

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

**DRAFT Meeting Minutes
March 08, 2018**

Meeting Locations (Video conferenced)

Carson City: Division of Public and Behavioral Health, 4150 Technology Way, Room 303

Elko: Aging and Disability Services Division, Early Intervention Services, 1020 Ruby Vista Drive, Suite 102

Las Vegas: Aging and Disability Services Division, 1820 E Sahara Avenue, Suite 201

Members Present

Dan Wold
Diane Thorkildson
Fernando Serrano
Jeff Bargerhuff
Laura Alison (Ali) Caliendo
Leslie Bittleston
Michele Howser
Michellé (Chellé) Bize Yarbrough
Steve Kane
Tom McCoy (arrived 9:07)

Members Absent

Cindy Roragen
Jeff Fontaine
Minddie Lloyd
Susan Lucia-Terry

Department Staff Present

Cindy Smith, Chief, Office of Community Partnerships and Grants (OCPG), DHHS Director's Office
Cathy Council, Gary Gobelman, Crystal Johnson, Julieta Mendoza, Pat Petrie, Karrie Craig, and Gloria Sulhoff, OCPG

Vincent Milazzo and Nima Rezaie, DHHS, Director's Office

Jeff Duncan and Cheyenne Pasquale, Aging and Disability Services Division, DHHS

Others Present

Benjamin Richmond, eLogic
Britanny Baker, Advocates to End Domestic Violence
Connie Billington, Family Support Council
Haley Causey, Nevada Center for Excellence in Disabilities
Jared Ovitt, Ridge House
Kristi Robusto, Nevada Division of Public and Behavioral Health, (DPBH)
Laura Blavenstein, University of Reno
Lisa Gufmin, Washoe County School District
Phil Harrison, Community Service Agency
Sarita Delgado, Children's Cabinet
Scott Cooksley, Catholic Charities of Northern Nevada
Shane Piccinini, Food Bank of Northern Nevada
Steven Messinger, Nevada Primary Care Association (NVPCA)

I. Call to Order, Roll Call and Announcements

Grants Management Advisory Committee (GMAC) Chair Steve Kane called the meeting to order at 9:04 AM. Roll call was taken and a quorum was confirmed. Mr. Kane welcomed three new members to the GMAC and asked them to introduce themselves.

- Chellé Yarbrough introduced herself and explained she has worked for 12 different media companies throughout the United States and served on several boards including The Nevada Workforce Board. She indicated she has worked with nonprofit agencies and loves making sure tax dollars are working for the community.
- Fernando Serrano introduced himself and stated he was excited to be on the GMAC Committee. He stated he retired from the Division of Child and Family Services (DCFS) six years ago as the Deputy Administrator for Juvenile Services. Most of his 31-year career was in Juvenile Justice, of which 24 years of that was as the Chief Probation Officer. Mr. Serrano has served on various committees including the Community Development Block Grant Commission. He looks forward to serving on the GMAC committee.
- Tom McCoy is chair of the State Advisory Council on Prevention and Wellness of Chronic Disease. He has been involved with various aspects of what GMAC has been involved with. His direct report, Cindy Roragen, recently stepped down from the GMAC and recommended him as her replacement. He is still with American Cancer Society, something that is special to him in dealing with cancer patients as well as the issues that they can bring forward to the legislature to change outcomes for cancer patients in Nevada. He has been involved in the Needs Assessment over the years, and sees the benefits to the people and wants to be a part of it.

II. Public Comment

None

III. Approve Minutes of December 14 , 2017 GMAC Meeting

Mr. Kane called for corrections or comments on the minutes of the previous meeting. Michele Howser requested an edit to page three stating she was “stepping down”, Ms. Howser’s term was over, and she had not requested re-appointment; however, she agreed to stay on through June, 2018 at the request of Cindy Smith

- Jeff Bargerhuff moved to approve the minutes of the December 14, 2017 GMAC meeting with changes as noted. The motion was seconded by Leslie Bittleston and carried unopposed.

IV. Approval of Needs Assessment Implementation

Ms. Smith will develop a SurveyMonkey questionnaire for the Needs Assessment to be sent out to the community through providers and other agencies statewide. The survey will be followed up by community forums across the state, including Elko, Pahrump, Las Vegas, Reno and Fallon. The results will be compiled for presentation to the GMAC in June.

Diane Thorkildson and Haley Causey, from the Nevada Center for Excellence in Disabilities in the College of Education at University of Nevada, Reno (UNR) presented an overview of Nevada Needs Assessment. The presentation will be the meta-analysis of Nevada Needs Assessment. Ms. Causey spoke regarding the background on Nevada Leadership Education in Neurodevelopmental and related disabilities and leadership projects. This improves the health of infants, children and adolescents with autism and other disabilities as well as preparing practicing professionals, parents and graduate trainees to assume leadership roles in their respectful fields. This leadership project was to research and design an eco-map

throughout Nevada's landscape related to resources and services available to people with developmental disabilities. The map will highlight the gaps in resources, funding and services that impact the disability community.

The Needs Assessments and reports were split up into three different groups, reviewed and compiled from the material into a crosswalk. Ten completed reports were used to complete the crosswalk and coded with common needs. The process was repeated and compiled to produce the 12 most common needs into a second crosswalk.

Ms. Thorkildson and Ms. Causey discussed the most common themes.

- Access to primary and behavioral health care continues to remain a primary need in all the reports reviewed. Ms. Thorkildson suggests GMAC look at community assessment data differently by looking at how the funding priorities and efforts align with other efforts throughout the state so state tax dollars are being used wisely and maximized.
- Jeff Bargerhuff asked if there is limited access to primary and behavioral health care and if so is it because the clients cannot get to the resources? Can we break it down in rural counties for Southern Nevada and Northern Nevada?
- Ms. Howser asked if anyone has done an audit of Medicaid and insurance companies to learn what services are billable.
- Ms. Smith responded to the questions explaining in the last RFA, access to services was built in each program area and collaborated with a primary care provider of Federally Qualified Health Centers (FQHC) on how to help people that cannot get there. The three jurisdictions South, North and Rural. Medicaid is on the list to get as much billable services. In the next RFA it can be asked what are you doing to maximize your revenue from Medicaid.
- Ms. Howser stated to Ms. Smith during the last two funding cycles, collaboration was the lowest scoring element of the application. Ms. Howser stated she has brought it up two cycles in a row and she is disappointed from the last cycle. There is no accountability on our part to hold them accountable. People are getting funded with low scores in collaboration.
- Chellé Bize asked if the technology barrier issue was between the agencies or with the recipient. Ms. Smith stated the technology is in the process of getting a database that has the capability to talk to each other.
- Mr. Kane suggested everyone use the same common system, so there can be collaboration. Institutions do not change their system in a year or two, but if we can say we want it done in a certain amount of years. Ms. Smith agreed with Mr. Kane and will find out more information on where it is at.
- Laura Alison (Ali) Caliendo had one final question for Ms. Smith on how aligning GMAC funding with other state funding streams is going to happen. Ms. Smith responded that she wants this to happen and will reach out and get information. Mr. Duncan would like to align the funding streams and have intense discussions on collaboration. The Department no longer wants to see funding streams dictate how to deliver services.

V. Grief Support Proposals and Information

Ms. Smith discussed Senate Bill (SB) 400. With the many requirements stipulated in the bill, there are only two agencies eligible for this funding. Instead of issuing an RFA, Ms. Smith had a discussion with the two grantees and the grantees decided to split the funding and came up with their own funding formula of 75% of the available funds going to the South and 25% in the North. Grants were awarded to Adam's Place in Las Vegas and Solace Tree in Reno, Nevada. If there are others that come up with the services for Grief Support, they will regroup and come up with a new formula or a more competitive process. There was \$22,000 in the Fund which was awarded out starting April 1st to June 30th, 2018 then realign for Fiscal Year (FY) 19. July 1st to June 30th, 2019.

VI. Community Services Block Grant Report and eLogic Demonstration

Ms. Smith stated that the reason for the Community Service Block Grant (CSBG) Report demonstration was to show the GMAC how we pull the information for reports from the system.

Crystal Johnson introduced Ben Richmond with (CAMP), the contractor that Office of Community Partnerships and Grants works with and eLogic is the software that is being used for case management for 11 of the 12 Community Action Agencies. This demonstration will be a high-level demonstration on scales and how they work, what they are and how the scales feed into the outcome reports.

Mr. Richmond explained how to gather data with the eLogic system. The system provides a primary baseline assessment which grabs all the basic needs of the client that walks in the door. Every two-three month in office or an agency can reassess a client and we monitor the movement of the client.

Population is where you pull the data from, so by using the scale as the backbone of gathering the Needs Assessment we break it off by populations. An example of this is the definitions for reporting purposes, how many clients were created in the last six months. You could pull that information. You can identify population and run the statistics off them, capturing the data through the scales. Crystal Johnson and Cindy Smith can pull reports on the entire state.

Ms. Caliendo had a question for Ms. Johnson and Mr. Richmond on what were the components that make up the scales and how were they developed? Mr. Richmond response to Ms. Caliendo stated it was developed by research and feedback through every agency. Ms. Caliendo had a concern to make sure that it is on track with federal funding requirements and have research behind them. Mr. Richmond stated that it is based on National Performance Indicators and this is required by CSBG. Mr. Richmond completed the presentation by walking through the system as if a client came in.

VII. Distribution of Unallocated Funds- Respite

Julieta Mendoza distributed an RFA for supplemental funding to the four currently funded respite programs. They received two applications, from RAVE and RSVP, explaining the gap service that was determined by Aging and Disability Services Division (ADSD) and how they could fill that gap. The gap was for services to individuals between the ages 19 to 59 years old. RSVP proposed to recruit 10 additional respite workers and run public awareness and recruitment campaigns. They requested a total of \$50,458, which was granted to them. The second program, RAVE, cannot aid individuals from outside their current work frame of newborns to 22-years-old, but they can provide services to young adults ages 18 to 22. With these additional funds, they will increase the amount of families receiving services and hire a part time respite and volunteer coordinator to strengthen the youth development element of the program. Their total funding was \$47,395. Both agencies submitted a letter stating over the course of the next 18 months, their programs will start strategizing ways to reduce the gap across Northern Nevada. Both organizations hope to be a key element in bridging the gap across the lifespan moving

forward. Total of both programs \$97,370. There were additional funds that needed to be allocated and it was decided to add additional funding to both programs. Each program would receive \$48,185 to help support their projects to fill the gaps.

- In response to a question from Ms. Howser, Ms. Smith confirmed that these two agencies had not previously been denied funding. The GMAC moved to award the residual funding to the four that were approved for a grant award. Of the four, only two applied for the additional funds.
- Ms. Biz é asked if there are additional funds to allocate, how do you justify the additional funding? Ms. Smith stated it was set in the RFA that was not fully allocated. What was left from the four was \$194,000. They must be accountable for the full amount. They will be reporting on additional services and clients that will be served.

VIII. Program Reports

Community Service Block Grant

Gary Gobelman went over the Community Action Agencies (CAAs) they have been engaged in the past three years. There are several projects that have been developed by CAAs that involved integrated services across several agencies with the partners collaboratively co-managing the project. This is referred as collective impact within the CSBG. Two examples of this would be the jail diversion grants and community mental health projects that are currently operating in Lyon County, Churchill County, Carson City, and Douglas County. Both are designed to address people that are using law enforcement and health care system resources because there are no alternative systems in the community. Programs such as this there is an emphasis on prevention to treat people in the community and to move them to higher levels of self-sufficiency. CAAs provide wrap around services.

Mr. Gobelman announced he will be retiring as of April 30th, 2018 and Crystal Johnson will be the new CSBG Manager. Ms. Smith thanked Mr. Gobelman for his hard work. Ms. Johnson will still be working with the Family Resource Centers until someone is hired for that position, hopefully in April.

Family Resource Centers

Ms. Johnson explained that over the past year she has been cross-trained and the programs between the Family Resource Centers and Community Action Agencies are so closely intertwined there are duplication of services. Ms. Johnson is looking to change the reporting for them and to end duplications and focus on funding the gaps. Outputs are what have been reported on, outcome driven data and funding. Some agencies are dual agencies and will use eLogic to collect the information. Modeling outcome reports based on CSBG. Will be pushing FQHC to work with Family Resource Centers (FRC).

Mr. Kane had to leave the meeting and asked Mr. Bargerhuff to take over the rest of the meeting. Mr. Bargerhuff took over the GMAC meeting at 10:25 am and moved on to the next Program Report.

Fund for a Healthy Nevada, Wellness

Pat Petrie explained the Fund for a Healthy Nevada (FHN) funds the Hunger One Stop Shop programs, stemmed from the Governor's Council on Food Security's action plan established in 2014. The programs were designed to implement goals in the strategic plan and increase food security throughout the state. There are five principles in the plan, but the focus is on the second principle of ending hunger and promoting health. The program requires agencies to collaborate with others to provide food and case management services to end barriers to self-sufficiency. There are five funded programs, Catholic

Charities of Northern Nevada, Food Bank of Northern Nevada, Family Resource Center of Northeastern Nevada, NYE Communities Coalition, and Consumer Credit Counseling, dba Financial Guidance Center. The five agencies cover 16 of Nevada's 17 counties. Douglas County is not covered but services are available 15 miles away in Carson City. In SFY 17, the programs served almost 6.5 million meals, which is up by one-million from the previous year, and 165,000 unduplicated individuals were served and linked to other services. These programs were funded \$2,550,000 in partnership with Nevada Clinical Services (NCS) and Social Services Block Grant, Title XX money that supplements some of the funds. \$2,000,000 is FHN and NCS money, the remaining comes from Title XX.

Fund for a Healthy Nevada, Disability

Julieta Mendoza stated she oversees the FHN Disability Services, which include three subcategories. Respite was already talked about, and the others, Independent Living and Positive Behavior Support, are on track. We are half-way through the year and all the goals are up to speed. Ms. Smith noted that the Independent Living category includes some transportation services.

Social Services Block Grant Title XX

Ms. Mendoza also oversees Title XX, which funds a lot of state agency programs as well as non-state agency programs. Title XX funds require federal reporting, including post-expenditure and pre-expenditure reports. The post-expenditure report was due December 31st, and it was submitted and approved federally. The pre-expenditure report for the up-coming year is due June 30.

Prevention of Child Abuse and Neglect

Community Based Child Abuse Prevention (CBCAP), is new to Mr. Petrie. The fund is based off State funds from the Children's Trust Fund and federal CBCAP funds. Prevent Child Abuse-Nevada at Nevada Institute of Children's Research and Policy housed at University of Las Vegas (UNLV) is the state's chapter and coordinates most of the state's child abuse prevention activities.

Problem Gambling

The Advisory Committee on Problem Gambling (ACPG) has nine members appointed to a two-year term by the Governor. They meet quarterly with functions similar to GMAC. A strategic plan governs all aspects of the program and is posted online for public access. The program funds treatment, prevention, workforce development, data collection and a subject expert consultant. The Problem Gambling program receives \$1.3 million each year from the Gaming Commission fees on slot machine. The Advisory Committee has two sub-committees, a Legislative Workgroup looking at funding maximization and planning for the next legislative session, and a Medicaid Workgroup looking at how to maximize Medicaid dollars within treatment. There are seven funded treatment clinics; two are residential, with one in Fallon and one in Reno, Nevada. The remaining five provide outpatient services. Some only treat problem gambling, while others include drug and alcohol, marriage and family counseling. One prevention grant to Nevada Council on Problem Gambling coordinates a lot of the statewide prevention efforts. A public awareness campaign will start up in May or June through television and social media to bring awareness to services available in the state.

Nevada 2-1-1

Jennifer White, Statewide Coordinator for Nevada 2-1-1, reported that Financial Guidance Center was awarded the contract and is going through an accreditation process through AIRS, the Alliance of Information and Referral Systems. During the tragedy in Las Vegas, 2-1-1 responded to more than 10,000 calls in the first three days. Usually receiving 33,000 in the last two quarters, which is a significant

jump. After the second day of the tragedy more help was required to handle the call volume, so call centers in Texas and California assisted in taking calls that were rolled over. Due to this crisis, a lot was learned about 2-1-1 and how to handle emergencies. A handout was included in the meeting materials.

Victims of Human Trafficking

Ms. Smith reported that there are no direct state funds that go into the account; it is funded entirely from private donations and proceeds from annual fundraisers sponsored by The Attorney General's Office. There is currently \$95,000 in the Fund, all raised through donations. There will be a fundraiser in Las Vegas in April of this year. We are hoping to have 500 attendees. Tickets are \$75 per person or \$2,000 per table. We are currently looking for sponsors to defray any out of pocket costs and looking at mini grants for agencies to provide direct assistance on a reimbursement basis.

Federally Qualified Health Centers (FQHC)

Ms. Smith provided information on the Incubator Project that provided grants to Northern Nevada HOPES and FirstMed, \$250,000 each ending June 30th and another \$250,000 each July 1st, there is no data yet, but it will be worked on. The two projects that were awarded were FirstMed with prisoner re-entry program with medical and health needs in Clark County, and Northern Nevada HOPES to work with the general population. Those are the two subgrants and the two populations. The report to the Legislature was submitted on time in January and another update will be provided in the OCPG annual report due June 30th.

Ms. Caliendo responded to Ms. Smith's information stating she anticipated outcomes, and asked where we were to date with outcomes also from CSBG and the FRCs. Ms. Howser supported Ms. Caliendo's comment and stated typically they are given written materials in advance of the meeting. Digesting information from oral reports is difficult; even bullet points would be helpful.

Mr. Bargerhuff concluded this agenda item by thanking Gary Gobelman for his service and sending best wishes on his next endeavors.

IX. Public Comment

- Las Vegas - None
- Elko -Judy Andréson, director of the Family Resource Center in Elko, applauded CSBG on their work looking at areas where agencies and services can be combined, and greater collaboration exists. Ms. Andréson stated she was asked to provide a presentation for Nevada Advisory Council of Federal Assistance.
- Carson City - A written document was read to the committee by Steve Messenger with Nevada Primary Care Association, Common Health Centers. The [document](#) is provided as an attachment to the meeting minutes.

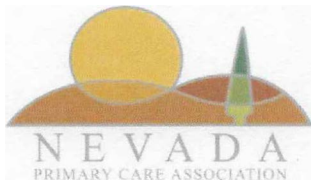
X. Adjournment

- Dan Wold motioned to adjourn the meeting. The motion was seconded by Ms. Howser, and the meeting adjourned at 11:03 a.m.

Attachment

Grants Management Advisory Committee
March 8, 2018 Meeting Minutes

Letter from Steve Messinger, Nevada Primary Care Association
Regarding: FQHC Incubator Project



March 8, 2018

GMAC Incubator Comment

Good morning, and thank you for the opportunity to comment. My name is Steve Messinger, and I'm the Policy Manager for the Nevada Primary Care Association. NVPCA is the state membership organization of community health centers. On behalf of our membership, I would like to thank the state for initiating the FQHC Incubator grant and budgeting \$1 million for it, which ultimately was awarded to and split evenly between two health centers. Our membership is grateful for the state's commitment to supporting community health centers and the work they do to provide care to nearly 90,000 underserved Nevadans. NVPCA worked closely with the HHS Director's Office to promote this idea, to share objectives and eligibility requirements from other states with similar programs, and to assist with the design of the RFA.

I would like to point out some changes at the federal level that could affect this program in the future. The Continuing Resolution passed by Congress on February 6th not only included funding for community health centers through FY2019, but also changes to how the federal government administers the program. One of these changes directs the Health Resources and Services Administration to address the issue of service area overlap. This refers to when multiple health centers are funded to serve the same communities. It is unclear exactly what this change will mean for health centers going forward, but primary care associations across the country are starting to think about how to manage service area overlap. NVPCA believes that the Incubator grant must take into account the location of services that are being proposed in relation to existing federally-funded services. NVPCA is concerned that the federal government may choose not to allow grantees to add sites in such close proximity to other grantees. This would mean that these sites would not receive the cost-based reimbursement or malpractice coverage that FQHCs enjoy.

In addition, NVPCA strongly believes that it is just as important to enhance access to FQHC services to underserved Nevadans in rural areas as well as urban areas. Indeed, this was reflected in the RFA, which said, "Awards will be given to a minimum of two sub recipients. One that demonstrates the intent identified above in a Rural area, and one that demonstrates the intent identified the (sic) above in an Urban area." We believed in this principle when it was stated in the RFA, and we are unclear why it was not followed. Going forward, increasing access to FQHCs in the state would be better served with more clarity in application evaluation guidelines, a transparent review process, and a clear path for appeal.

In closing, let me reiterate NVPCA's appreciation for establishing the FQHC incubator grant and our support for its continuation. Thank you again for the opportunity to comment on this valuable program.