community provide feedback. This project has been a work in progress and staff will continue to educate the public and seek opportunities whenever available.
- OCPG collaborated with both Aging and Disability Services and staff from University of Nevada, Reno on the biannual Community Needs Assessment to identify statewide community needs. The results were analyzed and evaluated to identify the community needs and how they align with Funds for Healthy Nevada initiatives. The top three needs statewide include, Mental Health/Healthcare, Housing and Hunger/Food Security. OCPG will be incorporating these priorities in the SFY 20/21 Request for Proposals to maximize program funding and services are offered that aligned with the SFY 18 Needs Assessment.

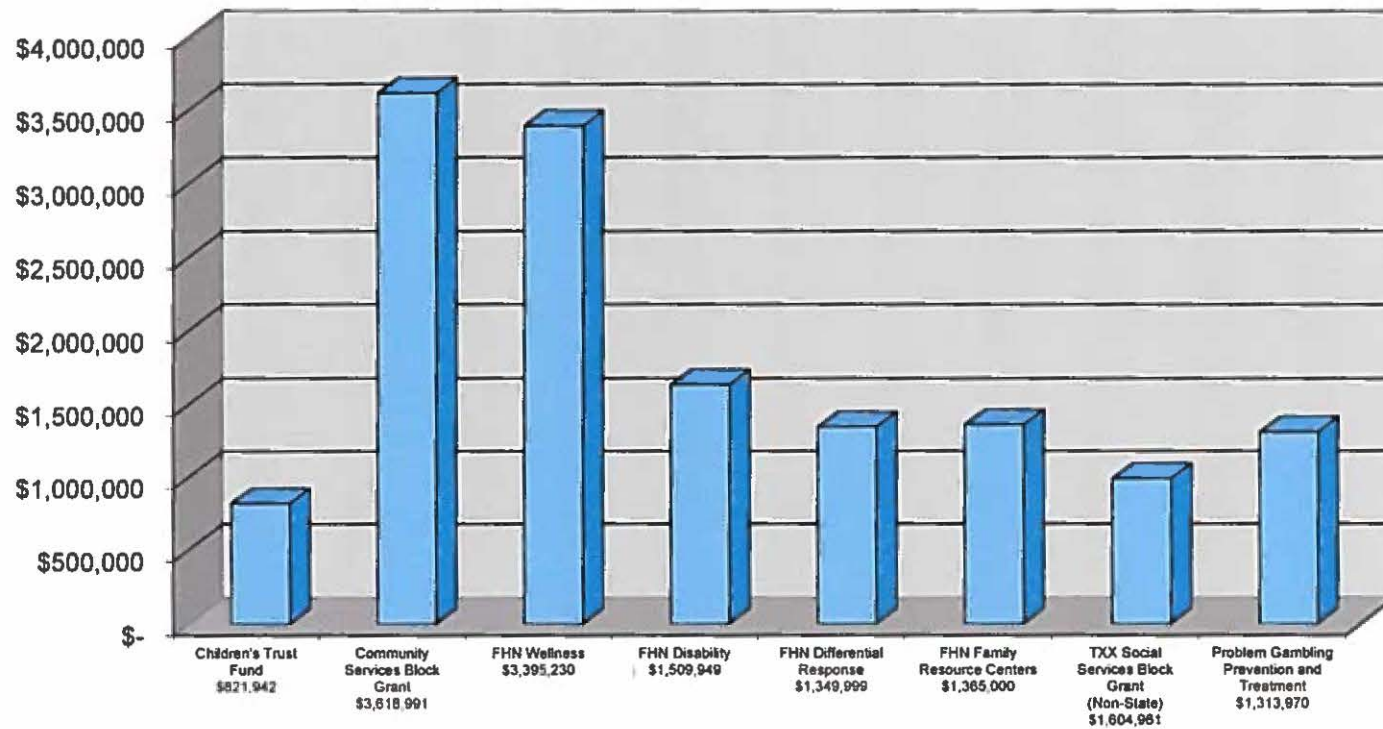
Major Planned Activities for SFY19

In addition to the routine administration and oversight of grants, the OCPG will pursue the following special activities in SFY19.

- OCPG is working to identify Departmentwide collaborations, blending funding, outcomes and evidence/informed best practices whenever possible. Collaborations are ongoing and will be beneficial to build capacity in community agencies as well as improved outcomes for the clients.
- The Governor's Food Security Council, Commission on Aging, and Commission on Services with Persons with Disabilities presented their top priorities to the Grants Management Advisory Committee in September with information that will be included in the SFY 20/21 Request for Application. The Grants Management Advisory Committee was enthusiastic about the presentations and that OCPG was able to successfully collaborate with these groups. OCPG staff will continue working with the Commissions and Committees to align efforts moving forward through the next Request for Application cycle.

- OCPG is working with the Office of Grant Procurement, Coordination and Management to put together a Grant Training for the Department of Health and Human Services to ensure consistency of Departmentwide initiatives and consistency in grant management.
- The OCPG will be working with funded agencies to incorporate collaborations with the agency's local Federally Qualified Health Centers, Primary Care Centers and other Health Centers to improve client outcomes. Collaboration with Health Centers are a natural fit to ensure clients are being addressed not only medically but also addressing social determinates that could reduce the reoccurrence of emergency room visits and a better outcome for the individual or family.
- The OCPG grant managers will continue to convene quarterly meetings of subgrantees 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 OCPG will also continue to explore avenues for bringing additional dollars into the program areas within its purview. 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) and we will move to a Medicaid billable model where applicable.

Funds Distributed in SFY18 by Source



Note – Chart does not include \$11,896,015 in TXX Social Services Block Grant funds distributed to State agencies per the SFY17-18 Legislatively Approved Budget.

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Department of Health and Human Services – Office of Community Partnerships and Grants

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 SFY05, 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 SFY06.

DISTRIBUTION OF FUNDS AND ACCOUNTABILITY

In SFY18, \$767,131 in CTF and CBCAP funds were expended by 12 child abuse prevention programs throughout Nevada.

- \$650,158 was expended by 10 programs to provide parenting classes.

An additional \$1,470,695 in Social Services Block Grant (Title XX) funds were also used to support child abuse prevention in SFY18, including three crisis intervention programs, one child self-protection training program, and one parent training program. Each grantee is required to submit a Quarterly Report with information about progress toward their goals and objectives, the number of unduplicated participants in their programs, and results of client satisfaction surveys.

KEY STATEWIDE ACTIVITIES IN SFY18

- A requirement of the CBCAP funding award is participation in Child Abuse Prevention Month activities each April. The 2018 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 nine CTF grantees and the statewide network of Family Resource Centers (FRCs). The 2018 Pinwheels for Prevention statewide campaign focused on community support for families. Community partners “planted” thousands of colorful pinwheels at 45 Pinwheels for Prevention events in communities throughout the state, including the front lawn 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.

- 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.
- OCPG introduced a new approach to parent education, in alignment with some of the innovation in prevention programming being introduced throughout the nation. OCPG, in partnership with its federal technical assistance partner, FRIENDS National Resource Center, will coordinate a state-wide capacity building parent education model which will be phased in across the span of the next 2-year grant cycle (SFY 18 and 19). The purpose of the approach is to create a network of parent education agencies and professionals interested in implementing shared-upon outcomes and evaluation strategies to increase the collective impact of child abuse prevention within our state. Below are activities that were completed in FY18:
 - Agencies' prevention teams participated in ongoing quarterly initiative meetings;
 - If feasible, grantees attended the Annual Nevada State Child Abuse Prevention and Safety Conference offered by PCA-NV and CAN Prevent NV to took place June 2018;
 - Grantees participated in no less than two webinars having to do with program implementation in general and or specific elements.
 - Grantees scheduled parent education classes.
 - Implemented data gathering mechanisms and revisited timelines;
 - Continued to document partnerships through MOUs and Letters of Intent;
 - Identified emerging partners;
 - Grantees offered in-services to community agencies and other potential partners on their respective parenting education programs.
 - Grantees participate in PCA-NV's sponsored Pinwheels for Prevention during Child Abuse Prevention Month (April 2018).

COLLABORATIVE EFFORTS AND LEVERAGE

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.

GRANTEE PERFORMANCE

- 96% of all outcomes were met across all CTF-funded programs

MAJOR PLANNED ACTIVITIES FOR SFY19

- CTF grantees will be expected to help coordinate and participate in the Pinwheels for Prevention activities planned for April 2019. Planning phone calls for the events will be coordinated by NICRP starting in January 2019.
- The OCPG will participate in program development and performance evaluation of the programs funded with CTF grants through site visits and program monitoring activities. Additionally, the PCAN State Lead will schedule Quarterly Meetings with the CTF grantees for the purposes of standardizing fiscal and programmatic information and sharing updates on best and emerging practices in the field of child abuse and prevention.
- Agencies supported by CTF will be invited to participate in monthly webinars sponsored by the FRIENDS National Resource Center and other local and national training entities, such as the National Family Strengthening Network and the Prevention Framework. They will also be invited to related informational webinars and capacity building opportunities.
- Grantees, through their prevention teams, will engage in a process review. (Training on this topic will be offered).
- If feasible, grantees attend the Annual Nevada State Child Abuse Prevention and Safety Conference offered by PCA-NV and CAN Prevent NV to take place June 2019.
- Conversations with partners around program improvement areas, leveraging and partnership sustainability. (A webinar will be offered on the topic).
- Grantees participate in PCA-NV's sponsored Pinwheels for Prevention during Child Abuse Prevention Month (April 2019).

PROGRAM ANECDOTES

- A family who was referred to our program by Juvenile Probation struggles with a 12-year-old daughter who has been diagnosed as bipolar and frequently exhibits violent outbursts. After a lesson on stress and anger management, in which the class discussed different ways of redirecting the focus of children who have difficulty controlling their anger. The parent returned the following week and shared with the class that one of the techniques shared by another parent was more successful than anything they have ever tried. The father and stepmother were so relieved to have found a way to calm their daughter down.

- One of the most recent graduates was a divorced couple that was referred to class from the Department of Child and Family Services. The couple had divorced a year ago and was struggling to address their two teenaged daughters behaviors. The parents were unable to set the same home rules and had very different consequences ranging from being grounded for a month to not having any consequences at all. The family came to the attention of DCFS due to police contact at both homes due to domestic violence of the girls to their parents. The teens out of control behaviors were putting both mom and dad in jeopardy of both losing custody of their children as well as facing criminal charges. The parents were able to agree to take the same parenting class so that they could work together to set rules and consistent consequences between the homes. Through the class they developed way in which they could create calm down plans for the girls as well as themselves so that arguments did not escalate and result in police contact. They were also able to identify ways in which they could teach to the girls in neutral situations in order to address other potentially difficult situations before they became worse. Both parents reported that they had learned a great deal and that they had found confidence in parenting their daughters. Their DCFS case was still open at the end of the class but both parents reported that the case worker had noted a great deal of improvement in girls' behaviors and in the overall home environment and they were confident that the case would close soon.
- This quarter we had a family that was struggling with scheduling and not having enough quality time together. We were able to help the family with time management, prioritizing their schedule, and working to build the entire families self-esteem. The family took these tools and reported positive changes in their family.

CHILDREN'S TRUST FUND PROGRAM PERFORMANCE DATA

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Advocates to End Domestic Violence PARENT TRAINING Provides intensive individualized parenting training for survivors of domestic violence. The goal is to prevent child abuse and neglect by developing positive parenting skills and establishing structure and daily routines to break the cycle of violence that impacts survivors and their children. \$26,375/\$26,375	25 unduplicated parents will enroll in the 7-week STEP program. Of those, 80% (20) will be complete the 7-week STEP program. 20/29/145% 80%/100%	Of the 25 unduplicated parents enrolled in the 7-week STEP program, 90% (22) will report and show a positive increase of (4 or more) in their perception of children's behavior and their competency in parenting. 22/18/82% 90%/82%	25 unduplicated parents will be surveyed; 80% (20) will report satisfaction with a score of 3 or higher. 20/29/145% 80%/100%
Board of Regents (BOR), Nevada System of Higher Education (NSHE), University of Nevada Las Vegas, Nevada Institute for Children's Research and Policy (NICRP) COMMUNITY TRAINING This project will provide education about issues related to child safety and healthy relationships that are specifically designed to target three primary audiences (1) parents (2) youth (future parents), and (3) professionals who interact with parents. The classes aim to prevent	UNLV NSHE UNLV will serve 1,350 unduplicated clients (does not include youth). All 1350 clients served will complete a post-survey.	Of 1,350 that completed some post-survey 95% professionals will be surveyed and will report (1) feel an increase in competency in the area they got trained in; and (2) will report being satisfied with the training.	Of 1,350 that complete a post-survey (41%) parents will be surveyed and will: (1) Feel an increase in their parenting skills or ability to keep their family safe; and (2) will report being satisfied with the training.

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
<p>and help the community to learn how to identify child maltreatment in Nevada through education and awareness.</p> <p>\$90,938/\$83,856</p>	<p>1,350/1,495/111% 100%/100%</p>	<p>1,350/1,278/95% 95%/100%</p>	<p>1,350/1,283/95% 41%/100%</p>
<p>BOR NSHE, University of Nevada Las Vegas, NICRP CHAPTER SUPPORT 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.</p> <p>\$40,000/\$33,014.92</p>	<p>Four quarterly teleconference meetings will be held with a 51% attendance rate at each meeting, and there will be representation at each meeting from at least 3 different counties in Nevada, at least one representative with a background in marketing.</p> <p>51/81/159% 51%/100%</p>	<p>A minimum of two statewide videoconference/teleconference meetings will be held with representation from a minimum of 15 pinwheels for prevention events will be held around the month of April for National Child Abuse Awareness Month.</p> <p>21 pinwheels events were developed.</p>	<p>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.</p> <p>24 NICRP staff participated in 20 community events in Southern Nevada.</p>

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Boys & Girls Club of Truckee Meadows STRENGTHENING FAMILIES PROGRAM SFP is an evidence-based family education program that builds skills in parents and children to create a healthy home environment. BGCTM will conduct multiple SFP sessions annually, targeting at-risk families, in order to prevent child abuse/neglect. \$95,020.00/\$95,022	BGCTM will train 135 unduplicated parents. All 135 parents that start the program will complete it. 135/140/104% 100%/100%	Of the 135 parents surveyed, 115 parents (85%) will report a change in perception of their child(ren)'s behavior and their competency in parenting. 115/120/108% 85%/100%	
Boys Town Nevada, Inc. PARENT TRAINING Boys Town will provide parent training via its evidence-based Common Sense Parenting® (CSP) program. CSP teaches practical skills adaptable to unique personal, social and cultural needs. \$45,402/\$45,402	A minimum of 155 parents will participate in either the 6 session "Common Sense Parenting" program for parents of school-age children or the 7 session "Common Sense Parenting" program for parents of toddlers and preschoolers. 155/169/109% 100%/100%	80% of participants completing 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. 124/111/90% 80%/100%	90% of participants who complete a parenting program will "agree" or "strongly agree" with the statement, "Given my experience in the Common Sense Parenting class, I would recommend this class to my friends and family." 140/109/78% 90%/87%
The Children's Cabinet, Inc. PARENT EDUCATION The Children's Cabinet parenting support classes and workshops help families build and maintain healthy	600 unduplicated parents to be trained.	600 unduplicated parents to be surveyed through the Retrospective Survey.	Of the parents surveyed 540(90%) will report a change in perception of their children's behavior and their competency in parenting.

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
relationships to reduce the incidence of maltreatment and promote children's development across all five developmental domains to ensure future health and happiness. \$74,195/\$71,795	 600/573/96% 100%/96%	 600/573/96% 100%/96%	 540/544/121% 90%/100%
Clark County Department of Family Services PARENT TRAINING At least 985 parents , caregivers and family members in Clark County will attend and participate in 82 six-or eight session, free, prevention focused parent education programs through the Parenting Project increasing their parenting knowledge and skills creating safer, more stable and nurturing relationships with their children to improve child well-being, collaboration with a variety of community partners enhances service delivery, accessibility and location options for families. \$86,994/\$86,905	A minimum of 985 participants will attend one of the following 6 to 8-week parenting programs: BabyCare, Nurturing Parents & Families, ABCs of Parenting, Triple P Parenting Program, Teen Triple P, or Staying Connected to Your Teen. 985/964/98% 100%/98%	95% of participants who complete a parenting program will "agree" or "strongly agree" with the statement, "As a result to attending this program, I feel better able to solve problems I might encounter as a parent." 985/936/95% 95%/100%	

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Family Resource Centers of Northeastern Nevada PARENT TRAINING FRCNN will provide parenting classes for 100 Elko County families with children, from birth to 17 years of age, utilizing the evidence-based curriculum, Active Parenting. We will conduct primary prevention activities targeted toward the families prior to allegations of child abuse and neglect. \$66,106/\$54,311.51	100 unduplicated grandparents /parents will enroll in the Active Parenting program. 75% (75) grandparents/parents will complete the curriculum. 100/129/129% 75%/100%	Of the 100 unduplicated grandparents/parents, 70% will complete a pre and post survey and will indicate a change in their perception of their grandchildren's/children's behavior and their competency in parenting. 100/70/70% 70%/100%	A minimum of 85% of parents who complete the post-survey will have a minimum score of 4 out of 5 or better on each of the 4 questions, indicating they satisfied or very satisfied with the curriculum. 85/91/107% 85%/100%
Ron Wood Family Resource Center PARENT/FAMILY TRAINING Positive Action is a Parenting/Family communication program that has components for all parts of the family, youth and the community. Positive Action is a holistic approach to working with the entire family for positive results. Positive Action is an evidence-based parenting session that incorporates the entire family. \$63,335/\$63,214	100 unduplicated parents will complete the Workshop. 100/183/183% 100%/100%	100 Unduplicated parents will be surveyed. Of those 100, 90 (90%) will report a change in perception of their children's behavior and their competency in parenting. 90/183/204% 90%/100%	

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
UNR Cooperative Extension: UNCE UNCE will implement community-based parenting education programs to prevent child abuse and neglect targeting 300-500 families with children aged 0-5 years. In addition UNR Cooperative extension will provide family resources/ materials and attend and/or coordinate family resource events/ fairs in an effort to share information on the prevention of child abuse and neglect with the larger community. \$74,722/\$4,665	UNCE will provide Parent education to a total of 240 unduplicated families in 2018 through the provision of parent education programs 240/329/137% 100%/100%	All parents that complete the parent education programs will be surveyed. 80% of parents will report that they would recommend this program to their friends and family and they would think that the instructor is very helpful. 192/235/123% 80%/100%	
Washoe County School District Family Resource Center Coalition PARENT TRAINING WCSD will provide parent training to 160 unduplicated Washoe County parents identified as high risk for abuse and/or neglect of minor children. Parent training will be delivered via the WCSD FRC's Apple Seeds/Parents as Teachers and Parenting Wisely programs. \$152,407/\$136,139	160 unduplicated, at risk families will participate in parent training; 80% (128) families will report a positive change in their competency as a parent as measured by the Protective Factors Survey. 160/160/100% 80%/100%	160 unduplicated, at risk families will participate in parent training; 90% (144) families will report being satisfied or very satisfied on the post-workshop Client Satisfaction Survey. 144/160/112% 90%/100%	80 unduplicated parents participating in the Apple Seeds program, 90% (72) will be able to discuss/demonstrate 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. 72/131/182% 90%/100%

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Wells Family Resource Center The Wells Family Resource Center provided parenting classes using the evidence based Active Parenting Curriculum in Wells, West Wendover and Jackpot. \$6,323/\$5,533	For FY18 a total of 40 unduplicated parents will receive parent education. 40/32/80% 100%/80%	40(100%) of the parents will be surveyed. Of these, 30(75%) will report an increase in their parenting competency and a change in their perception of their child's behavior. 30/22/73% 75%/100%	Of the 40 parents surveyed, 32 (85%) will report an overall positive result. 32/32/100% 85%/100%

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Department of Health and Human Services – Office of Community Partnerships and Grants

Community Services Block Grant - Overview

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 SFY18, 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 by the State CSBG program staff located in the DHHS Office of Community Partnerships and Grants (OPCG).

Distribution of Funds and Accountability

CSBG funds are distributed to designated CAAs based on a funding formula. 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 federal poverty level in each county based on 2010 census data. The formula will be updated following the release of the 2020 census data.

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).

Community Services Block Grant - Overview

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 an application every year 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, and agency capacity-building -- and performance targets (beginning SFY 2019).
- 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, child care, 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 are 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.
- CAAs work with the OCPG and the Nevada Community Action Association (NCAA) on statewide special projects to build agency skills.

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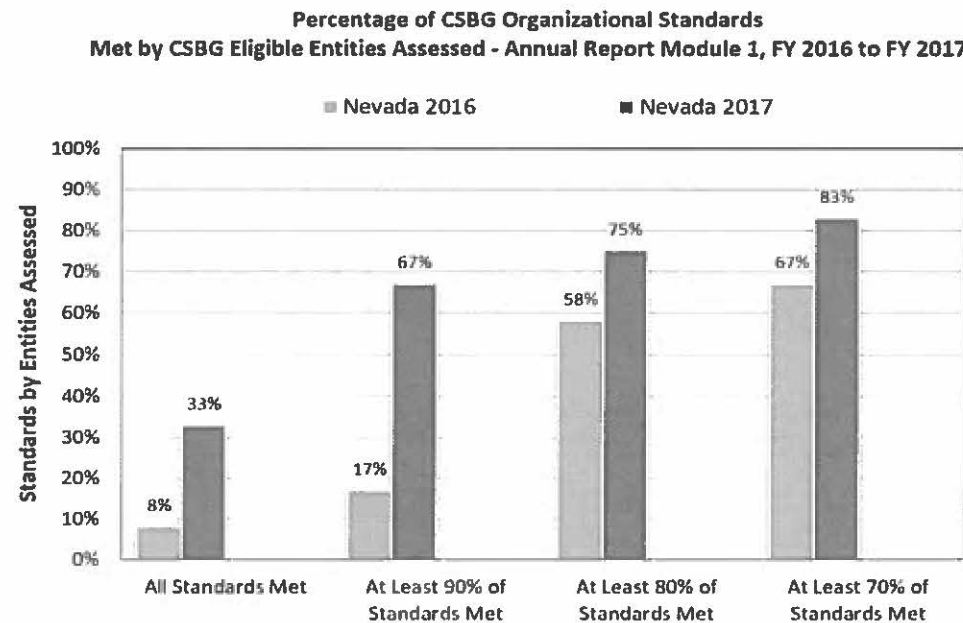
Department of Health and Human Services – Office of Community Partnerships and Grants

Community Services Block Grant - Overview

Key Statewide Activities in SFY18

- National CSBG Organizational Standards: The federal Office of Community Services requires CAAs to achieve 100% compliance with the national standards. The State CSBG Office established Organizational Standards Compliance Instructions with specific criteria for achieving compliance with each of the 58 national standards. The documents were reviewed from December 2017 through March 2018 and a summary report was sent to each CAA indicating their compliance status. Due to the differences in state and federal reporting periods, the most recent reports reflect Nevada's compliance for FY2017 as the current reporting period. There has been consistent improvement across the board for all 12 CAAs since the standards were first introduced, as reflective in the chart below.

Community Services Block Grant - Overview



- **Nevada Service Delivery Model:** Through a partnership with NCAA, a statewide service delivery model and software program is being utilized by all 12 CAAs. The service delivery model standardizes client 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 improve economic stability and achieve 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 client, program, and agency outcomes. The database provides a common agency-wide reporting framework and creates an opportunity for CAAs and the OCPG to establish performance benchmarks and to use data to improve services. This project has received recognition from within the national CSBG network.

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Department of Health and Human Services – Office of Community Partnerships and Grants

Community Services Block Grant - Overview

- Results Oriented Management and Accountability (ROMA) Implementer Certification Course: The CSBG Act mandates the implementation of a comprehensive performance-based management system across the entire Community Services Network. This system has been identified as "Results-Oriented Management and Accountability," or ROMA. As a result of ROMA implementation at all levels within the CSBG network, trainers have observed and reported evidence of improved administration, programs, and outcomes thru the following indicators of success:
 - Increased standardized understanding of basic ROMA Principles and Practices
 - Increased use of the Six National Goals in planning and implementing strategies
 - Increased ability to relate agency mission to identified outcomes, at the family, agency and community levels;
 - Increased ability to identify outcomes and indicators
 - Improved management of agencies and programs using a "results oriented" approach
 - Increased ability to collect, aggregate and report outcome data

The State CSBG program staff coordinated a Nationally Certified ROMA Implementer Course which was offered to all 12 CAAs in FY18. Thirteen participants from 8 of Nevada's CAAs, as well as staff from OCPG, participated in this intensive 6-month training. The training is broken into self-paced learning modules, in person training, a in depth portfolio in which the participant demonstrates their skills, and a final exam.

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 SFY18 is not due to the OCS until March 31, 2019 and therefore is not available at the time of this report.

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Department of Health and Human Services – Office of Community Partnerships and Grants

Community Services Block Grant - Overview

CAAs manage multiple funding sources and a significant amount of the Nevada's social service resources. CAAs spent more than \$3.5 million in CSBG dollars in SFY18. In SFY17, CAAs reported that they managed \$47.6 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 Nevada Community Action Association. 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.

CSBG Client Demographics

- Total number of individuals served statewide: 9,202
- Total number of families served statewide: 3,469
- Percent of Hispanic individuals served: 16%
- Percent of African American individuals served: 23%
- Single parents: 26% of the families served were headed by a single parent.
- Level of income: 81% of families served were below the Federal Poverty Level (FPL) and 49% were below 50% of the FPL.
- Housing: 6% of the families served were homeless or lacked permanent housing and 55% were renters.

CAA Outcomes

The CSBG program used the Nevada Service Delivery Model and statewide software program. The model and software greatly improves the quality of data and focuses agency efforts on increasing the economic stability and self-sufficiency of individuals and families. Each client receives an assessment across 12 domains related to economic well-being using a scale-based assessment that

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Department of Health and Human Services – Office of Community Partnerships and Grants

Community Services Block Grant - Overview

identifies client status as in-crisis, vulnerable, stable, safe and thriving. Clients are then reassessment at least every 90 days to evaluate their progress.

Major Planned Activities for SFY19

The following are the major areas that the State CSBG Office will be working on in SFY 2019. These areas summarize the developmental projects that go beyond the extensive administrative activity required by OCS.

- The OCPG is collaborating with the state association, Nevada Community Action Association (NCAA) on a technical assistance and development plan. CSBG discretionary funds have been combined with other funding managed by the association to create a combined plan. The plan includes funding for:
 - Service Delivery Model and related software program
 - Assistance to CAAs to achieve full compliance with the national Organizational Standards
 - Organizing policy documents and guidance into an on-line policy manual
 - Cataloguing CAA community collaborative projects for purposes of completing the required annual report as well as understanding the CAA community impacts
 - Continued training on the CSBG Results Oriented Management and Accountability (ROMA) model for continuous quality improvement
 - Tripartite Board Training for CAAs
 - Financial Literacy Training for caseworkers
- The OCPG 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 major focus for SFY 2019

Community Services Block Grant - Overview

will be on in-depth analysis of outcomes to evaluate performance, detailing how bundling services can make a larger overall impact on individuals and families, and identifying gaps in services.

- The CSBG State Office will be working toward streamlining and automating administrative tasks, such as the Community Action Plan, to reduce the time and effort the CAAs spend on these tasks on an annual basis. In previous years, the format and content of the Community Action Plan was updated annually, which was cumbersome for the staff within the CAAs to complete. By developing a consistent format which can be saved electronically and added to each year, the CAAs will not have to allocate so much time and energy into the process. Focus can be shifted to analyzing the outcomes and improving necessary programs. OCPG Staff will also be looking to reduce duplication among programs and adjust processes accordingly to improve overall efficiency.

Nevada Community Action Legislative Report

**Prepared for the
Nevada Department of Health and Human Services**

By

Frederick Richmond, Benjamin Richmond and Sheila Lucas

**The Center for Applied Management Practices
Denver, Colorado and Camp Hill, Pennsylvania**

September 2018



Nevada Community Action Legislative Report

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Background

The US Department of Health and Human Services, Administration for Children & Families Office of Community Services administers the CSBG program by providing funds to State agencies for the purpose of “alleviating the causes and conditions of poverty in communities” and “increasing stabilization and transition to self-sufficiency by supporting projects and programs that”:

- Lessen poverty in communities.
- Address the needs of low-income individuals including the homeless, migrants and the elderly.
- Provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services and/or health.

The Nevada Department of Health and Human Services is the designated state entity for administering CSBG funds to 12 designated Community Action Agencies (CAAS) that provide services covering all 16 Nevada counties. All CAAs participate in collection of data and annual reporting of services and outcomes as required by federal and state government and is presented here as the, Nevada Community Action Legislative Report.

Description of the Nevada Community Action Legislative Report

The Nevada Community Action Legislative Report is comprised of two documents:

- NV Legislative Report-Need-Outcomes-Movement-All Agencies
- NV Legislative Report-Services-All Agencies

The report covers the time period, July 1, 2017-June 30, 2018 for the state’s 12 Community Action Agencies that are the recipients of federal Community Services Block Grant (CSBG) funds.

The 12 CAAs administer a uniform service delivery system that provides services based on an assessment of need that measures 12 areas of well-being also known as the Nevada Primary Assessment Scales:

- Food and Nutrition
- Human Services
- Housing
- Energy and Other Utilities
- Early Childhood Education
- Transportation
- Household Budgeting
- Health Insurance-Adults
- Health Insurance-Children
- Primary Healthcare
- Employment
- Education Adults/Youth (Over 18)

Using the Food and Nutrition scale below to describe the assessment process, the 12 assessments of well-being are administered using a scale with five benchmarks. Upon initial Intake and Assessment, a person is asked to identify the one statement that best describes their current status. This is the baseline from which the agency determines whether a service is warranted and the type of service provided. All 12 scales are written in outcome language. Following provision of the service based on the assessment of need, the person is followed-up or reassessed to determine if there was "movement" or a positive outcome achieved. This is defined as moving up at least one benchmark up on the scale. In general, most services are provided to persons below the "Prevention Line". Any movement from benchmarks below to above the Prevention Line is considered a positive change including stabilization and transition to self-sufficiency.

	Food and Nutrition
Thriving	Able to afford any food without food programs
Safe	Able to afford most food without food programs
Stable	Able to afford or obtain basic food <u>with</u> food programs such as: SNAP, WIC or participation in other public or private food programs
	Prevention Line
Vulnerable	At risk of loss of SNAP, WIC or other food programs. (Needs to reapply to continue food benefits)
	Unable to afford food; uses a food bank, pantry or vouchers
In-Crisis	Unable to afford or obtain sufficient food

A person becomes a client in Nevada CAAs by meeting four conditions:

- Completes a formal Intake that collects characteristic and demographic information that determines eligibility for services based on 125% of the federal poverty level.
- Is assessed using the 12 Nevada Primary Assessment Scales to determine need.
- Is provided a service(s) based on the needs identified by the 12 Nevada Primary Assessment Scales.
- Is followed-up or reassessed to determine if an outcome was achieved measured by any change on the scale.

Persons meeting all four conditions are documented in the statewide database and are considered participants in their respective agency's case management programs.

Given the povertization of most of the persons seeking CSBG funded services, the achievement of stabilization and increasing self-sufficiency are the two important outcomes resulting from Community Action intervention. In addition, many of the programs and services can also be characterized as prevention programs as they prevent anything "worse" from occurring such as housing, access to health care, etc.

Description of-Need-Outcomes-Movement-All Agencies

The data for this report is collected in the eLogic database with the exception of one agency that uses a different database but the same lexicon and tools. The data is then exported into Excel for analysis. The Excel spreadsheet for this report is titled, NV Legislative Report-Movement-All Agencies and has 15 tabs as follows:

Tabs 1-12-Data on each of the 12 CAAs which is used to assess need and measure outcomes:

- Total population entered into eLogic
- How many persons were administered the Primary Assessment?
- How many clients came in below the Prevention Line?
- How many clients were reassessed?
- How many clients experienced positive movement anywhere on the scale and received a service?
- Of those clients who came in below the Prevention Line and received a service, how many moved above the Prevention Line?

For each agency the data has been analyzed to produce three tables:

- Need From Highest to Lowest-Number and percentage of persons placing below the Prevention Line upon initial assessment using the 12 Nevada Primary Assessment Scales.
- Movement of Clients Up The Scale-Number and percentage of persons that received a service and moved up one or more benchmarks on any of the 12 Nevada Primary Assessment Scales. These same numbers are compared to the order of need to assess the extent to which the provision of services "matches" the associated need.
- Movement of Clients From Below to Above the Prevention Line-Number and percentage of persons that received a service and moved from below to above the Prevention Line on any of the 12 Nevada Primary Assessment Scales. These same numbers are compared to the order of need to assess the extent to which the provision of services "matches" the associated need.

Tab 13-Statewide-Data-This tab is a statewide comparison of all 12 CAAs on selected data:

- How many persons were administered the Primary Assessment?

- How many clients came in below the Prevention Line? Number and Percentage.
- How many clients experienced positive movement anywhere on the scale and received a service? Number and Percentage.

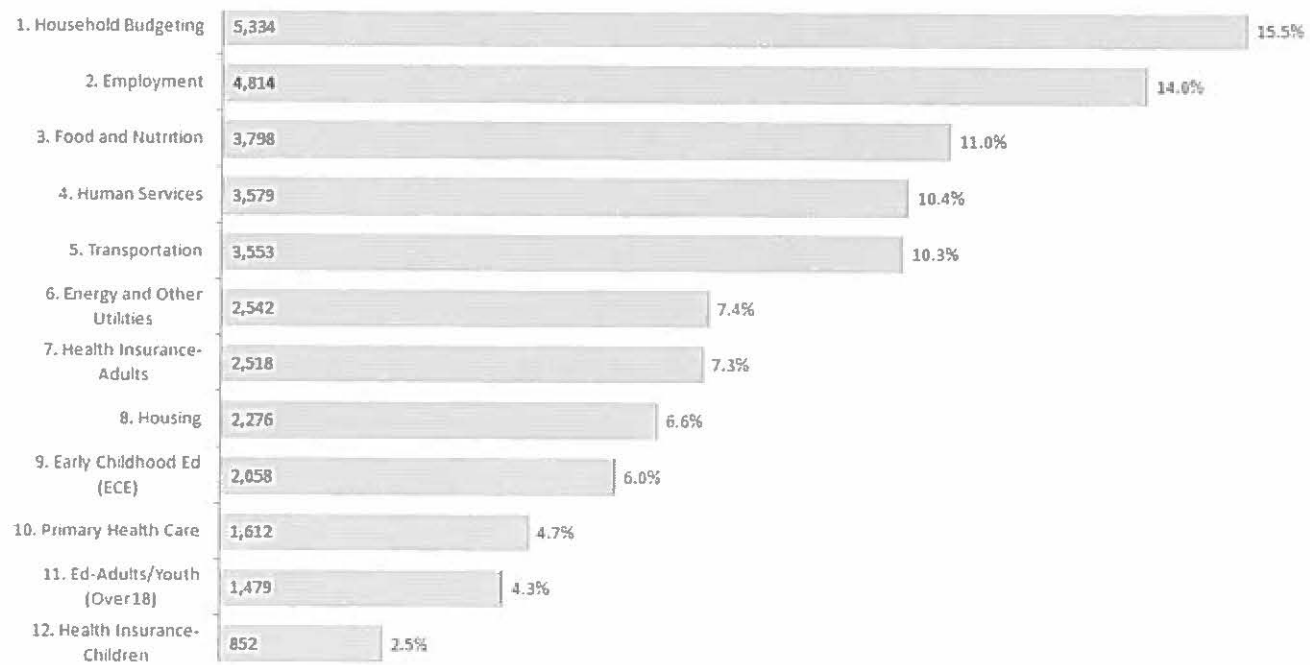
Tab 14-Statewide-Need-This tab contains tables and graphs for statewide comparison of need by number and percentage. Analysis is provided in the worksheet.

Tab 15-Statewide-Outcomes-This tab contains tables and graphs for statewide comparison of movement or outcomes achieved by number and percentage. Analysis is provided in the worksheet.

Executive Summary-Tab 14 Need

Table-1-Statewide Number and Percentage of Persons in Need		
NV Primary Assessment Scales	#	%
A	B	C
1. Household Budgeting	5,334	15.5%
2. Employment	4,814	14.0%
3. Food and Nutrition	3,798	11.0%
4. Human Services	3,579	10.4%
5. Transportation	3,553	10.3%
6. Energy and Other Utilities	2,542	7.4%
7. Health Insurance-Adults	2,518	7.3%
8. Housing	2,276	6.6%
9. Early Childhood Ed (ECE)	2,058	6.0%
10. Primary Health Care	1,612	4.7%
11. Ed-Adults/Youth (Over 18)	1,479	4.3%
12. Health Insurance-Children	852	2.5%
Total	34,415	100.0%

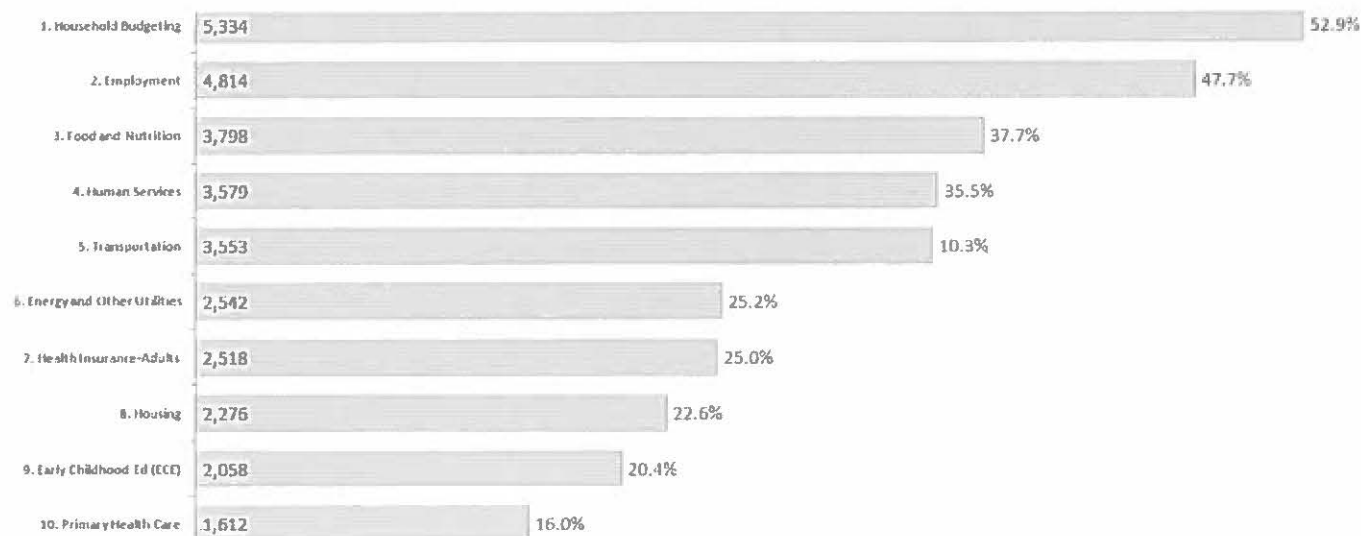
- **Note:** Need is defined as those persons presenting below the Prevention Line upon initial assessment using the NV Primary Assessment Scales.
- **Column A-**The 12 Primary Assessment Scales in order of need.
- **Column B-**The number of persons who presented below the Prevention Line. Unduplicated count by Scales; duplicated overall person count. For example, 6.6% of persons assessed had poor housing or were homeless.



Executive Summary-Tab 14 Need

Table-2-Statewide Number and Percentage of Need by Scales N=10,086		
NV Primary Assessment Scales	#	% Need
A	B	C
1. Household Budgeting	5,334	52.9%
2. Employment	4,814	47.7%
3. Food and Nutrition	3,798	37.7%
4. Human Services	3,579	35.5%
5. Transportation	3,553	10.3%
6. Energy and Other Utilities	2,542	25.2%
7. Health Insurance-Adults	2,518	25.0%
8. Housing	2,276	22.6%
9. Early Childhood Ed (ECE)	2,058	20.4%
10. Primary Health Care	1,612	16.0%
11. Ed-Adults/Youth (Over 18)	1,479	14.7%
12. Health Insurance-Children	852	8.4%
Total	34,415	

- **Note:** Need is defined as those persons presenting below the Prevention Line upon initial assessment using the NV Primary Assessment Scales.
- **Column A**-The 12 Primary Assessment Scales in order of need.
- **Column B**-The number of persons who presented below the Prevention Line. Unduplicated count by Scales; duplicated overall person count.
- **Column C**-The percentage of all persons assessed on each scale that presented below the Prevention Line. For example, of all persons assessed on the Housing Scale, 22.6% placed below the Prevention Line



Executive Summary-Tab 15 Outcomes-Movement

This tab identifies the number and type of outcomes achieved by clients. Below are the definitions of outcomes achieved by clients across all 12 Community Action Agencies.

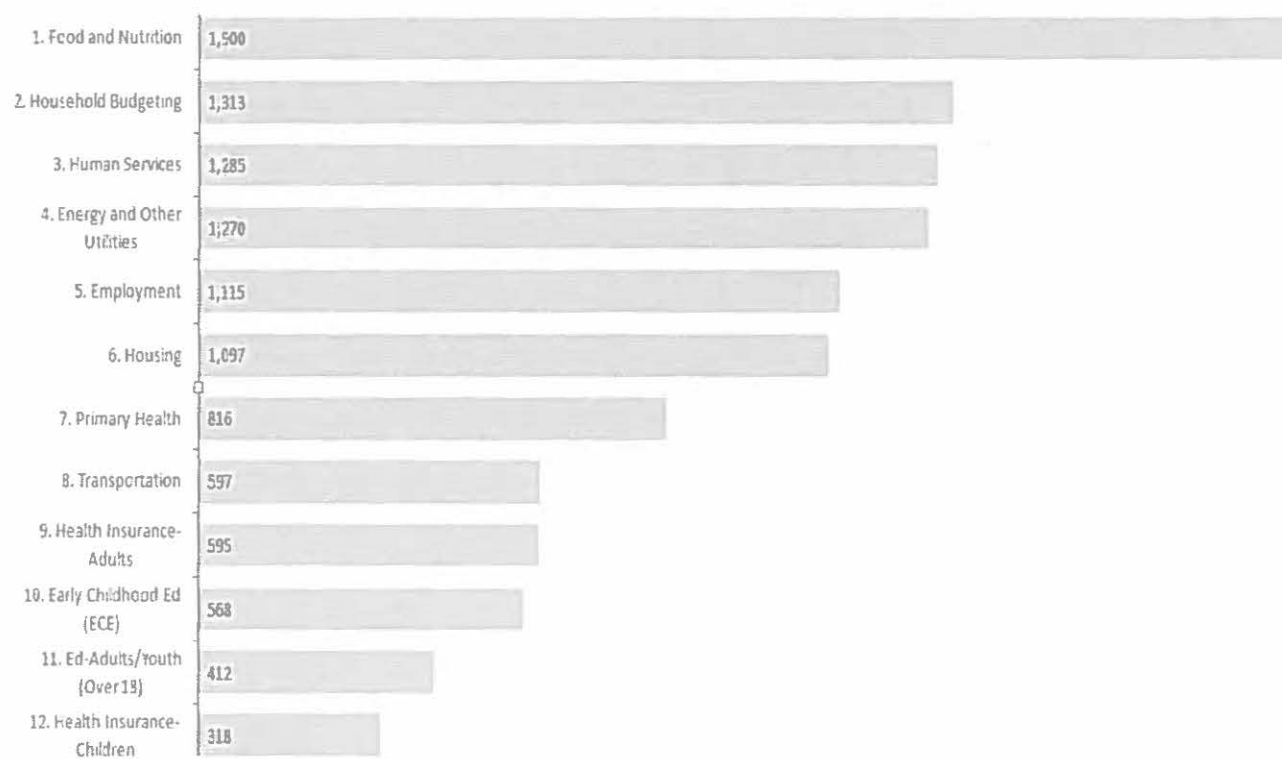
- **Food and Nutrition**-Obtained food from public/private food programs or able to independently afford food.
- **Health Insurance-Adults**-Obtained health insurance for adult.
- **Housing**-Found or maintained safe and secure housing.
- **Human Services**-Obtained basic necessities and avoided crisis.
- **Primary Health**-Able to access primary health care providers and obtain health care.
- **Transportation**-Able to obtain public or private transportation.

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- **Household Budgeting**-Able to pay some or all bills; improve financial standing.
- **Early Childhood Ed (ECE)**-Enrolled in Head Start or licensed childcare provider.
- **Employment**-Found employment and/or increased income.
- **Energy and Other Utilities**-Ability to pay utility bills with or without a subsidy.
- **Health Insurance-Children**-Obtained health insurance for child.
- **Ed-Adults/Youth (Over 18)**-Obtained ESL certificate, GED or high school diploma, certificate/license from technical/professional training, college degree.

Executive Summary-Tab 15 Outcomes-Movement

Table 3-Statewide Count of Persons Achieving Positive Outcomes	
NV Primary Assessment Scales	#
1. Food and Nutrition	1,900
2. Household Budgeting	1,313
3. Human Services	1,285
4. Energy and Other Utilities	1,270
5. Employment	1,115
6. Housing	1,097
7. Primary Health	816
8. Transportation	597
9. Health Insurance-Adults	595
10. Early Childhood Ed (ECE)	568
11. Ed-Adults/Youth (Over 18)	412
12. Health Insurance-Children	318
Total	11,286



Executive Summary-Tab 15 Outcomes-Movement

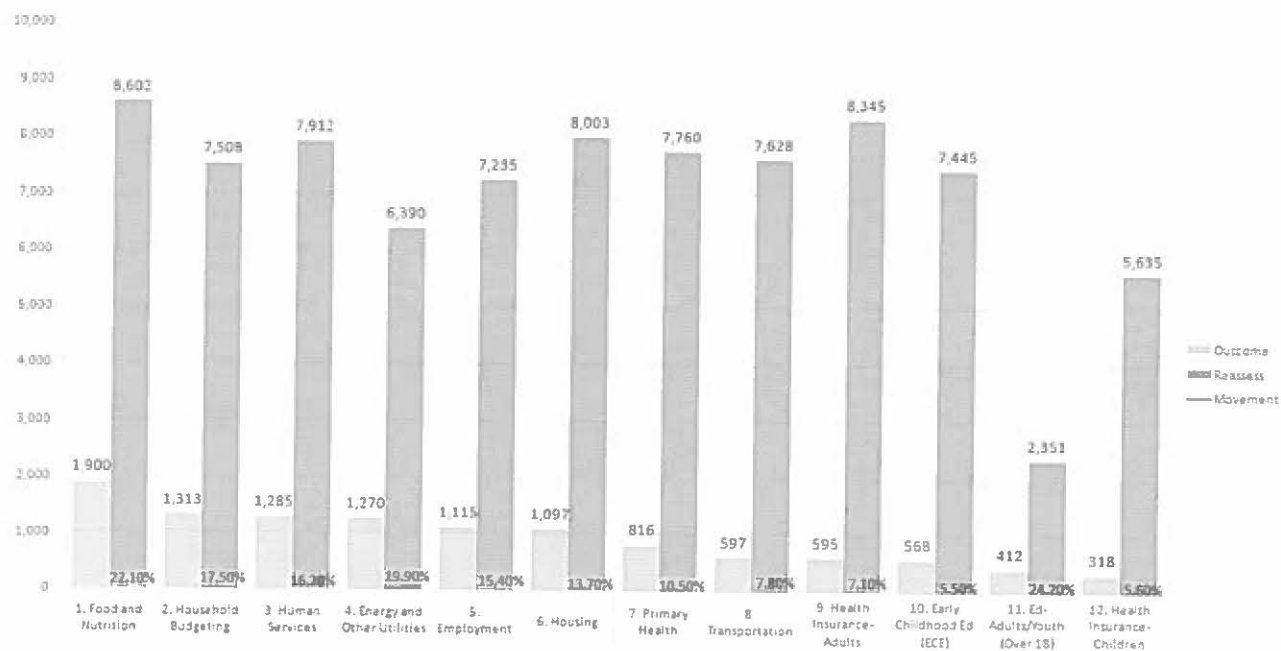
Table 4-Statewide Percentage of Outcomes to All Outcomes	
NV Primary Assessment Scales	%
1. Food and Nutrition	16.8%
2. Household Budgeting	11.6%
3. Human Services	11.4%
4. Energy and Other Utilities	11.3%
5. Employment	9.9%
6. Housing	9.7%
7. Primary Health	7.2%
8. Transportation	5.3%
9. Health Insurance-Adults	5.3%
10. Early Childhood Ed (ECE)	5.0%
11. Ed-Adults/Youth (Over 18)	3.7%
12. Health Insurance-Children	2.8%
Total	100.0%



Executive Summary-Tab 15 Outcomes-Movement

Table 5-Outcomes as a Percentage of All Outcomes			
NV Primary Assessment Scales	Outcome	Reassess	Movement
A	B	C	D
1. Food and Nutrition	1,900	8,602	22.1%
2. Household Budgeting	1,313	7,508	17.5%
3. Human Services	1,285	7,912	16.2%
4. Energy and Other Utilities	1,270	6,390	19.9%
5. Employment	1,115	7,235	15.4%
6. Housing	1,097	8,003	13.7%
7. Primary Health	816	7,760	10.5%
8. Transportation	597	7,628	7.80%
9. Health Insurance-Adults	595	8,345	7.10%
10. Early Childhood Ed (ECE)	568	7,445	5.50%
11. Ed-Adults/Youth (Over 18)	412	2,351	24.2%
12. Health Insurance-Children	318	5,635	5.60%
Total	11,286	84,814	

- **Column B**-The number of persons that achieved positive outcomes as measured by moving up at least one benchmark on a scale.
- **Column C** – The number of persons reassessed from which the percentage of movement is calculated.
- **Column D**-The percentage of movement achieved by all persons who received a service. For example, 22.1% of all persons who were assessed for Food and Nutrition achieved a positive outcome or moved up the scales.



NV Legislative Report-Services-All Agencies

The data for this report is also collected in the eLogic database with the exception of one agency that uses a different database but the same lexicon and tools. The data is then exported into Excel for analysis. The Excel spreadsheet for this report is titled, NV Legislative Report-Services-All Agencies and has 14 tabs as follows:

Tabs 1-12-Services data for each of the 12 CAAs was collected and displayed as follows:

Column A-Alphabetical order and number of services provided.

Column B-The same data as Column A but organized by the number of services provided

Columns F-K-Comparison to need with services provided to assess the extent to which services are "matched" with need. This data is useful for the CSBG planning process.

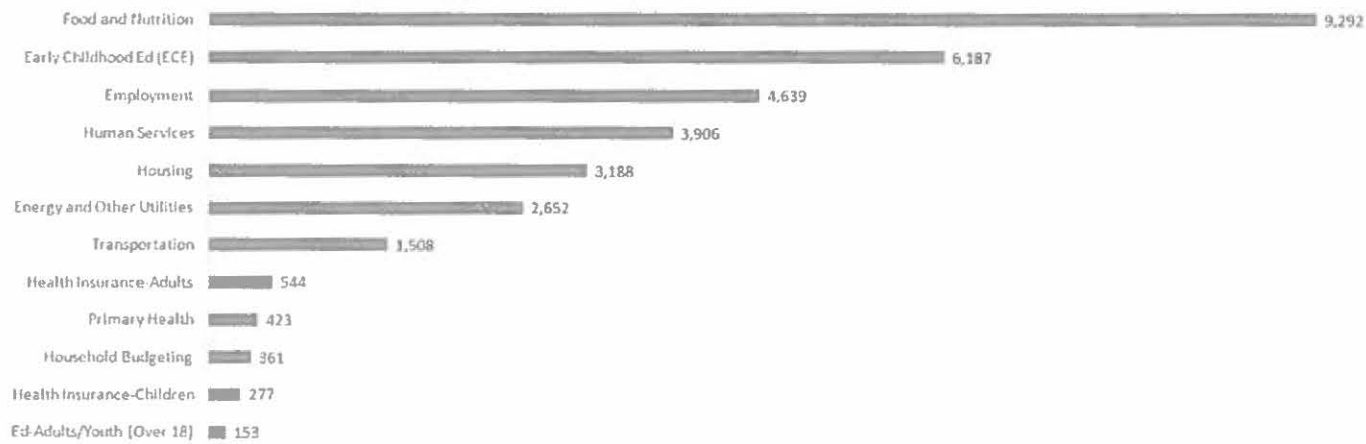
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Tab 13-This is statewide services data arranged by agency with statewide totals.

Tab 14-This tab contains tables and graphs for statewide comparison of services provided by the CAAs. Analysis is provided in the worksheet.

Executive Summary-Tab 13 Statewide Data

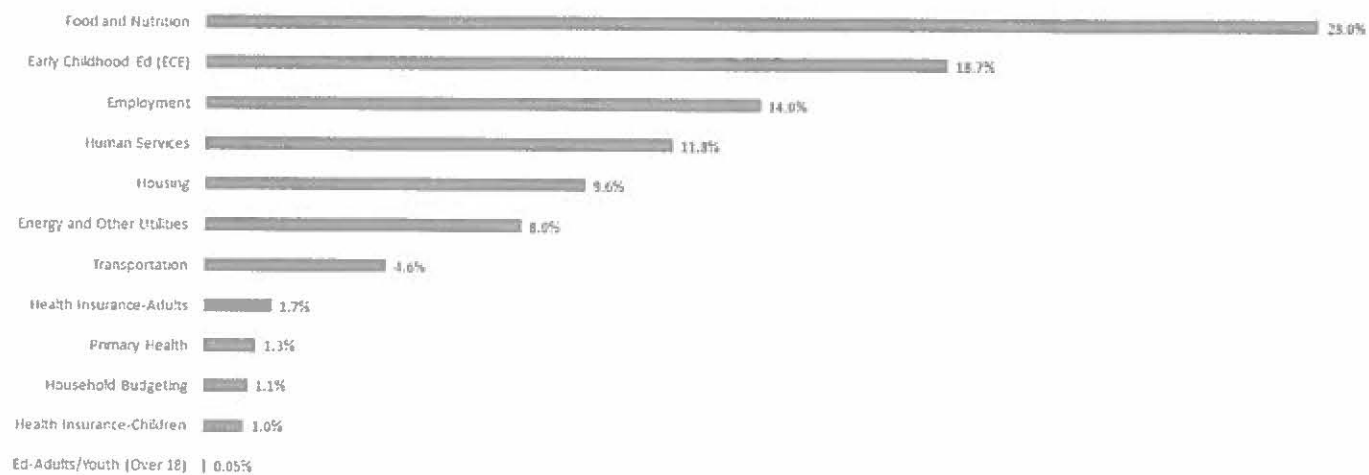
Table 6-Statewide Count of All Services	
Scales	#
Food and Nutrition	9,292
Early Childhood Ed (ECE)	6,187
Employment	4,639
Human Services	3,906
Housing	3,188
Energy and Other Utilities	2,652
Transportation	1,508
Health Insurance-Adults	544
Primary Health	423
Household Budgeting	361
Health Insurance-Children	277
Ed-Adults/Youth (Over 18)	153
Total	33,130



Executive Summary-Tab 14 Statewide Services

Table 7-Statewide Services by Percentage of all Services	
Scales	%
Food and Nutrition	28.0%
Early Childhood Ed (ECE)	18.7%
Employment	14.0%
Human Services	11.8%
Housing	9.6%
Energy and Other Utilities	8.0%
Transportation	4.6%
Health Insurance-Adults	1.7%
Primary Health	1.3%
Household Budgeting	1.1%
Health Insurance-Children	1.0%
Ed-Adults/Youth (Over 18)	0.05%
Total	99.9%

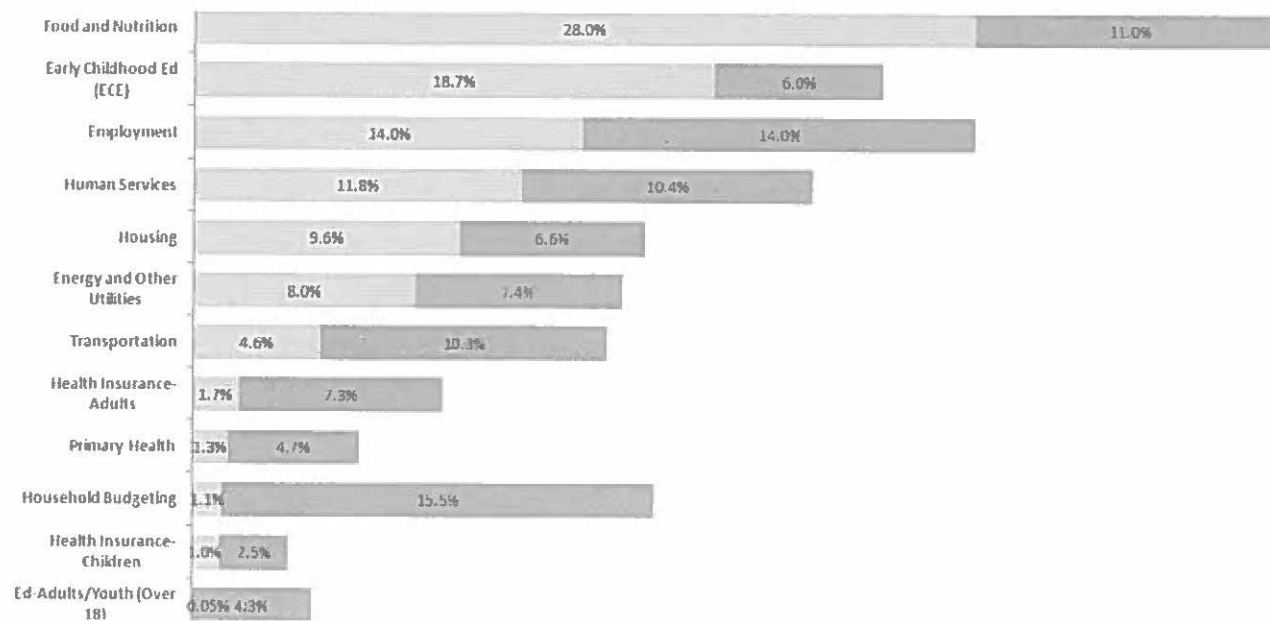
Prepared by CAMP for the Nevada Department of Health and Human Services, September 26, 2018



Executive Summary-Tab 15 Statewide Services

Table 8-Statewide Comparison of % Services to % Need		
A	B	C
Scales	% Service	% Need
Food and Nutrition	28.0%	11.0%
Early Childhood Ed (ECE)	18.7%	6.0%
Employment	14.0%	14.0%
Human Services	11.8%	10.4%
Housing	9.6%	6.6%
Energy and Other Utilities	8.0%	7.4%
Transportation	4.6%	10.3%
Health Insurance-Adults	1.7%	7.3%
Primary Health	1.3%	4.7%
Household Budgeting	1.1%	15.5%
Health Insurance-Children	1.0%	2.5%
Ed-Adults/Youth (Over 18)	0.05%	4.3%
Total	99.9%	100.0%

- **Column A**-The 12 Primary Assessment Scales.
- **Column B**-The 12 Primary Assessment Scales in order of percentage of services provided.
- **Column C**-Comparison of percentage of services to percentage of need addressing the question, how close is provision of services to the needs of the clients.



SFY 18 Annual Report

Department of Health and Human Services – Office of Community Partnerships and Grants

Fund for a Healthy Nevada - Overview

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.

DISTRIBUTION OF FUNDS AND ACCOUNTABILITY

Distribution of FHN funds in SFY18 was aligned with the results of the 2016 Statewide Community Needs Assessment conducted in accordance with NRS 439.630. The Office of Community Partnerships and Grants (OCPG) was directly responsible for administering certain grants in the Wellness and Disability Services categories of the FHN statute.

In SFY18, \$5,090,406 was distributed by the OCPG as listed on the following pages. All grantees were required to submit progress and financial reports to the OCPG. Most grantees met or exceeded projected goals and outcomes. Specific information on expenditures and progress for individual grantees follows this narrative section.

Wellness Program Areas	Amount Expended	Notes
Food Security	\$2,473,481	<i>Food Security projects were also supported with SSBG Title XX funds in the amount of \$549,168, bringing the total amount of funds expended for these programs to \$1,924,313. The primary effort focused on Hunger One-Stop Shops but some funds were also directed toward traditional SNAP outreach and planning.</i>
Nevada 2-1-1	\$770,000	<i>These funds supported a vendor contract to provide call center services, maintain and update the resource database, work toward national information and referral certification, and collaborate with public and private partners to develop a strategic plan that includes activities to diversify funding.</i>
Immunizations	\$149,958	<i>These funds supported the State Immunization Program administered by the Division of Public and Behavioral Health.</i>
Suicide Prevention	\$349,773	<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 SFY18 were not administered by the OCPG but transferred directly into the appropriate budget accounts.</i>
Total	\$3,990,399	<i>FHN Wellness funds were also used to support Family Resource Centers and Differential Response.</i>
Disability Services Program Areas	Amount Expended	Notes
Respite Care	\$397,258	<i>Funds were utilized by four grantees providing voucher or center-based respite care.</i>
Independent Living	\$592,019	<i>Funds were utilized by six grantees providing case management, transportation, assistive technology, education/employment support and transitional support to homeless individuals with disabilities.</i>
Positive Behavior Support	\$282,728	<i>All funds were expended by one grantee.</i>
Total	\$1,242,005	<i>Other FHN funds that supported Disability Services programs in SFY18 were not administered by the OCPG but transferred directly into the appropriate budget accounts.</i>

KEY STATEWIDE ACTIVITIES IN SFY18

- Food security grants administered by the OCPG in SFY18 included five Hunger One-Stop Shops that collectively provided services in every county in the state. As envisioned in *Food Security in Nevada: Nevada's Plan for Action*, the one-stop shops provide individuals and families with food to meet their immediate needs and also help them find long-term solutions such as enrollment in federal benefit programs, job readiness, and employment. The hallmark of these projects is collaborative partnerships among two or more community agencies. Overall, the Hunger One-Stop Shops projected serving 90,068 unduplicated clients in SFY18, but significantly exceeded expectations by serving 25,937. In addition, the grantees forecast that they would successfully link 95,314 unduplicated individuals to federal food programs such as USDA Commodities and the Supplemental Nutrition Assistance Program (SNAP), but actually linked 56,840.
- Four respite providers funded in SFY18 collectively projected serving 520 unduplicated families and served 406. On average, these families received \$500 worth of respite care, and 100% reported that the service reduced the stress of caring for a dependent family member. The purpose of respite care is to delay or prevent institutionalization.

MAJOR PLANNED ACTIVITIES FOR SFY18

- The OCPG is convening quarterly teleconferences among grantees with similar programs (i.e., Hunger One-Stop Shops, Respite and Independent Living). The goal is to share best practices, explore how grantees can provide more holistic service, and identify opportunities for collaboration.
- Some OCPG programs overlap with other Divisions within the Department. OCPG will continue communication across agency lines to identify opportunities to coordinate competitive processes and provide services to Nevada's children and families.
- The OCPG will participate in program development and performance evaluation of FHN grantees through site visits, program monitoring activities and the provision of technical assistance.

SFY 18 Annual Report

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Department of Health and Human Services – Office of Community Partnerships and Grants

FHN WELLNESS – STATE IMMUNIZATION PROGRAM PERFORMANCE DATA

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
DHHS – Division of Public and Behavioral Health 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. \$150,000/\$149,958	Through a sub-grant with Immunize Nevada, PINK (Protect & Immunize Nevada’s Kids) Packets will be developed and distributed to all participating birthing hospitals in Nevada. Numbers of Packets distributed 26,500	Through a sub-grant with Immunize Nevada, mobile friendly applications will be developed and provided to the public consumer. Mobile development will be focused on a WIC linkage application (Helping WIC enrollees find immunization services) and making the Immunize Nevada and Nevada VFC websites mobile and parent-friendly. Immunize Nevada tracks website and application usage and will provide these statistics as part of this outcome’s measurement. 154,063 total page views throughout all 4 quarters	

SFY 18 Annual Report

Department of Health and Human Services – Office of Community Partnerships and Grants

Fund for a Healthy Nevada Wellness – Suicide Prevention

FHN WELLNESS – SUICIDE PREVENTION PROGRAM PERFORMANCE DATA

Organization Name Project Description Grant Amount/Total Payments	Outcome #1	Outcome #2	Outcome #3
<p>DHHS, Division of Public and Behavioral Health, Office of Suicide Prevention (OSP)</p> <p>This statewide program promotes 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.</p> <p>\$380,000/\$349,772</p>	<p>Through the provision of outreach and education, OSP will facilitate sharing information and consensus building among multiple constituent groups to address Assembly Bill (AB) 93, mandating suicide prevention training for mental and behavioral health providers and support licensing boards in encouraging providers of all health care. OSP will work with associations to encourage licensing boards to implement AB93. This will be measured by board approvals for training CEUs and evidence-based training development and increased opportunities.</p> <p>4 training options added and 2 new partnerships.</p>	<p>Strengthen the public/private partnership prevention efforts in healthcare settings and emergency departments. The increase in collaboration will be demonstrated by facility completion of baseline surveys examining knowledge, attitudes, training/education, and utilization of skills around suicide prevention. These collaborations will lead to increased trainings for health care providers and facility staff.</p> <p>The grantee demonstrated the NV firearm suicide percentage for 2016 is 51.3% with US at 51.1%</p>	<p>Enhance the skills of those working with and caring for youth, SMVF and elders to better identify and intervene with someone at risk for suicide through the provision of 8 ASIST two-day suicide intervention workshops to 160 providers/caregivers; 9 Youth Mental Health First Aid trainings to 180 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 and registration/sign-in sheets.</p> <p>Grantee reports that safeTALK: 1,915; ASIST: 474; NV Gatekeeper: 1,982; YMHFA: 723; SMVF: 96 =NV Total: 5,094</p>

SFY 18 Annual Report

Department of Health and Human Services – Office of Community Partnerships and Grants

Fund for a Healthy Nevada – Disability Services

FHN DISABILITY SERVICES

Program areas include Independent Living, Respite Care and Positive Behavior Support.

PROGRAM ANECDOTES

Independent Living

- From our community partner Northern Nevada HOPES:
 - EM is a disabled elderly veteran who struggles with mobility and transportation issues. EM sometimes finds it extremely difficult to go to the supermarket and is depending on others to assist him. When help is not available, EM has no option but buy food in small grocery stores around his neighborhood. We provide him with some bus passes that will allow him to access better food, at lower prices, whenever he needs it. CT was very happy and grateful for this service
- The LINK Team was recognized in Ending Homelessness Today, The Official Blog of the National Alliance to End Homelessness article titled, “Using Smart Outreach and Housing First to End Unsheltered Homelessness in Nevada.” The article and accompanying video give first-hand experience of living in the tunnels under Las Vegas Boulevard and how the outreach teams are able to assist these individuals using real-time data collection. An excerpt from the article is as follows:
 - Where are you seeing the greatest progress when it comes to unsheltered homelessness?
 - We are seeing great progress with the implementation of our Linkages, Intervention, Navigation, Knowledge (LINK) team. LINK finds the most vulnerable clients living in places not meant for human habitation. When they find those clients, they are placed directly into bridge housing and assisted with getting their documents ready in time for a placement into permanent supportive housing. The work of the LINK team, along with the daily outreach of MCIT, is proving to be successful.

- The Third Quarter participant, who had looked upon herself as a “half-person”, turned to the Bureau of Services for the Blind for assistance in returning to her former employment. Two of the seven adults trained during the fourth quarter have turned to the Bureau of Services for the Blind for pre-employment training.

Respite Care

- One of our Carson City clients described that RSVP Transportation assistance as “life-changing”. She relies on RSVP to get to her doctor’s appointments and pick up her medications. She says that she can sleep at night knowing that she has reliable transportation. In a conversation with a staff member, RSVP discovered that this client would also like to take part in RSVP’s Homemaker program. Our continued outreach to clients will help RSVP ensure that we are meeting the needs of our clients.
- “Families without special needs do not understand the constant strain the caregivers are under as we try to keep everyone in the family safe and well. Knowing a break is coming up has allowed me to manage the stress better throughout the week, in addition to the renewal I attain during respite. Respite has been vital to our family's wellbeing, and we are so thankful”. -A family from our Jr/teen Rave program
- “This program is greatly needed and appreciated, thank you to those who provide the opportunity.”
- “I am so grateful for being able to have Olive Crest Respite. It gives me a chance to re- group to be the best mom my kids deserve.”

Positive Behavioral Support

NW Region success story:

Parents of a 2.5-year-old girl attended both the Addressing Challenging Behaviors (ACB) and Potty Pros classes offered by PBS-NV over the past quarter. Their daughter, had trouble going to the bathroom consistently on the toilet (especially for bowel movements), and more troubling, had been engaging in aggression (hitting, pinching, kicking) both at home and at daycare at different times throughout the day. When the mom first attended the ACB class, she reported that aggression would happen almost daily, and that the school she went to reported that they were concerned about supporting their daughter when she was hurting other students and teachers. Her language is really good, so the family and school team also saw a lot of “no’s” and other refusals to do things when she was ending preferred activities. The parents decided to work on strategies such as using more positive feedback rather than negative (aiming for a 5:1 ratio of positives to negatives), setting consistent, simple expectations for outing and routine times that were difficult for her (e.g., getting dressed in the morning and at night, going to the park or other play areas), as well as helping to teach her appropriate alternatives and coping strategies to be used when she gets upset (for example, squeezing her hands together, taking deep breaths, or taking a walk). At the start of the ACB class, the daughter was hitting mom and dad at least a couple of times per day, especially around dressing and leaving places she didn’t want to leave. After the class was over, and the family had time to work on all the strategies in their plan together, the mom reported that she rarely sees her daughter get as agitated on a regular basis, and that her aggression had dropped a lot. The daughter was consistently using more calming strategies and her words to indicate what she wanted and how she was feeling. As well, she was fully potty trained after about 1 week of the family using the potty chart to reinforce

when she went poop on the toilet! The mom reported that she and her husband felt much more empowered in understanding their daughter's behaviors and in knowing what strategies work best for her.

Southern Region success story:

Recently, a potty-training participant attended a Potty Pros class and shared that she was struggling with potty training her five-year-old son. She reported that after multiple attempts and applying different strategies borrowed from many books she bought, she was close to giving up. She felt that the relationship between her and her son was strained, and the topic of potty training was aversive to her son. Everyone in the class could see she was very frustrated as she spoke with tears in her eyes.

She shared that her son was now "pooping in the family pool" during get-togethers "to get back at her" and she was so embarrassed.

She completed the training and learned a few new strategies that we're not in any of the books she bought; implemented the strategies and was successful! She raves about the project and continues to check-in for other classes that she swears will "assist with parenting her son".

FHN DISABILITY SERVICES PROGRAM PERFORMANCE DATA

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Board of Regents, Nevada System of Higher Education, University of Nevada Reno, Center for Excellence in Disabilities PATH TO INDEPENDENCE P2I provides inclusive postsecondary education (PSE) opportunities to students with intellectual disabilities (ID). The expected outcome for each student is integrated, competitive employment. \$59,499/\$58,740	Number of students served in P2I the number of unduplicated focus individuals served. 12/15/125% 100%/100%	Percent of P2I students who believe that their self-sufficiency has been increased due to the program % of individuals who reported improved self-sufficiency as a result of the training or services (# with increase in self-sufficiency [Total achieved]/# that were surveyed [Total possible]. 8/8/100% 92%/100%	At the end of each of two semesters, Survey students, parents, instructors, ed coaches and mentors regarding their satisfaction with P2I program % of individuals who reported being satisfied or very satisfied with training or services [# who were satisfied or very satisfied [Total achieved]/# who did satisfaction survey [Total possible]. 30/30/100% 90%/100%

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Nevada Reno, Center for Excellence in Disabilities POSITIVE BEHAVIOR SUPPORT NV PBS provides training and technical assistance to parents and caregivers of individuals with disabilities in order to decrease challenging behavior and increase quality of life. This project is a true statewide initiative with services coordinated and provided in each of three regions across the state (Reno, Elko and Las Vegas). \$320,000/\$282,728	Through the provision of trainings and on-site consultation/technical assistance, 185 unduplicated focus individuals will be served, where 90% of focus individuals will demonstrate behavior improvement as measured by behavior change date, assessments and/or interviews. 784/776/99% 93%/99%	Through the provision of satisfaction surveys to training participants, 80% will be returned and 85% of those collected will indicate positive responses through expressing that they found the training valuable and/or were satisfied overall with the training session as measured by the survey. 187/144/77% 89%/77%	
Dignity Health, dba St. Rose Dominican Hospitals Helping Hands of Henderson provides free transportation services to medical appointments, grocery shopping, and other important errands for clients 60 years of age and older residing in Henderson, Nevada. \$55,973/\$55,972	57 Clients of Helping Hands of Henderson will provide 950 one-way rides or medical appointments, grocery stores, pharmacies, food banks and other important errands. 57/57/100% 100%/100%	Out of 48 respondents assessed 46 Respondents will report an increased level of self-sufficiency as a result of the transportation services. 50/50/100% 100%/100%	

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
CitiCare/Sierra Nevada Transportation Coalition TRANSPORTATION SERVICES The program will provide 823 non-ADA service area paratransit rides to people with disabilities and use as match to double those rides with federal funds. CitiCare will partner with local organizations to provide 1,500 free bus tickets so people with disabilities can access needed resources. \$28,3307/\$28,307	Provide 440 RTC ACCESS rides as match for a Federal Transportation Administration (FTA) 5310 grant that provides non-ADA service area rides to people with significant disabilities who live in the outlying areas. 440/626/142% 100%/100%	Provide 400 two-ride RTC RIDE tickets and 20 ten-ride RTC ACCESS books to Northern Nevada HOPES (NNH) for their patients with disabilities in need of transportation to critical services, including food security and medical services. 400/547/136% 100%/100%	Provide \$13,350 in Lyft vouchers in a (\$40 in vouchers for \$10) pilot program, including both First/Last mile (FMLM) and destination transportation. 13,350/13,320/99% 100%/99%
Clark County Social Services TRANSITION TO HEALTHY LIVING Sixty (60) unduplicated clients will be served each year of the grant period, with services and/or in bridge housing, for a total of 120 clients (July 1, 2017 – June 30, 2019); Fifty-four (54) will be assessed or surveyed. \$193,721/\$175,322	Forty-six (46) clients will have increased self-sufficiency (as indicated by an increase in income, education, employment) during their participation in the program, and they will be able to maintain housing three months post-exit, as a result of the services provided from this program. 46/40/87% 100%/87%	At the time of exit from bridge housing, forty-three (43) will report their satisfaction with services provided by this project. 43/33/77% 100%/77%	
Foundation for Positively Kids, Inc. POSITIVELY KIDS SKILLED RESPITE PROGRAM	The number of unduplicated children to be served in Respite Care is 60. At least 120 family members will benefit	A minimum of 60 families will be assessed throughout their time of receiving services. An average of	All 60 families receive surveys during the program. 80% of families (48) annually report being

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
<p>This project will provide in-home skilled respite care for children who are severely disabled including children who are medically fragile, medically dependent and/or developmentally delayed. We also serve children who have severe autism and children with Down's Syndrome where parents/caregivers need a break from constant care demands.</p> <p>\$99,840/\$99,840</p>	<p>from the respite care. All families are routinely surveyed throughout the period of receiving services. In general, an average of 80% of the families report reduced stress as a result of the services.</p> <p>120/112/93% 80%/93%</p>	<p>70% of families will report fewer medical emergencies and more time to care for other family members or the ability to work. 45 families will report positive results.</p> <p>60/112/186% 70%/100%</p>	<p>satisfied or very satisfied with services provided.</p> <p>60/112/186% 80%/100%</p>
<p>Accessible Space Inc. Accessible Space Inc. Nevada provides comprehensive person-centered case management and life skills training to individuals with disabilities I their homes and in the community. Their goal is to supports persons in obtaining their highest level of independence.</p> <p>\$82,288/\$57,454</p>	<p>42 of individuals that were assessed/ surveyed will report self- sufficiency has increased as a result of services.</p> <p>42/22/52% 100%/100%</p>	<p>90% (26) of those surveyed will report that they were satisfied or very satisfied.</p> <p>26/23/88% 90%/100%</p>	

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Nevada Rural Counties RSVP, Inc. RURAL RSVP RESPITE CARE PROGRAM Volunteers provide family caregivers who care for elders or adult family members with disabilities essential regular breaks from the sometimes-overwhelming responsibilities of 24/7 care to attend to their own needs. The one cared for at home is provided with a safe environment and person-centered care.	For SFY18, RSVP volunteers will provide 10,800 hours of in-home respite care services to 120 unduplicated families (caregivers, their elders and adult family members with disabilities, and immediate family members). The number of families that will be assessed before respite services begin and again 6 months after services are rendered is 120. The number of families surveyed annually who will report a reduction in family stress levels as a result of RSVP respite services is 102. The percent of positive results is 85%.	For SFY18, 47 families will be assessed 30 days following initial intake in SFY2018, surveyed 6 months after services are rendered, and then 120 families will be surveyed annually thereafter. 122 families will report in follow up surveys that RSVP's respite care services helped them to avoid a crisis and maintain a stable household. The percent of positive results is 85%.	During SFY18, 120 unduplicated families will complete client satisfaction surveys 6 months after service begins. 122 families will report that they are satisfied or very satisfied with services provided by RSVP respite care volunteers. The percent of positive results is 85%. (Enter the count for each quarter in the shaded areas below.)
\$228,038/\$150,666	102/46/45% 85%/53%	47/41/87% 85%/100%	102/41/40% 85%/47%

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Northern Nevada RAVE Family Foundation The Northern Nevada RAVE Family Foundation, RAVE Family Center, JR, and teen RAVE center-based programs. \$166,310/\$161,886	Through the provision of respite 120 unduplicated families who have primary caregiving responsibilities, 85% will report reduction in family stress levels as a result of services, as measured by pre-and post-respite surveys. 104 of the 120 families served responded to surveys and of those, 91% reported reduced stress levels. 120/104/91% 85%/91%	Out of 160 unduplicated families surveyed 136 of those families will report they are satisfied with respite received through the RAVE Family Center, Jr. RAVE or Teen RAVE programs 136/138/100% 100%/100%	Out of 42 families 85% of unduplicated families surveyed will report a reduction in family stress levels as a result of respite through the Jr. & Teen RAVE programs 42/37/88% 85%/100%
Olive Crest Foster Family Agency RESPITE PROGRAM Provides respite care services to 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. \$145,784/\$135,531	Through the provision of respite vouchers to 230 children/160 unduplicated families who have primary care giving responsibilities for a child with special needs, 90% of the families completing the survey will report reduction in family stress levels as measured by the service surveys. 160/144/90% 90%/100%	Through the completion and return of service surveys, at least 95% (160 families served) will report that the services helped them avoid a crisis and maintain a stable household. 160 families will be completing survey. 160/130/81% 95%/85%	Through the completion and return of post-respite surveys, at least 95% (160 families) will report that they are satisfied with services. This will be indicated by a response of "satisfied" or "very satisfied". 160/144/90% 95%/95%

SFY 18 Annual Report

Department of Health and Human Services – Office of Community Partnerships and Grants

Divisions of Public and Behavioral Health – Tobacco Control Program

Tobacco Control Program Organization Name	Carson City Health and Human Services	National Jewish Health quitline vendor	Southern Nevada Health District	Washoe County Health District	Nevada Statewide Coalition Partnership <i>encompasses six rural coalitions: Healthy Communities Coalition, Nye Community Coalition, Partners Allied for Community Excellence, Partnership Douglas County, Churchill County Coalition and Frontier Community Coalition.</i>		
Grant Amount Awarded	\$74,004	\$102,478	\$413,133	\$211,073	\$101,812		
Total Payment Amount	\$73,282	\$107,037*	\$413,133	\$208,307	\$101,812		
Project Description: Goal 1: <i>Prevent initiation</i> % of Objectives met in SFY 18	3 Objectives 100 %	N/A	3 Objectives 100%	2 Objectives 100%	HCC: 1 Objective 100%	NYECC: 1 Objective 100%	PACE: N/A
					PDC: N/A	CCC: 2 Objectives 100%	FCC: N/A
Goal 2: <i>Eliminate secondhand smoke exposure</i> % of Objectives met in SFY18	1 Objective 100%	N/A	1 Objective 100%	2 Objectives 100%	HCC: N/A	NYECC: N/A	PACE: 1 Objective 100%
					PDC: 2 Objectives 100%	CCC: N/A	FCC: 1 Objective 100%
Goal 3A: <i>Promote quitting</i> % of Objectives met in SFY18	N/A	2 Objectives 100%	N/A	N/A	N/A		
Goal number 3B: <i>Promote health systems changes</i> % of Objectives met in SFY18	4 Objectives 100%	N/A	1 Objective 100%	1 Objective 100%	HCC: 1 Objective 0%	NYECC: 1 Objective 0%	PACE: 1 Objective 0%
					PDC: 1 Objective 100%	CCC: 1 Objective 0%	FCC: 1 Objective 0%

Goal 4: Surveillance of tobacco use & disparities % of Objectives met in SFY18	N/A	N/A	1 Objective 100%	N/A	N/A
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BACKGROUND INFORMATION

The mission of the Chronic Disease Prevention and Health Promotion (CDPHP) Section is to “maximize the health of Nevadans by improving policy, systems and environments that influence quality of life.” The CDPHP Section includes the Tobacco Control Program (TCP) with its vision to reduce death and disability from tobacco use, for the overall improvement of public health in the state of Nevada. The program focuses on reducing tobacco-related disease, disability, and death through education and prevention; delaying or inhibiting the onset of use; eliminating disparities; eliminating exposure to secondhand smoke; and promoting cessation.

Five organizations submitted proposals in 2017 and were awarded funds over a two-year period. Grantees worked on one or more of the following program goals:

- Goal 1: Prevent initiation among youth and young adults
- Goal 2: Eliminate non-smoker’s exposure to second hand smoke
- Goal 3A: Promote quitting among youth and young adults (applicable to the quitline vendor)
- Goal 3B: Promote health system changes to support tobacco cessation (specific to local health authorities and coalitions)
- Goal 4: Surveillance of tobacco use and disparities

These following organizations were selected to receive funding from the Fund for a Healthy Nevada to work on tobacco control goals:

- Carson City Health and Human Services (CCHHS)
- National Jewish Health (NJH)
- Nevada Statewide Coalition Partnership (NSCP)
- Southern Nevada Health District (SNHD)
- Washoe County Health District (WCHD)

DISTRIBUTION OF FUNDS AND ACCOUNTABILITY

*In state fiscal year (SFY) 2018, \$950,000 from the Fund for a Healthy Nevada (FHN) was provided to the State TCP, a majority of which (\$902,500) was distributed to five organizations listed above. As other funds became available due to grantees underspent funds (\$3,486), the budget was reassessed. It was determined the unused funds would supplement tobacco cessation services, specifically nicotine replacement therapy (NRT) for uninsured, pregnant and Native American populations. In addition, the Tobacco Control Program determined it had a salary savings of \$1,073 and redistributed the funds to NJH for NRT. In total NJH received a total of \$4,559 in additional funds which was used to provide NRT.

- \$74,004 was provided to CCHHS. Of the funding received, 99 percent was spent down.
- \$102,478 was originally awarded for NJH's quitline services. As additional funding became available due to a vacant position and unspent funds, an additional \$4559 was added to their award (totaling \$107,037). Of the total funding received, 100 percent was spent down.
- \$101,812 was provided to the NSCP. Of the funding received, 100 percent was spent down.
- \$413,133 was provided to the SNHD. Of the funding received, 100 percent was spent down.
- \$211,073 was provided to the WCHD. Of the funding received, 99 percent was spent down.

The \$903,571 distributed to the five sub-recipients represented approximately 95 percent of the total budget for SFY18. The remaining portion of the budget was used to support state staff positions and program administrative costs. Funded organizations were awarded based on the strength of their applications and proposals submitted in SFY17, following the Request for Proposal process. The same five organizations received continuing funding in SFY 18 as a part of the two-year subgrant agreement.

KEY ACTIVITIES in SFY18

Carson City Health and Human Services

- Successfully assisted Western Nevada College (WNC) in implementing a comprehensive tobacco-free policy at all three WNC campuses including the Carson City, Fallon, and Douglas County locations. The policy went into full-effect in Fall of 2017.
- Organized campus events to provide education and information supporting WNC's tobacco-free policy.
- Provided outreach to schools, youth, community, parenting and faith-based groups related to the burden and dangers of tobacco and electronic cigarette use.
- Worked collaboratively with the Nevada Tobacco Prevention Coalition (NTPC) to develop a five-year strategic plan.
- Provided resource kits and property signage for multi-unit housing owners and managers to adopt voluntary smoke-free policies.
 - To date, over 900 housing units are smoke-free in Carson City.
- Coordinated and lead efforts to establish an e-referral connection through a health system between the Nevada Tobacco Quitline and Nevada Health Centers, the state's largest organization of federally qualified health centers.
- Assisted Carson Tahoe Healthcare System in establishing customized discharge instructions with information to the Nevada Tobacco Quitline. The information to the state quitline appeared on the discharge instruction of patient's identifying themselves as tobacco users during the intake process

National Jewish Health

- Provided NRT upon eligibility and availability, for individuals who enrolled in cessation telephonic counseling. Uninsured callers were able to receive up to a twelve-week allotment of NRT.
- Provided telephonic tobacco cessation counseling conducted by specialized, trained coaches for pregnant/postpartum and American Indian priority populations. Twelve-weeks of NRT was available for uninsured, pregnant and American Indian populations.

- Assisted with testing the connections to the Nevada Tobacco Quitline (NTQ) to the e-referral systems set up by University Medical Center and Carson Tahoe Healthcare. One established connection to the NTW was established with Nevada Rural Health Clinics.

Nevada Statewide Coalition Partnership

This organization represents a partnership between the following six coalitions:

1. Churchill County Coalition (CCC)
 2. Frontier Community Coalition (FCC)
 3. Healthy Communities Coalition (HCC)
 4. NyE Communities Coalition (NyeCC)
 5. Partners Allied for Community Excellence (PACE)
 6. Partnership Douglas County (PDC)
- CCC and HCC trained youth advocates and developed presentations to educate stakeholders regarding the burden of tobacco on youth and the importance of Tobacco 21.
 - Youth advocates presented Tobacco 21 information to the Dayton and Fernley Chambers of Commerce.
 - Youth advocates attended the Truth Initiative Conference in Washington D.C. to support their advocacy and education roles.
 - CCC Youth advocates received an endorsement from the County Commissioners office supporting their extensive efforts on Tobacco 21.
 - Rural coalitions met with local businesses, local event organizers, and parks and recreation offices to promote smoke-free events and explore the adoption of smoke-free policies.
 - In total over 11 tobacco-free events were held in local rural communities. Each event implemented its own voluntary tobacco-free policy.
 - NSCP collaborated and assisted in the development of the first-ever, long-term, Statewide Strategic Plan. Ad-hoc committees were convened to address emerging issues in tobacco control and disseminate information to stakeholders.
 - CCC identified Banner Churchill Hospital offers cessation services to patients and refer all inpatient clients the Nevada State Quitline upon discharge.
 - Rural coalitions collaborated to establish an electronic referral system between 17 federally qualified health centers and the Nevada Tobacco Quitline.
 - Conducted social media-based counter-marketing campaign using youth advocates to promote tobacco-free ads and to engage youth on tobacco-related issues.
 - Worked collaboratively with the NTPC to develop a long-term, five-year strategic plan.

Southern Nevada Health District

- A total of 86 trained youth council members were organized to assist with the policy education and to support social branding strategies and outreach activities.
- A total of 19 youth-led counter-marketing initiatives occurred in at-risk communities and in schools to support the adoption of tobacco-free lifestyle targeting the LGBT community and youth with 25,250 individuals reached.
- SNHD staff coordinated a Q & A session conference call between the TCLC staff attorney and the Nevada Tobacco Prevention Coalition Board, including State TCP staff, to discuss tobacco policy issues that are preempted at the local level.

- A tobacco retailer survey was conducted to determine the types of tobacco retailer employee training being offered at places of employment and support levels for increasing the purchasing age for tobacco products.
- Staff provided ongoing technical assistance and developed materials to support implementation of a tobacco-free higher education campus.
- Staff collaborated with partners to meet with stakeholders in Mesquite to promote comprehensive clean indoor air policy change.
- As of June 2018, 49,440 units that voluntarily adopted smoke-free housing are listed in the online smoke-free housing directory in Clark County.
- A collaboration between SNHD and UMC (University of Medical Center) resulted in the establishment of the components required to begin electronic referral to the Nevada Tobacco Quitline. Once UMC conducts a system test, electronic referral will be initiated.
- SHND worked in collaboration with the Nevada Institute for Children's Research and Policy (NICRP) on the 2018 Nevada Tobacco Users Survey to collect data on tobacco use and disparities data. This is the first time, a statewide survey focusing on tobacco use among disparate population has been collected.
- Worked collaboratively with the NTPC to develop a long-term, five-year strategic plan.

Washoe County Health District

- Continued participation, attendance and ongoing support for the Tobacco-Free (TF) Committee at Truckee Meadows Community College (TMCC). WCHD created new marketing materials to promote tobacco-free campus initiatives and partook in various tabling events including: The Great American Smoke out, Breathe Easy Events and Kick Butts Day.
- Assisted Truckee Meadows Community College with the "Not a Replacement" media campaign, encouraging and empowering tobacco-free, first generation students to stand up against the tobacco industry and declare they are "Not a Replacement." An image from the campaign was viewed on social media, 11,601 times.
- Surveyed over 25 tobacco retail stores using the STARS (Standard Tobacco Assessment for Retail Settings) surveillance tool in Reno, Nevada. The results of the assessment were analyzed and shared with Washoe County Board of Health and other stakeholders.
- Provided technical assistance to four new businesses to adopt/enhance a smoke free meeting/event policy, for a total of 31 businesses in Washoe County with voluntary smoke-free meeting policies.
- Identified eight events to provide outreach regarding outdoor smoke-free and vape-free policies. All adopted smoke-free and vape-free voluntary policies.
- Provided education and policy guidance to multi-unit property owners, resulting in at least 864 units becoming smoke-free. In many cases, the properties also received signage to support their smoke-free efforts.
- Assisted Nevada Tobacco Prevention Coalition in obtaining a regional grant to promote smoke-free work places.
- Promoted a regional smoke-free communities campaign, which promoted smoke-free parks, smoke-free workplaces and smoke-free housing.
- Worked collaboratively with the NTPC to develop a long-term, five-year strategic plan.

LEVERAGING

Carson City Health and Human Services

CCHHS works with SNHD, WCHD, and NSCP on reducing the burden of tobacco in Nevada. CCHHS staff also serve on the Executive Board and as Vice-President for the NTPC. Additionally, CCHHS collaborates with the State Tobacco Program to support local/state initiatives, especially health system change, as well as with local, state, and national organizations including the Centers for Disease Control and Prevention (CDC), Nevada Public Health Association (NPHA), Americans for Nonsmokers' Rights (ANR), Campaign for Tobacco-Free Kids, and the Tobacco Control Legal Consortium. The continued protection of the Nevada Clean Indoor Air Act and expansion of voluntary smoke-free policies multi-unit housing were achieved in partnership with these agencies and exemplify the importance of relationships and a forum to communicate with partners and stakeholders.

National Jewish Health

NJH is the largest non-profit provider of tobacco cessation services in the United States. Currently, NJH contracts with 16 states including Nevada for tobacco quitline services. This allows all participating states to leverage resources funded by other states to cover associated developmental costs. This collaboration between NJH and other states also facilitates the future pooling of funds for large projects, including a modernized website for mobile devices, developing a behavioral health protocol, and establishing tailored programs to reach pregnant and post-partum women and the American Indian priority populations. NJH is a member of the North American Quitline Consortium (NAQC) which provides research and support to promote evidence-based quitline services across diverse communities in North America. NAQC's members participate in professional development and a variety of communications and opportunities for networking and information sharing. Finally, NJH has entered into contracts with two Nevada Medicaid Managed Care Organizations (MCO) to provide cessation services for their members. Efforts are planned to build additional public and private health insurance partnerships. Funding currently comes from two federal grants and one state funding source. Only one of these federal grants and the state funding can be used to fund NRT for program participants, and the funding amount available from the federal grant is capped. These federal grants and funds from the FHN are leveraged to provide comprehensive best practice services and products for uninsured Nevadans and priority populations.

Nevada Statewide Coalition Partnership

The NSCP and the six community coalitions conducting tobacco control strategies in Nevada's rural and frontier counties have a history of collaborative efforts at both the state and local levels. The NSCP Director is an active member of the NTPC and works closely with its member organizations on statewide strategies and policy development. The local community coalitions' memberships are comprised of stakeholders from key sectors of the community (government, health, education, direct service providers, treatment, juvenile justice, faith-based entities, law enforcement, mental health, parents, youth, etc.) and their collaborative efforts have been ongoing for over 11 years. Community coalitions utilize multiple strategies across multiple sectors to affect change and work on tobacco control efforts in this same manner.

Southern Nevada Health District

The SNHD Tobacco Control Program (TCP) is a founding member of NTPC. SNHD also holds permanent seats on the NTPC's Board of Directors. SNHD has partnered with NTPC for several years and will continue active involvement in all aspects of coalition activities. In order to maximize community impact, SNHD collaborates with a variety of local, state, and national organizations including the following: American Lung Association, American Cancer Society Cancer Action Network, American Heart Association, ANR (American Nonsmokers' Rights), Chambers of Commerce, Nevada State Medical Association, Citizens for Clean Indoor Air Coalition, Nevada Cancer Coalition, Nevada State Apartment Association, Nevada Hand, Southern Nevada Regional Housing Authority, Nevada Institute for Children's Research and Policy, Clark County School District, Maternal and Child Health Coalition, Nevada Office of the Attorney General Tobacco Unit, LGBT Center,

and Clark County Parks and Recreation Department. Additionally, SNHD pursues additional grant funds to sustain staffing infrastructure, ensure capacity, and to support community partners working in collaboration with the SNHD TCP to reach tobacco prevention and cessation goals consistent with state and national goals.

Washoe County Health District

WCHD has been a member of the NTPC since 2001. Currently, two staff serve on the NTPC Executive Board and participate in subcommittees. Staff facilitate the Northern Nevada Action Committee which focuses on amplifying tobacco prevention efforts and reducing duplication in Northern Nevada. Staff also participate in the NTPC policy and communications subcommittees and work on NTPC strategic objectives. Additionally, staff facilitate the Washoe Chronic Disease Coalition, which provides networking and education related to chronic diseases, which includes tobacco as it is a risk factor for chronic disease. The staff are active members of the NPHA, which brings together public health professionals throughout the state to address policy change with a high priority on tobacco control.

GRANTEE PERFORMANCE

Carson City Health and Human Services

CCHHS's work plan included a total of eight annual objectives supported by 19 activities. All three objectives addressing the goal to prevent the initiation of tobacco use among youth and young adults were met and all nine supporting activities were successfully implemented. The single objective addressing the goal to eliminate exposure to secondhand smoke was met and the five supporting activities were also successfully implemented. All four objectives addressing the goal to promote health systems changes to support tobacco cessation were met.

National Jewish Health

NJH met all deliverables and call standards as stipulated by their contract. NJH provided monthly data reports to ensure the quality of call services provided to Nevadan clients, demonstrate maintenance of tailored program services for priority populations, and account for the delivery of NRT, upon availability to qualified participants. This contract is also supported by federal grants and the associated reports, containing detailed information, are available upon request: dkawcak@health.nv.gov.

Nevada Statewide Coalition Partnership

Nevada Statewide Coalition Partnership encompasses the following six coalitions:

1. Churchill County Coalition (CCC)

CCC's work plan listed three annual objectives supported by nine activities. The two objectives and six corresponding activities addressing initiation of tobacco use among youth and young adults were met. The remaining third objective promoting health systems changes to support tobacco cessation was supported by three activities. Two of these activities were fully completed. The third activity, which included implementing a reminder system to refer to Nevada tobacco cessation services, experienced barriers due to lack of follow-up from contacts at hospitals. Moving forward, CCC will have a supporting role in implementing health systems as another coalition, PDC, will take the lead on these efforts.

2. Frontier Community Coalition (FCC)

FCC's work plan listed two annual objectives supported by seven activities. The objective to eliminate exposure to secondhand smoke was met. The two activities supporting the objective to promote health systems changes were partially completed. One activity related to meeting with health systems and assessing screening

methods to refer patients to tobacco cessation services was completed. The coalition encountered lack of interest from community providers in activating a technological prompt to remind providers to screen and refer to tobacco cessation services. Moving forward, FCC will support PDC in implementing health systems as PDC takes the lead on these efforts.

3. Healthy Communities Coalition (HCC)

HCC's work plan listed two annual objectives supported by 11 activities. The objective addressing initiation of tobacco use among youth and young adults was met and all eight supporting activities were successfully implemented. The objective to promote health systems changes to support tobacco cessation was supported by three activities and was partially completed. HCC initially contacted South Lyon Medical Center (SLMC) in Lyon County to determine screening methods utilized to refer patients to tobacco cessation services. HCC followed-up after initial contact, but had a difficult time reaching SLMC staff and arranging meetings with decision-makers to move forward on an electronic prompt. This reflects a lack of interest from the health provider to move forward on the activity. During the upcoming year, PDC will lead health system efforts with HCC providing support.

4. Nye Communities Coalition (NyeCC)

NyeCC's work plan listed two annual objectives supported by nine activities. The objective to prevent the initiation of tobacco use among youth and young adults was met and all six supporting activities were successfully completed. The objective to promote health systems changes to support tobacco cessation was supported by three activities and was partially completed. NyeCC assessed the capacity of the Tonopah County Health Nurse's office to include a tobacco cessation referral prompt. NyeCC faced a barrier when it was determined that a health system change would require a larger targeted health system change through the State of Nevada. Moving forward, NyeCC will support PDC as PDC leads these efforts.

5. Partners Allied for Community Excellence (PACE)

PACE's work plan listed two annual objectives supported by nine activities. The objective addressing exposure to secondhand smoke was met and all six supporting activities were successfully implemented. The objective addressing health systems changes to support tobacco cessation was supported by three activities. The two activities regarding assessing and determining capacity for a health systems change was completed. The third activity relating to establishing an electronic prompt to tobacco cessation services was not met. Health providers were unwilling to make modifications to their systems and some were tied to larger external health systems. Moving forward, the coalition support PDC as PDC takes the lead on these efforts.

6. Partnership Douglas County (PDC)

PDC's work plan listed three annual objectives supported by 11 activities. The two objectives addressing exposure to secondhand smoke were met and all eight supporting activities were successfully implemented. The remaining objective addressing health systems changes to support tobacco cessation was met. In the past year, PDC initiated a health systems connection for e-referrals through Nevada Rural Hospitals and NTQ via vendor (National Jewish Health). With this success, PDC will be leading a larger effort to create a statewide health systems change with Nevada Rural Hospital Partners. Following the success of implementation at the pilot site (South Lyon Medical Center), advances to the remaining rural hospitals will follow. Rural coalitions will support PDC in a team effort by providing technical assistance to their local rural hospitals upon request.

Southern Nevada Health District

SNHD's work plan listed six annual objectives supported by 28 activities. Of the three objectives addressing the goal to prevent the initiation of tobacco use among youth and young adults were met and all 12 supporting activities were successfully implemented. The single objective addressing the goal to eliminate exposure to secondhand smoke were met and all 7 supporting activities were successfully implemented.

The single objective addressing the goal to promote health system changes to support tobacco cessation was met and all four supporting activities were successfully implemented. The single objective addressing the goal to evaluate the program and demonstrate impact was met and the five supporting were successfully implemented. No barriers were left unresolved and SNHD met or exceeded expectations for all objectives and measured activities.

Washoe County Health District

WCHD's work plan listed five annual objectives supported by 29 activities. The two objectives addressing the goal to prevent the initiation of tobacco use among youth and young adults and all 11 supporting activities were successfully implemented. All two objectives addressing the goal to eliminate exposure to secondhand smoke were met and all 13 supporting activities were successfully implemented. The single objective addressing the goal to identify and eliminate tobacco-related disparities was met and all five supporting activities were successfully implemented. No barriers were left unresolved and WCHD accomplished all the work it had planned for SFY18.

CLIENT DEMOGRAPHICS

Carson City Health and Human Services

Per the 2016 US Census Bureau, the population for Carson City is 54,413. Race and ethnicity is largely white at 82 percent; Hispanic/Latino comprise 23 percent; Asians are at 3 percent; African Americans make-up less than 1 percent, and American Indians are 3 percent of the overall population. With limited diversity in Carson City, CCHHS targets all race and ethnic backgrounds. Approximately 29 percent of the population is youth under the age of 24, which demonstrates a large audience to prevent tobacco use and initiation. Per the Nevada Rural and Frontier Data book 2017, the population of Carson City residents living in poverty in 2014 is 16 percent, which is a 36 percent increase from 2009. Medicaid enrollment for this community is 13,224 or 24 percent of total population and uninsured is roughly at 14 percent. According to a study conducted by the Nevada Rural Housing Authority, 44 percent of Carson City residents rent their homes. These populations reflect higher rates of tobacco use and exposure to secondhand smoke due to housing and workplace opportunities. According to the 2016 Nevada ATS, 85 percent of Nevada adults believe people should be protected from secondhand smoke. Smoking prevalence among Nevada youth is at a low of six percent (2017 Youth Risk Behavior Survey). However, Carson City and nearby Douglas County youth, which are combined in the survey data, remain higher at an average of 10 percent. The electronic cigarette prevalence is of great concern in Nevada with Carson City youth reporting a 17 percent use rate. CCHHS will work with youth and youth advocacy to increase knowledge and education concerning tobacco and e-cigarette use.

National Jewish Health

The adult smoking rate for Nevada is at 16.5 percent according to the 2016 Behavioral Risk Factor Surveillance System (BRFSS). Females between 48-50 years of age utilize Quitline services at a higher rate than other groups according to the 2017 Outcomes Report. The report notes the highest rate of callers by race/ethnicity as White/Caucasian (67 percent). Approximately 16 percent of callers are uninsured compared to those under public and private of health plans (Nevada Tobacco Quitline 's 2017 Outcomes Report).

Nevada Statewide Coalition Partnership

Nevada's rural and frontier communities represent a small portion of the population of Nevada, but a large portion of health disparities compared to the overall population. Unfortunately, rural and frontier communities in Nevada carry the burden of tobacco control efforts proportionately for the state due to economics, age, geographic location, and income. The most recent 2017 Youth Behavioral Risk Survey reflects 10 rural counties including Elko, White Pine, Eureka, Churchill, Humboldt, Pershing, Lander, Lyon, Mineral and Storey county, exhibit a higher youth smoke rate higher than the national average of eight percent. Similarly, the 2017 ATS identifies adult smoking rates among adults (about 20%) in rural areas are also higher compared to the national average (about 16%). Per the 2017 Nevada Rural and Frontier Health Data Book – Eighth Edition, an estimated 281,019 Nevadans or 10 percent of the population reside in the state's rural and frontier counties. The rural and frontier population spreads over 95,432 square miles or 87 percent of the state's land mass. Additionally, in 2017 the second largest population by racial and ethnic categories are those of Hispanic origin with 16 percent in rural or frontier counties.

Southern Nevada Health District

SNHD serves the public health needs of the state's overall population in Clark County which is over 2.1 million. Clark County has the state's most racially and ethnically diverse residents with 32 percent of its residents identifying as Hispanic or Latino (2017 Nevada Rural and Frontier Health Data Book). In terms of daily conventional cigarette smoking, 2016 Clark County ATS results show the highest prevalence is among Native Hawaiian/Pacific Islander and American Indian/Alaska Native at 25 percent followed by multi-race individuals at 17 percent, then Caucasians also at 17 percent. In 2016, Caucasians had the highest daily use of electronic cigarettes (e-cigarettes) at 88 percent; while African American had the highest rate of using hand-rolled cigarettes at 18 percent. The LGBT population is a consistent target of the tobacco industry. Forty-one percent of employees of casinos identified they were exposed to secondhand smoke daily while working in 2016.

E-cigarettes and hookah are promoted in places where youth socialize such as concerts, festivals, and in their online social media environments. Although high school cigarette smoking rates have declined significantly in Clark County (31 percent in 1999 to 5 percent in 2017), e-cigarette and flavored tobacco product promotion has increased dramatically resulting in 13 percent of high school students reporting current e-cigarette use in 2017.

Washoe County Health District

Washoe County, located along the eastern slopes of the Sierra Nevada Mountains in western Nevada, has a population 458,808. The current adult smoking rate in Washoe County is 15 percent according to the 2016 BRFSS. Per the 2017 YRBS, there has been an alarming increase in current use of electronic cigarette devices among Washoe County Youth. In the past 30 days, Washoe County high school students reporting using any tobacco product at 14 percent, smoking cigarettes at 8 percent, and vaping e-cigarettes at 22 percent. In the past 30 days, Washoe County middle school students reported using any tobacco products at 4 percent, smokeless tobacco at 4 percent, and vaping e-cigarettes at 8 percent. Most of the respondents were not smokers, despite national data that shows the LGBT community have a higher prevalence of smoking.

When appropriate, the program strives to target efforts at those most impacted by tobacco use and exposure. Washoe County works on smoke free multi-unit housing, smoke free outdoor events like Pride, and tobacco-free college campuses and institutes of higher education. The interventions in Washoe County strive to have impacts in disparate populations most impacted by tobacco use and exposure.

OUTCOME REPORTS

Carson City Health and Human Services

CCHHS focused efforts to demonstrate impact in two areas: youth tobacco education and use, and smoke-free multi-unit housing policies. Surveys were conducted at local high school in Douglas County, found that 100 percent of student has witnessed students vaping or use of another electronic cigarette while at school, and 80% had seen vaping in classrooms. Key results from four multi-unit housing complexes, assessing the status of smoke-free policies affecting multi-unit housing reflected that 77 percent of tenants would support living in smoke-free building. About 53 percent of the tenants felt that the smoke around their complexes bothers them and makes them sick.

More information is available upon request by contacting Nicki Aaker, CCHHS Director at: Naaker@carson.org.

National Jewish Health

The Nevada 2017 Outcomes Report by NJH was made available in June 2018. A few key findings from this report indicated that women between 48-50 years of age utilize Quitline services at a higher rate than other groups and the highest rate of callers by race/ethnicity as White/Caucasian (67 percent). According to the Nevada Tobacco Quitline 's 2017 Outcomes Report, approximately 16 percent of callers are uninsured compared to those under public and private of health plans.

The full report is available from the state Tobacco Prevention and Control Program upon request: dkawcak@health.nv.gov.

Nevada Statewide Coalition Partnership

No outcome reports were produced during SFY18. However, all sub-recipients submitted quarterly reports which focused on process evaluation and included measures to conduct limited outcome evaluation.

Southern Nevada Health District

SNHD focused its efforts on the 2018 Nevada Tobacco Users Survey. The survey data was specifically gathered for the Tobacco Control Program and identifies attitudes and perceptions of tobacco use, specifically among disparate groups. Key findings in this report included: 59 percent of African American respondents smoked cigarettes on a daily basis, while, 69 percent of Non-Hispanic Whites smoked cigarettes daily. The reports also revealed that 90 percent of respondents believed or knew smoking causes lung cancer and 69 percent believe smoking can cause a stroke. Fifty-two percent of respondents had also tried to quit smoking in the past 12 months.

The full Nevada Tobacco Users Survey Report is available upon request by contacting Maria Azzarelli, Manager Office of Chronic Disease Prevention and Health Promotion, EMHA, CHES at: azzarelli@snhdmail.org.

Washoe County Health District

WCHD produced a total of four evaluation outcome reports at the end of SFY18. The first detailed the overall results of a survey conducted at the Reno Pride Event. Key findings included that attendees would support a tobacco-free pride event, and that most of the respondents were not smokers, despite national data that shows the LBGT community have a higher prevalence of smoking. An Evaluation Report on the TMCC Tobacco Free Policy was also shared with the program. Key findings included 70 percent of the respondents believed TMCC should become a tobacco-free college campus and 69 percent were in favor of adopting a tobacco-free policy. A third report was shared which included an evaluation of the Modified Standardized Tobacco Assessment for Retail Settings (STARS). Retail stores including convenience stores, gas stations, smoke shops and grocery stores were visually surveyed to determine tobacco point of sales tactics. Key findings

were that all stores sold cigarettes, and 64 percent sold vapor products and 92 percent sold chew/snuff/dip/snus products. Sixty-four percent of the retailers surveyed were also within walking distance (.25 mi/3 blocks) to a school, park or youth venue. The fourth report was the first evaluation report for the Baby and Me Program. The program aimed to incentivize pregnant women and support partners to quit smoking pre and post-delivery for the health of the mother and baby. Overall results of the program showed that 75 percent of clients enrolled were able to successfully quit smoking after the fourth prenatal counseling session 75 percent of the participants returned for the first post-partum session and had a quit rate of 100 percent following delivery.

Full reports are available upon request by contacting Kelli Seals, MPH, Health Educator Coordinator for WCHD at: kseals@washoecounty.us.

MAJOR PLANNED ACTIVITIES FOR SFY19

Carson City Health and Human Services

Planned strategies for SFY19 include: working with local colleges to implement tobacco-free policies to support reduction in youth initiation and addressing disparate populations including veterans, low- income residents, and Hispanics attending college. Activities with schools, youth, and adults will increase knowledge of and attitudes against tobacco use, and support policies to reduce tobacco use. Education will be used to support outreach and reduce tobacco use and initiation by to young adults. Additionally, they will support smoke-free policies at the statewide level and will preserve and expand statewide clean indoor air laws. Local work supporting a comprehensive smoke-free policy for Carson City includes increasing the number of smoke-free policies in multi-unit housing. Smoke-free meetings and community events will promote tobacco-free norms and reduce harm from secondhand smoke exposure. All efforts, education, and marketing will also promote the NTQ for evidence-based cessation services.

Eighty percent of smokers see a physician every year and most smokers expect their physicians to talk to them about quitting. CCHHS will work with providers to increase their knowledge of helping tobacco users quit, practice processes, and referral to cessation resources. Activities will focus on electronic health record system capabilities to employ alerts to screen for tobacco use identify tobacco users. The alerts will also remind screeners to address tobacco use with patients and refer as appropriate

National Jewish Health

Evidence-based telephonic counseling services will continue to be available for tobacco users residing in Nevada. Limited funds will restrict NRT availability to the following vulnerable populations: the uninsured, American Indian, and pregnant/postpartum women. However, in support of the TIPS Campaign sponsored through CDC, NRT shipments are opened to all callers (upon eligibility and availability) excluding Medicaid beneficiaries, from July to the end of September 2018. Nevada Tobacco Quitline will screen Medicaid callers and will triage those callers to their own cessation services. Ineligible callers in need of NRT will be advised to access insurance benefits or budget appropriately to pair cessation medications with counseling to increase their chance to quit successfully. Through a partnership with Medicaid, two Medicaid MCO's are providing quitline services for their beneficiaries through National Jewish Health.

Nevada Statewide Coalition Partnership

For SFY19, NSCP will focus on policies, partnerships, and intervention activities to occur at the community level to impact social norms and behavior change statewide. The community coalitions will focus on one objective specific to preventing initiation among youth and young adults or one objective specific to eliminating exposure to secondhand smoke depending on what is most appropriate for the coalition's region.

SFY19 health systems activities will include expanding Nevada Rural Hospital's electronic e-referral system to connect patients to the NTQ. PDC will be leading efforts with South Lyon Medical Center as the pilot testing system. After completion of the initial stages and implementation of the new system is in place, the remaining rural hospitals will be moving forward in establishing an e-referral system. PDC will request support and additional assistance to the local rural hospitals.

Southern Nevada Health District

Activities to support prevention of tobacco product initiation to be led by SNHD include: formation of a youth advocacy council, social venue counter-marketing, youth training, online media strategies, and youth advocacy. Activities will be culturally and linguistically tailored and designed to address social norms and perceptions around combustible and emerging tobacco product use among youth. To reduce access to tobacco products the staff will facilitate the following: community mobilization, tobacco retailer assessments, and dissemination of assessment results to stakeholders. Staff will meet with higher education campus stakeholders to provide technical assistance and advocate to support policy implementation and promote cessation resources. Staff will continue to educate decision makers on the benefits of adopting a comprehensive smoke-free jurisdiction, increase the number of multi-housing units that have a smoke-free policy, and expand tobacco-free policy at worksites, meeting venues, and high-profile events.

SNHD will promote health systems changes to support tobacco cessation to increase the number of hospitals or clinics in Clark County referring to the NTQ through an electronic referral system. Staff will work toward securing a minimum of four systems changes within southern Nevada clinical settings with a priority placed on hospitals and clinic networks.

SNHD will implement a statewide Adult Tobacco Survey. Data collected will be critical to assessing the impact and effectiveness of current programs and initiatives and providing data for ongoing program improvement among the state's diverse communities. This data will also provide useful information for designing, revising, and updating programs to best utilize resources and serve priority populations.

Washoe County Health District

To help prevent initiation among youth and young adults, WCHD will promote tobacco-free policies at colleges and other institutions of higher learning by providing education, leadership, and technical assistance. WCHD will also increase the number of smoke-free locations and events frequented by youth and young adults and will target outreach to stakeholders and offer technical assistance. To help eliminate nonsmokers' exposure to secondhand smoke the WCHD plans to increase the number of smoke-free indoor and outdoor locations to build support for a smoke-free jurisdiction. Activities to achieve this goal includes: assessing of and educating stakeholders on smoke-free workplaces, increasing the number of smoke-free multi-unit housing, increasing the number of businesses committed to holding meetings and events in smoke-free locations, and educating stakeholders about smoke-free jurisdictions. WCHD will support NTPC's 2018 goals and strategies by collaboration on key activities. This includes funding the fiscal and administrative agents which provide the infrastructure for NTPC to bring partners together to conduct strategic plan and hold regular meetings in support of statewide efforts.

Strategies and activities from the 2017-2019 funding cycle include promoting health systems changes to support tobacco cessation by providing technical assistance to support health systems enhancement in clinical settings to increase clinical referrals to the NTQ and assisting financially with facilitation of health systems enhancements. Health systems enhancements will focus on prompts to help healthcare providers screen for tobacco use and refer patients to cessation services as needed.

Tobacco Control Program Staff and Stakeholders

Tobacco Control Program Staff:

Jennifer Bonk, M.S.	CDPHP Section Manager	jbbonk@health.nv.gov
David Olsen, MPH	Policy and Systems Manager	dolsen@health.nv.gov
Karen Larin	Tobacco Control Program Coordinator	klarin@health.nv.gov
Debra Kawcak	Tobacco Cessation Coordinator	dkawcak@health.nv.gov
Yanyan Qiu, PhD	Chronic Disease Program Evaluator	yqiu@health.nv.gov

Tobacco Control Program Partners:

Sandy Wartgow, RN	Carson City Health and Human Services
Linda Lang	Nevada Statewide Coalition Partnership
Andrea Zeller	Churchill County Coalition
Jeffery Munk	Frontier Community Coalition
Wendy Madson	Healthy Communities Coalition
Stacy Smith	NyE Communities Coalition
Laura Oslund	Partners Allied for Community Excellence
Taylor Radtke	Partnership Douglas County
Maria Azzarelli	Southern Nevada Health District
Kelli Seals, MPH	Washoe County Health District
Cile Fischer	National Jewish Health (Quitline vendor)
Michael Hackett	Nevada Tobacco Prevention Coalition

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Department of Health and Human Services – Office of Community Partnerships and Grants

Nevada 2-1-1

BACKGROUND INFORMATION

Nevada Revised Statute (NRS) 232.359, adopted by the Legislature in 2005, set the stage for the development of a statewide information and referral system focusing on health and human services. Actual Nevada 2-1-1 implementation began after Governor Kenny Guinn issued an Executive Order in February 2006, which pulled together essential partners from state and local governments, telephone companies, United Way organizations, information and referral agencies, and other interested stakeholders. From 2006 through the end of SFY15, two call centers and the 2-1-1 web-based resource directory were operated through a collaboration involving HELP of Southern Nevada, Crisis Call Center, United Way of Southern Nevada, and United Way of Northern Nevada and the Sierra.

The original Executive Order was followed by amendments signed by Governor Jim Gibbons and Governor Brian Sandoval. When the final Executive Order expired on December 31, 2013, the Department of Health and Human Services (DHHS) took responsibility for continuation of the program as mandated in NRS 232.359. Oversight was assigned to the Office of Community Partnerships and Grants (OCPG) in the Director's Office since this unit had administered a significant amount of grant funding for 2-1-1 over the years and could also offer expertise in program development. To comply with State regulations concerning the distribution of funding, a competitive Request for Proposals (RFP) for Nevada 2-1-1 operations was conducted in early 2015. Financial Guidance Center (FGC) in Las Vegas won the bid and took over the call center function and resource database maintenance on July 1, 2015. The contract is effective through June 30, 2019. The OCPC will be releasing a new RFP for Nevada 2-1-1 towards the end of 2018.

BACKGROUND INFORMATION KEY STATEWIDE ACTIVITIES IN SFY18

Nevada 2-1-1 has made significant strides in strengthening its program to better serve the community. Collaborations between Nevada 2-1-1 and other agencies, including the Nevada Division of Health Care Financing and Policy and the Nevada Division of Public and Behavioral Health, have allowed the State to grow Nevada 2-1-1. Over the past year, these activities included:

- Upgrading the 2-1-1 database platform to improve the categorization of services and make it easier to find resources
- Completing multiple marketing campaigns, including ones aimed at the universities, to increase program awareness
- Creating the Nevada 2-1-1 Community Ambassador Alliance to gain feedback and gather ideas from community leaders
- Submitting the initial application for the Alliance of Information and Referral Systems (AIRS) accreditation as part of a multi-year national accreditation process
- Obtaining and setting-up additional workstations and phone lines to better assist in a disaster
- Completing a research project to determine if Nevada 2-1-1 was meeting the needs of the callers
- Continually updating the existing resource database with improved search options

In addition, Nevada 2-1-1 played an instrumental role in providing information and comforting callers during the *1 October Event* tragedy in Las Vegas, where they received more than 10,000 calls during the first three days following the incident. The call specialists worked with the Clark County Coroner's Office to enter missing persons into their database and helped connect friends and family with missing loved ones.

SFY18 STATISTICS AND CLIENT DEMOGRAPHICS

Phone Calls	Text Messages and Chat	Website
Number of Incoming Calls: 129,889	Number of Unique Texters: 2,251 - From 44 states; 1,386 from Nevada	Total Visits: 133,967 - 65,799 visitors from Nevada - 11,498 visitors from California
Answered Calls: 111,919 - 8,045 were from repeat callers	Actual incoming texts: 18,756	New Visitors: 91,172 Returning Visitors: 42,795
Abandoned Calls: 17,849 Abandoned Calls Prior to 40 Seconds: 9,448	Actual outgoing texts: 26,646	Webpage Views
Calls answered within two minutes: 97,124 Average wait time: 51 seconds	Engaged chat sessions: 964	Number of Page Views: 356,027 Viewed from all 50 states and the District of Columbia

Nevada Callers By County	
Carson City	644
Churchill	104
Clark	67,029
Douglas	197
Elko	245
Esmeralda	12
Eureka	7
Humboldt	51
Lander	27
Lincoln	28
Lyon	355
Mineral	22
Nye	364
Pershing	15
Storey	25
Washoe	4,850
White Pine	36
Other Nevada Zip Codes	27,515
FY18 Total	101,526

Caller Needs Top Referral Types	
Basic Needs - Includes: housing/shelter- 42,867; food - 17,006; utilities – 14,820	78,797
Individual and Family Life	10,388
Income Support and Employment	8,786
Health Care	7,592
Criminal Justice and Legal Services	5,948
Mental Health and Substance Abuse Services	5,294
Consumer Services	4,471
Organizational & Community Services	2,291
Target Populations	1,535
Education	1,133
Environment and Public Health/Safety	126
FY18 Total	126,361

Data was also collected on client race, ethnicity, gender, age, family status, preferred language, and referral source. This is included in Nevada 2-1-1's SFY18 Report, which will be posted on the Nevada 2-1-1 website at: <http://www.nevada211.org/reports/>.

PROGRAM ANECDOTES

- A senior caller was struggling with forgetfulness and needed someone to help him navigate his day-to-day activities. Knowing the caller may have struggled with contacting a resource on his own, the Nevada 2-1-1 call specialist wanted to make sure the caller was connected directly with a helper. She attempted to conference call a local advocate while the caller remained on the phone but ended up just leaving a voicemail. Over the next couple of days, the call specialist attempted to contact the caller to see how he was doing. When he couldn't be reached, the call specialist contacted the Advocate for assistance. After working together, the Advocate contacted Elder Protective Services (EPS) to do a wellness check and locate the caller's son, who was his power of attorney. Although 2-1-1's role in this call ended once EPS took over, they left a positive impression on the Advocate who recognized the call specialist's efforts to go above and beyond her typical duties to make sure the caller received needed assistance.
- A caller struggling with an addiction needed a drug detoxification program. Before talking with the Nevada 2-1-1 call specialist, she said she was "thinking stupid and going down a bad road." Instead, she thanked 2-1-1 for their great customer service and professionalism while providing her with a "great referral." She now has a case worker and is back on her road to recovery.
- A caller was feeling very angry and was looking for a resource to help him overcome his anger management challenges. The call specialist gave him a phone number for a local counseling agency, but they were already closed for the evening. Recognizing the caller's need to vent, the call specialist spent some time with him on the phone while he talked about his experiences. She provided him with an empathetic ear, and even made him laugh! He said that the opportunity to vent his frustrations was all he really needed, and his anger level dropped from "100% to 0%" thanks to his call with Nevada 2-1-1.

MAJOR PLANNED ACTIVITIES FOR SFY19

- Complete database review and onsite review as part of the multi-year national accreditation process
- Partner with 2-1-1 Counts to share Nevada 2-1-1 data and create funding relationships with local and national organizations, namely hospitals
- Sign agreements with other 2-1-1's across the country to serve as backup during a disaster
- Partner with the United Way of Northern Nevada & the Sierra on a literacy campaign
- Identify and secure marketing and outreach opportunities to better inform the public about Nevada 2-1-1
- Apply for opportunities to answer phones for other 2-1-1's during their off-hours
- Create a pool of volunteers to answer phones during a disaster
- Secure additional funding resources

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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 22 Service Areas with a FRC providing information, referrals, and case management to residents in each Service Area. The 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 SFY18, \$1,365,006 was distributed to 20 organizations that served as fiscal agents for FRCs in 22 Service Areas throughout Nevada. This represents 95% of the \$1,295,415 granted 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 SFY09. A funding allocation formula was created based on demographic data for each of the 22 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 biannual updates.

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, OCPG staff worked closely with the FRCs in SFY18 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 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. Nine FRCs are funded through the OCPG to provide Differential Response (DR) services to help families resolve issues that led to low-risk child abuse and neglect reports; two FRCs received grants to serve as Hunger One-Stop Shops; and seven receive grants to support parent education and provide crisis intervention.

Statewide, FRCs received more than \$1,137,264 in cash and in-kind donations in SFY18.

GRANTEE PERFORMANCE

In SFY18, FRC programs across the state collectively served 33,841 unduplicated adults, children, and seniors with referrals, resources and support to meet their immediate needs. Services included the following.

- FRCs opened 16,217 case files. Of those, 15,431 clients had Goal Worksheets as part of their case file and 15,119 clients (98%) achieved a minimum of one goal.
- FRCs made 165,898 referrals to community support organizations.
- FRCs assisted clients with the submission of 240 Temporary Assistance for Needy Families (TANF) applications, 3,042 Supplemental Nutrition Assistance Program (SNAP) applications, 2,469 Nevada Medicaid/Nevada Check-Up applications, 2,041 Energy Assistance applications, and 77 childcare assistance applications.

KEY STATEWIDE ACTIVITIES IN SFY18

- FRC staff attended trainings for Social Security claims, homeless outreach, trauma informed care, energy assistance, suicide prevention, Medicaid and Nevada Check-Up, Child Welfare Academy, Ohio Risk assessment training, mandated reporting, Working with LGBT Youth, human trafficking, SNAP, TANF, Financial Integration, as well as many other online classes. Representatives from some of the FRCs also attended the Prevention of Child Abuse and Neglect Conference held in Las Vegas in June.
- FRCs participated in *Pinwheels for Prevention* events in their communities during April 2018, National Child Abuse Prevention Awareness Month.

MAJOR PLANNED ACTIVITIES FOR SFY19

- The FRCs will continue to lead organizations in their communities for the statewide *Pinwheels for Prevention* campaign for Child Abuse Prevention Month in April 2019.
- The OCPG will continue to 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, support will be given to the FRCs to access additional funding sources and seek out collaborative partnerships to expand their programs and services.
- The OCPG will continue its work with the FRCs 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.
- The OCPG continues the growth of the FRCs in the community with health providers. Social determinates are often seen first in the Emergency Room and this is where the FRCs will be able for the wrap around services for the family and address their needs.

PROGRAM ANECDOTE

- A single mother with 10-year-old son moved to Reno and was living in a motel. Her son was not enrolled in school. She had depleted her funds and could not afford to pay for the motel. Health issues were not addressed as she was not connected with a Primary Care Provider. She found a job, but her schedule was prohibitive due to transportation and after-school arrangements for her son. The FRC paid emergency rent for motel while awaiting a more stable arrangement through Child Protective Services (CPS). Coordinated with WCSO Children in Transition program to help her enroll her son in school and access transportation for him. Also, with help from Communities in Schools (CIS), arranged after-school care and advocated with her employer to adjust her schedule so she would be able to pick her son up. Referred to Hopes Clinic so she can receive the medical care she needs for her rheumatoid arthritis. Arranged for family to be adopted for Christmas. Family is now in stable housing. She is relieved that she will be able to provide Christmas gifts for her son.

FAMILY RESOURCE CENTERS PROGRAM PERFORMANCE DATA

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Olive Crest <u>Las Vegas North</u> 89030, 89031, 89033, 89036, 89081, 89084, 89085, 89086, 89087, 89115, 89130, 89131, 89143, 89149, 89156, 89191	\$130,230	1715	555	555	100%	555	100%
East Valley Family Services <u>Las Vegas East and</u> <u>Central</u> 89032, 89101, 89102, 89104, 89106, 89107, 89108, 89109, 89110, 89119, 89120, 89121, 89142, 89169	\$310,082	7698	3823	3823	100%	3823	100%

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Boys and Girls Clubs of Southern Nevada <u>Las Vegas West</u> 89004, 89018, 89103, 89113, 89118, 89118, 89124, 89128, 89129, 89134, 89135, 89138, 89139, 89141, 89144, 89145, 89146, 89147, 89148, 89166, 89178, 89179	\$194,671	2028	638	638	100%	637	99%
HopeLink <u>Las Vegas South</u> 89002, 89005, 89011, 89012, 89014, 89015, 89044, 89052, 89074, 89122, 89123, 89139, 89183	\$149,670	4772	1837	1817	99%	1795	99%

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Salvation Army of Mesquite <u>North Rural Clark County (Mesquite/ Bunkerville)</u> 89007, 89024, 89027	\$16,994	3891	1825	2042	100%	1942	99%
Cappalappa FRC <u>North Rural Clark County (Overton/ Moapa/Logandale)</u> 89021, 89025, 89040	\$12,931	104	67	82	100%	66	80%
East Valley Family Services <u>South Rural Clark County (Laughlin)</u> 89019, 89026, 89028, 89029, 89039, 89046	Expenditures included under East Las Vegas /Central	77	41	41	100%	41	100%

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Washoe County School District FRC Coalition <u>Washoe County</u> 89339, 89405, 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	\$164,530	6979	2062	2062	100%	2062	100%
Family Support Council of Douglas County <u>Douglas County</u> 89402, 89410, 89411, 89413, 89423, 89448, 89449, 89450, 89451, 89452	\$27601	89	24	24	100%	19	80%

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Tahoe Family Solutions <u>Incline Village and Crystal Bay</u> 89402, 89450, 89451, 89452	\$13,643	321	95	95	100%	95	100%
Ron Wood FRC <u>Carson City</u> 89701, 89702, 89703, 89704, 89705, 89706, 89711, 89712, 89713, 89714, 89721	\$34,753	2012	1016	1016	100%	1016	100%
Community Chest, Inc. <u>Storey County</u> 89440	\$10,879	581	158	52	32%	68	130%
Churchill County Social Services <u>Churchill County</u> 89406, 89407, 89496, 89406, 89407, 89496	\$19,508	753	1128	678	60%	683	101%

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Lyon County Human Services <u>Lyon County</u> 89403, 89408, 89428, 89429, 89430, 89444, 89447	\$34,628	836	328	170	51%	164	96%
Frontier Community Action Agency <u>Humboldt County</u> 89404, 89414, 89421, 89425, 89426, 89438, 89445, 89446	\$29,496	1697	741	674	91%	643	96%
Frontier Community Action Agency <u>Lander County</u> 89310, 89820	Expenditures included under Humboldt	654	280	264	94%	203	77%
Pershing County School District FRC <u>Pershing County</u> 89418, 89419	\$23,376	71	17	17	100%	16	95%

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Family Resource Center of Northeastern Nevada <u>Elko County</u> 89801, 89802, 89803, 89815, 89822, 89823, 89824, 89825, 89826, 89828, 89830, 89831, 89832, 89833, 89834, 89835, 89883	\$32,379	2370	795	623	78%	616	99%
Little People's Head Start <u>White Pine and Eureka Counties</u> 89301, 89311, 89315, 89316, 89317, 89318, 89319, 89821	\$27,365	936	202	174	87%	158	90%

Agency <u>Geographic Service Area/s</u> (defined by zip code)	SFY 18 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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.
Consolidated Agencies of Human Services <u>Mineral, Esmeralda and Northern Nye Counties</u> 89010, 89013, 89022, 89045, 89047, 89049, 89314, 89409, 89415, 89420, 89422, 89427	\$11,170	282	6	4	66%	4	66%
Nevada Outreach Training Organization, NOTO Abuse <u>Southern Nye County</u> 89003, 8920, 89023, 89041, 89048, 89060, 89061	\$31,851	1254	532	533	101%	66	66%

Agency <u>Geographic Service</u> <u>Area/s</u> (defined by zip code)	SFY 17 Amounts Expended	YTD Unduplicated number of adults and children served	YTD Number of case files opened (families served)	YTD Number of clients with a Family Goal Worksheet	Outcome #1 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	Outcome #2 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 Community Connection <u>Lincoln County</u> 89001, 89008, 89017, 89042, 89043	\$11,658	92	47	47	100%	47	100%
Totals	\$1,331,245	39,553	16,211	15,427	90%	11763	91%

Nevada Differential Response (DR) Program

	SFY 08 7/1/07– 6/30/08	SFY 09, 10, 11, 12, 13, 14, 15, 16 July 1 st – June 30 th		SFY 18 Current Status
Number of DR programs	7 (4 Las Vegas, 2 Washoe, 1 Elko)	12 (5 Las Vegas, 2 Washoe, 5 Rural)		11 (5 Las Vegas, 2 Washoe, 4 Rural)
Number of DR Staff	16	23		28

	SFY 08	SFY 09	SFY 10	SFY 11	SFY 12	SFY 13	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	Total 2/28/08- 06/30/18
Cumulative Number of Families Referred to DR by CPS	362	912	1,053	1,137	1,234	1,319	1,367	1,421	1,436	1,077	1,018	12,426
Number of Cases returned to CPS	66	147	76	44	47	13	32	42	27	35	118	663
Number of cases closed	247	665	906	1,135	1,182	1,324	1,333	1,403	1,396	1,095	881	11,600

Report through 6/30/2018 Current Status by Program – SFY18 July 1, 2017 - June 30, 2018

Program	DR Case Managers FTE Positions	Number of cases carried forward from FY17 to FY18	Number of cases referred to DR from CPS	Number of cases returned to CPS	Number of cases closed	Number
Las Vegas – South HopeLink FRC	2	9	77	31	37	
Las Vegas – East East Valley Family Services FRC	4	7	31	5	30	
Las Vegas – Central East Valley Family Services FRC	2	4	49	12	40	
Las Vegas – North Olive Crest FRC	2	19	90	5	92	
Las Vegas – West Boys & Girls Club of So. NV FRC	2	0	87	0	86	
Total Clark	12	39	334	53	285	
Washoe FRC	3	23	92	7	83	
Washoe Children's Cabinet*	3	19	133	2	126	
Total Washoe	6	42	225	9	209	
Lyon, Pershing, Mineral, Churchill Lyon Co. Human Services FRC	4	44	216	38	178	
Carson City/ Douglas/ Elko - Ron Wood FRC	4	11	205	15	188	
Pahrump/S. Nye East Valley Family Services FRC	2	0	38	3	21	
Total Rural	10	55	459	56	387	
Total State	28	136	1,018	118	881	

*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.

SFY 18 Annual Report

Department of Health and Human Services – Office of Community Partnerships and Grants

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.

1. Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency
3. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, rehabilitating or reuniting families
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care
5. 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

Grants are administered by the Office of Community Partnerships and Grants (OCPG) in the DHHS Director's Office. Projects are monitored through quarterly progress reports and through fiscal reports when funds are drawn. In addition, program monitoring and fiscal reviews are conducted, and technical assistance is provided as needed.

In SFY18, \$13,073,608 in SSBG Title XX funds was sub-granted to State agencies within 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.

An additional \$1,081,683 in SSBG Title XX funds were sub-granted to six non-state entities to support programs that focus on preventing child abuse (parent training, crisis intervention, and child self-protection training) and food security. These grants are in the second year of the two-year cycle.

LEVERAGING

SSBG 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.

GRANTEE PERFORMANCE

As shown in the detailed progress records included in this report, most non-state sub recipients substantially met or exceeded their goals in SFY18. The federal Post-Expenditure Report (referenced in the preceding section) documented services to 66,350 Nevadans by State and non-state (community) agencies. Data by service categories for SFY18 was as follows.

- Case management services to 1,823 children
- Counseling services to 1,952 children and one adult
- Employment and job training to 1,200 adults
- Foster care services to 1,300 children
- Health related services to 2,121 children and 4,459 adults
- Home-based services to 25 children and 1,150 adults
- Independent/Transitional living services to 0 adults
- Prevention and intervention services to 13,879 children and 731 adults
- Protective services to 7,774 adults
- Residential treatment services to 373 children
- Substance abuse services to 110 adults
- Transportation services to 0 children and 0 adults
- Other Services to 3,724 children and 2,944 adults

PROGRAM ANECDOTES

- The response from schools seems to have been much stronger this year than last year. We are hoping to maintain that momentum through ongoing and aggressive outreach to get schools scheduled. Turnover amongst school staff is presenting a challenge; some schools that have welcomed us regularly have not been responsive. Almost a quarter of our CAP students made use of Review Time, with 23 reportable disclosures and 69 staff referrals. We are making an important difference in these students' lives.
- Mom started Boys Town services due to the stress of not knowing how to help her 7-year-old, Sue who was diagnosed with ADHD and struggled with behaviors at home and school. Sue would get upset and start screaming, throwing things, and slamming doors. Mom also had to always remind her about her morning routine, so she would follow through. By collaborating with Boys Town Mom was able to increase consistency with schedules and behavioral charts. She started using positive rewards and teaching Sue how to use self-control when upset. Overall, both Mom and Sue were able to thrive by making significant progress, such as mom not having to prompt Sue to use her stay calm plans. Mom also got a chance to connect with Nevada PEP. She completed their workshops to learn how Sue can optimize her learning in school. Mom reported to her consultant that she felt as if I was an angel that came to light their way. Mom saw the Boys Town program as a support to help her family thrive by ensuring her daughter could have the best experience in life. Mom stated, "I can now have better communication with my daughter. Boys Town helped me control myself and feel less stress because I can now communicate with my daughter. I can use all the strategies and have the tools to refer back to them when I forget how to use them."

MAJOR PLANNED ACTIVITIES FOR SFY19

- Non-state agencies funded for the prevention of child abuse and neglect will participate in quarterly conference calls to work toward standardizing fiscal and programmatic information and to share updates on best and emerging practices in the field of child abuse and prevention.
- OCPG staff will 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.
- All programs will receive technical assistance and monitoring as required. Site visits will be scheduled for at least one-third of the community-based programs and State agencies receiving SSBG Title XX funds.

SSBG TITLE XX NON-STATE (COMMUNITY AGENCIES) PROGRAM PERFORMANCE DATA

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Boys Town Nevada, Inc. IN-HOME FAMILY SERVICES (PCA Crisis Intervention) Boys Town Nevada's In-Home Family Services (INHFS) utilizes a cognitive-behavioral, strengths-based approach with at-risk families that builds strengths and reduces stressors, crisis, and task factors. Service Components build protective factors and include: admission and intake, engagement, assessment, individualized services planning (activities, resources, skills, and supports), parenting education, resources and supports, and discharge planning (including ongoing aftercare support). \$346,060/\$345,516	Boys Town (IHFS) will serve 90 unduplicated families during FY18 in Las Vegas, North Las Vegas, and Henderson. 98 families were served	Boy's town (IHFS) will achieve positive results with no less than 81 families remaining intact by program discharge during FY18. 100% of families remained intact by program discharge during FY18.	85% families will meet service plan goals as evidenced by case notes and documentation of goal progress. 90% of parents will report overall reductions in family stressors related as evidenced by the pre-post strengths and stressors assessment. 100% of the families met service plan goals and reported overall reduction in family stressors.

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Tahoe SAFE Alliance CHILDREN'S PROGRAM (PCA Crisis Intervention) This program provides access to individual therapy as well as therapeutic and empowerment groups for children who are victims of abuse, witnessed some form of family violence or are otherwise at-risk. The program also assists the non-offending parent and other family members, when appropriate. \$39,938/\$39,938	The Number of unduplicated families that will be served through the program is 57. Of these families, 57 children will be assessed through the provision of education, counseling, therapeutic and empowerment groups, advocacy and case management. 57/41/72% 85%/72%	Of the children assessed. 48(85%) will show improved well-being as measured but the reduction and management of emotional symptoms, as outlined and tracked in individual treatment plans and/or pore/port surveys. 95% showed improved well-being.	% of families who had no further CPS involvement at 3 and 6 month follow up. None reported at this time
The Rape Crisis Center Provide protection from sexual abuse to children through training and education of children, parents, and professionals in the community. \$54,960/45,013	The total number of unduplicated individuals to be trained through the prevention of child abuse and neglect programs is 6,500 all trained will be surveyed. 4,477 of unduplicated individuals trained.	Of those surveyed a minimum of 4, 00 (62%) children and adults will demonstrate knowledge, skill development and growth as a result of program participation. 91% demonstrated knowledge, skill development and growth as a result of program participation.	Of those surveyed a minimum of 72% (4,680) of participants will experience positive results from these programs. Agency did not report.
The Children's Cabinet Safe place provides youth in crisis a 24-hour phone or text line, or designated walk-up business, where they can get immediate assistance. A case manager from the Children's Cabinet ensures	Unduplicated families enrolled in parent training. Number of unduplicated parents to be trained is 600.	% of parents who report a positive change in their perception of their children's behavior and competency in parenting. Of the parents surveyed 540 (90%) will report a change in perception of their	

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
<p>the youth is in a safe environment and then meets the youth in a person to provide crisis intervention services.</p> <p>\$74,195/\$71,796</p>	<p>600/573/96% 100%/96%</p>	<p>children's behavior and their competency in parenting.</p> <p>90% of parents surveyed reported a change in perception of their child's behavior and their competency in parenting.</p>	
<p>UNR Cooperative Extension, Mineral County (Child Self-Protection Training) Peacemaking Skills for Mineral County Little Kids: Peacemaking skills is a school-based program targeting preschool and kindergarten children and their parents. This program will provide 10 weeks of in-school lessons to children. Additionally, will provide an educational orientation for parents, and work with parents one-on-one, as needed, throughout the school year.</p> <p>\$33,096/\$29,088</p>	<p>There will be 130 students served at two locations.</p> <p>130/178/137%</p>	<p>All the students will complete and pre and post-test to gauge knowledge retention based on prescribed indicators.</p> <p>Note: Due to issues that arose with the company that the curriculum was purchased through, the subrecipient was unable to gather the appropriate data. Data will be reported in FY19 annual report.</p>	<p>Of the students surveyed 104 (80%) will indicate an increase in knowledge based on the indicators presented by the peacemaking evaluation tool.</p> <p>Note: Due to issues that arose with the company that the curriculum was purchased through, the subrecipient was unable to gather the appropriate data. Data will be reported in FY19 annual report.</p>

SFY18 Annual Report

Department of Health and Human Services – Office of Community Partnerships and Grants

Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling (Problem Gambling Fund)

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 Office of Community Partnerships and Grants (OCPG) 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 – seven grants, \$770,718 expended
- Research and Evaluation – one grant, \$133,436 expended
- Technical Assistance – one contract, \$41,280 expended
- Workforce Development – one grant, \$27,970 expended
- Prevention – one grant, \$209,991 expended
- Media Campaign – one grant, \$73,000 expended
- Statewide Problem Gambling Conference – one grant, \$25,000 expended

The expenditures above total \$1,281,396 (98% of the \$1,313,970 awarded).

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

IMPLEMENTATION OF TREATMENT STRATEGIC PLAN

SFY18 marked year two of the “Three-Year Strategic Plan for Problem Gambling Treatment Services within the State of Nevada,” which was first approved by the ACPG on May 19, 2016, and revised November 1, 2016. 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, OCPG staff analyzed utilization of funds by treatment grantees mid-year. 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.

PROGRAM ANECDOTES

- We had a female client who was admitted to residential treatment on 9/14/17. She was transferred to outpatient treatment on 10/11/17 where she remained until her discharge on 5/16/18. Since her discharge, she actively participates in the aftercare program and has reported regular attendance at Gamblers Anonymous (GA) meetings. When she arrived for treatment she was homeless and unemployed. She has since obtained employment and been successfully able to save money, obtain housing and has remained gambling free the entire time. She is working in a restaurant inside of a small casino. Her learned coping skills have been instrumental in her success to work in this environment while remaining free from triggers and free from gambling. She has reported observing other staff put their tip money into the slot machines and now uses it as an opportunity to guide them to resources to deal with their gambling. She has become a good role model for other gamblers and is supportive in her efforts to let them know the disease can be controlled.
- One gambler entered treatment in July, along with 2 of his family members. Gambler reported on 9/30/2017 abstinence from gambling, regular GA meeting attendance, and successfully obtaining a sponsor. The spouse and child are attending counseling to help deal with their personal issues and the effects gambling has created in their home. All family members have demonstrated improved life functioning, increased communication, and overall family cohesiveness. The family continues to attend counseling on a step-down program as they progress. The family had lost their insurance prior to treatment due to husbands gambling and was able to benefit greatly from the NV Gambling Grant.
- Problem gambling treatment was provided to a 28-year old male who scored 9 out of 9 on the DSM-5 Diagnostic Criteria for a gambling disorder. He was diagnosed with severe gambling disorder. Both his parents struggled with addictions. His mother left his family when he was about two years old. He never had an adult relationship with his mother. He started using drugs, alcohol and gambling at a very young age. Constant gambling paired with alcohol use had kept him in a state of depression and co-dependence his entire adult life. He lived with his father, stepmother, older brother and twin brother when he entered treatment. He has been able to maintain a very good

job as a cook for several years but had not been able to live independently. After entering treatment and attending regular meetings with Narcotics Anonymous (NA), Gamblers Anonymous (GA), and Alcoholics Anonymous (AA), he expressed a desire to move out of his father's house and live independently. He has remained abstinent from gambling, drug abuse and alcohol during his treatment. During his last week of treatment, he secured his own apartment and is currently living independently, while staying involved in his 12-step programs.

- Problem gambling treatment was provided to a 37-year old female who scored 9 out of 9 on the DSM-5 Diagnostic Criteria for a gambling disorder. She was diagnosed with severe gambling disorder. She stated she hated gambling and only started due to the stress she was having at work. She worked for her father and stepmother. Her relationship with her stepmother was unhealthy and she would leave to go to the local bar which resulted in drinking and gambling. Her husband worked there also and would join her most of the time. This resulted in leaving her three small children home under the care of their grandmother. She gambled compulsively for approximately a year at which time she found herself doing antisocial behaviors involving the business. Once these behaviors were discovered, her father terminated her and pressed charges. It was at this time she started attending GA and entered treatment. After approximately 5 weeks in treatment her father dropped the charges and she was able to obtain a new job. She remained abstinent from gambling during her treatment and upon completion she was promoted in her job and began to make restitution. Her relationship with her children was greatly improved and her husband had stopped gambling as well.

MAJOR PLANNED ACTIVITIES FOR SFY19

- Monitoring visits are planned for all the grantees funded in SFY19. 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.
- OCPG, the problem gambling consultant and the ACPG will work together to update the strategic plan.
- OCPG is working with Substance Abuse Prevention & Treatment Agency (SAPTA) on the Request for Application for SFY20/21.

PROBLEM GAMBLING PROGRAM PERFORMANCE DATA

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Board of Regents (BOR) Nevada System of Higher Education (NSHE) University of Nevada Las Vegas, International Gaming Institute (IGI) DATA COLLECTION AND RESEARCH. This project supports ongoing data collection and research projects at several stages throughout the client's experience in engaging State-funded problem gambling clinics in Nevada. Encounter data submitted by treatment grantees is also used to generate the information needed by the State to pay clinicians for services rendered. \$139,372/\$133,437	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 7 treatment centers resulting in 7 reports per month (total of 84 per year). As part of that process, IGI will resolve any reporting discrepancies with the grantees and send revisions/corrections to DHHS as necessary. 82/82/100%	As defined in the approved Scope of Work IGI will collect data on all clients served with state funds at problem gambling clinics and IGI 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 FY18 (total of 7 reports). 2/7/29%	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 treatment program. IGI will submit a draft report summarizing all follow-up research to DHHS and the ACPG 30 days after the completion of FY18. 0/1/0%
RISE Center for Recovery TREATMENT RISE Center for Recovery provides an intensive outpatient treatment program to treat individuals with gambling problems. RISE provides 4 levels of behavioral health services that address co-occurring disorders with specific focus and specialty tracks on the treatment of problem gamblers and their family members.	50% of the 32 enrolled clients 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). 16/49/306%	50% of the 32 enrolled clients will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 16/6/38%	5 family members will be enrolled in problem gambling services in FY18.

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
\$82,099/\$82,099	50%/100%	50%/38%	5/13/385%
Bristlecone Family Resources TREATMENT Bristlecone Family Resources is seeking funding for the Gambling Addiction Treatment and Education Program. This Program provides clients with recovery oriented, evidence based residential, intensive outpatient and outpatient treatment services by certified problem gambling counselors. \$136,814/\$128,912	50% of the 27 enrolled clients 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). 14/48/343% 50%/100%	50% of the 27 enrolled clients will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 14/29/207% 50%/100%	5 family members will be enrolled in problem gambling services in FY18. 5/0/0%
Mental Health Counseling and Consulting TREATMENT MHCC provides professions, licensed treatment to problem gamblers and their families. Beginning with diagnostic assessment for mental health disorders (including screening for problem gambling/gambling disorder), patients work with a provider to establish an appropriate level of care and customized treatment plan specific to their needs. \$60,472/\$60,472	50% of the 43 enrolled clients 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). 22/43/196% 50%/100%	50% of the 43 enrolled clients will successfully complete treatment (as defined in Appendix A, Provision II, of the Treatment Strategic Plan). 22/36/164% 50%/100%	5 family members will be enrolled in problem gambling services in FY18. 5/0/0%

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Nevada Council on Problem Gambling WORKFORCE DEVELOPMENT This Initiative will provide continuing education, training, and networking opportunities for Nevada professionals, to expand their knowledge of problem gambling prevention, treatment, research, recovery, and public policy. Primary service will be the Annual Nevada State Conference on Problem Gambling. \$27,970/\$27,970	Provide Core Counselor Training Program (CTP) as developed and delivered by the Nevada Council on Problem Gambling, this is a training initiative tailored to the unique needs and strengths of the Nevada workforce. Provide at least 4 free Module 1 training classes. Document at least 50 registrations for the modules 100/57/114%	75% of the training participants will reported increased knowledge of problem gambling. 80% of the training participants will report satisfaction with the training provided. 100%/100%	
Nevada Council on Problem Gambling CONFERENCE Problem Gambling Workforce Development services must be designed to "offer training, education programs, and networking opportunities designed to develop provider competencies and foster a supportive and collegial workforce made up of sufficient numbers" (page 24 of Strategic Plan). \$25,000/\$25,000	Provide 12 hours of Problem Gambling Education to a minimum of 150 participants. 150/216/144%	75% of the sessions presented will be rated by participants as meeting or exceeding their learning expectations. 12/12/100%	80% of participants completing post-conference evaluation surveys will report satisfaction with the overall conference program. 111/110/99%

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
Nevada Council on Problem Gambling PREVENTION NCPG will sustain and expand current statewide prevention efforts, including information dissemination, community outreach, Problem Gambling Awareness Month, online information and referral resources, peer advocacy, and Mini-grant funded projects. NCPG will engage in strategic planning and coordination activities with OCPG and community partners to build sustainable prevention services for Nevada. \$209,990/\$209,990	NCPG will distribute 3,500 books, brochures, pamphlets, and information booklets to Nevada Community organizations, agencies, and individuals. 3,500/8,695/248%	Issue and monitor a minimum of 5 mini grant awards for problem gambling prevention activities. 5/5/100%	
Nevada Council on Problem Gambling MEDIA CAMPAIGN NCPG will coordinate the development and implementation of a media campaign to raise awareness of the impact of problem gambling and promote availability of Nevada treatment and support resources. Primary product will be a 30 second information video advertisement suitable for delivery via television, websites, and social media platforms. \$73,000/\$73,000	NCPG secure television ad buy for at least 2 stations in the Las Vegas and Reno markets. Run alternating weekly TV ad campaign during May-June. Goal Was Completed Satisfactorily		

Organization Name Project Description Grant Amount/Total Payments	Outcome #1 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #2 # Goal/YTD #/ YTD % % Goal/ YTD%	Outcome #3 # Goal/YTD #/ YTD % % Goal/ YTD%
The Problem Gambling Center TREATMENT The Problem Gambling Center provides an intensive outpatient treatment program demonstrated to effectively treat individuals with gambling problems. PGC is requesting funding from the revolving account for the prevention and treatment of problem gambling to assist in delivering our program of group and individual therapies to Nevadans and their families. \$283,000/\$265,930	50% of the 110 enrolled clients will actively engage in problem treatment for at least 10 clinical contact sessions (as defined in Appendix A, Provision II, of Strategic Plan). 55/143/260% 50%/100%	50% of the 110 enrolled clients will successfully complete treatment (as defined in Appendix A, Provision II, of the Strategic Plan). 55/74/135% 50%/100%	30 family members will be enrolled in problem gambling services FY18. 30/28/93%
Reno Problem Gambling Center TREATMENT Outpatient program for gambling families. Reno Problem Gambling Center has provided professional counseling services in a non-profit outpatient setting since 2006, serving Northern Nevada families impacted by Gambling Disorder. RPGC honors these families by giving expert care where, when, and how the family needs these essential services. \$92,000/\$92,000	50% of the 29 enrolled clients will actively engage in problem gambling treatment for at least 10 clinical contact sessions (as defined in Appendix A, Provision II, of the Strategic Plan). 15/65/433% 50%/100%	50% of the 29 enrolled clients will successfully complete treatment (as defined in Appendix A, Provision II, of the Strategic Plan). 15/49/36% 50%/100%	5 family members will be enrolled in problem gambling services IN FY17. 5/17/294%