

**Department of Health and Human Services (DHHS)
Grants Management Advisory Committee (GMAC) Subcommittee on Wellness
April 30, 2013 Draft Minutes**

Meeting Locations

Carson City: Health Division, 4150 Technology Way, Suite 303

Las Vegas: Health Division, 3811 W Charleston Boulevard, Suite 112

GMAC Subcommittee Members Present

Jeff Fontaine

Arthur de Joya

Robert Martinez

Denise Tanata-Ashby

Darlene Dougherty, ad hoc member, Nevada State Department of Welfare and Supportive Services

Shannon Bennett, ad hoc member, Nevada State Health Division

Absent

None

DHHS Grants Management Unit (GMU) Staff Present

Laurie Olson, Chief

Gary Gobelman, Rique Robb, Pat Petrie and Toby Hyman, Social Services Program Specialists

Gloria Sulhoff, Administrative Assistant

Members of the Public Present

In Carson City

Michele Oke, PACE

Ryan Green, Out of Egypt/Fallon Nazarene

Anne Cory, Community Health Alliance

Elizabeth Dilly and Jodi Tyson, Three Square

Shannon Bennett, NSHD

Christy McGill, HCC

Kathleen Sandoval and Michele Montoya, Children's Cabinet

Kate High, Lunch Aid and CSA

Anne Schiller and Peter Vogel, Catholic Charities of Northern Nevada

Jenny Yeager, Kristi Jamason, Cherie Jamason and Susan Eckes, Food Bank of Northern Nevada

Joyce Buckingham, RWFRC – NNFB

Elyse Monroy, The Community Food Pantry

Stephanie Gardner, Food For Thought

Darlene Dougherty, DWSS

Katie Murph and Shirley Hampton, Nevada Health Centers

Judy Andreson, Elko FRC

Lisa Guzman, WCSD FRC

Sarah Sills, Community Services Agency

Paula Berkley, FBNN

In Las Vegas

Patrick Simon, Culinary Academy of Las Vegas

Laura Osmond and Tim Wigchers, Nye Communities Coalition

Alicia Davisson and Ileana Delfus, East Valley Family Services

Celeste Graham, RAGE

Fullala Riley, HELP of Southern Nevada

Debra Nemeth and Michele Johnson, Consumer Credit Counseling Services dba Financial Guidance Center

Bob Ranney, Central Christian Church

Mary Rosenthal, Helping Hands of Vegas Valley
Shawna Brody, Lutheran Social Services
Polly Bates, Culinary Academy of Las Vegas
Steve Williams, Huntridge Teen Clinic
Andrea Michaels, Hopelink
Tiffany Tyler, Nevada Partners
Audrey Arnold, United Labor Agency of Nevada
Marcia Blake, John Seastrand Helping Hands
Angela Phillips, Olive Crest
Christina Moon, Danna Seidle and Gard Jameson, Volunteers in Medicine of Southern Nevada
Linda Matloan, Culinary Academy of Las Vegas
Ann Barron, Lutheran Social Services
Joy Creech and Mary Eldridge, Little People's Head Start
Tammy Copelan, Senior Center of Boulder City
Carla Lewis, NCA
Janine Monarda and Janice Rael, NPI
Jennifer Bevacqua, Olive Crest
Marisa Cervantes, Lutheran Social Services

I. Call to Order

Laurie Olson

Laurie Olson, Chief of the Grants Management Unit, having confirmed a quorum present, introduced herself and called the meeting to order at 8:40 am. She introduced the GMU staff and members of the GMAC subcommittee, which included two ad hoc committee members, who were in attendance in Las Vegas and Carson City. As the first order of business, she called for nominations to elect a subcommittee chair, noting that all six subcommittee members, including the ad hoc members, were eligible to nominate and vote.

- Robert Martinez nominated Arthur de Joya as Chair of the GMAC Wellness Subcommittee. The nomination was seconded by Denise Tanata-Ashby. There being no further nominations or discussion, the motion carried unopposed.

Before turning the meeting over to Mr. de Joya, Ms. Olson stated that public comment may be limited by the Chair if deemed necessary in the interest of time, reminding the group that there were many applications to consider and recommendations to make by 4:30, when the meeting must end.

II. Public Comment

None

III. Overview

Laurie Olson

Ms. Olson began by asking the attendees to turn off cell phones, and to be cognizant of background noise created by rustling papers and side conversations when near a microphone.

Regarding the status of funding, Ms. Olson stated that the Department budget had already closed, with no change to the GMU proposed spending plan, including the Fund for a Healthy Nevada. While it was possible that the legislators might reopen the budget if the economic forum comes out with a dismal report, she did not think that was likely to happen, so the funding amounts that were published in the RFA are still available with one exception. Both of the Hunger RFAs, the Hunger – One-Stop and Hunger – Increase Access Points, were published with an available funding amount of \$2.3 million. During budget hearings, the Legislature pressed the Department to explain how the \$2.3 million would be spent, so the Department was put in a situation of designating the funds to particular program areas under a “straw man” allocation of \$1.6 million for the Hunger – One-Stop projects and \$500,000 for Hunger – Increase Access Points projects. Because there was no other funding available, the Department had to set \$200,000 aside for things related to the Nevada Food Security Strategic Plan such as the Food Policy Council and asset mapping. Regarding the \$500,000 designated to Hunger – Increase Access Points and

the \$1.6 million for Hunger – One-Stop, if this subcommittee chooses to, it can shift that money between those two categories. As the Department explained to the Legislature, it really depends on the quality of proposals and what the funding needs seem to be, so the breakdown is not set in stone.

Ms. Olson noted that there was \$1,136,408 of Title XX funds that were not assigned to a specific program area. That money is versatile and can be used for the Prevention of Child Abuse and Neglect (PCAN), where much of it has gone in the past, or for respite care, independent living, or hunger. The GMAC may recommend how to allocate it between the program areas. Of the \$1,136,408, the PCAN Subcommittee is going to request \$553,634 (almost half). However, this year and in other recent years, approximately \$821,000 of Title XX money has been devoted to those types of programs, which include parent training, child self-protection, and crisis intervention, so they actually are taking a hit. They originally considered asking for 33% of the money to be fair, but then decided they didn't want to send a message that PCAN is no longer a priority by knocking it down by \$500,000, so they decided to request the \$553,634. The Disability Subcommittee is going to be requesting \$190,446 to help cover respite programs and \$134,337 to help cover the independent living programs they would like to fund, for a total of \$324,783. All of that comes to \$878,417, which leaves \$257,991 in unrequested Title XX funds. These are only requests; it will be up to the full GMAC to discuss and decide whether to award that money in the way it's being requested, or some other way. Based on what happened at those first two subcommittee meetings, applicants who were not recommended for funding will likely be coming to the table during public comment to ask for a piece of the Title XX funding, so it's going to be a little bit of a debate as to where that goes.

Ms. Olson then reviewed some of the topics that were covered at the March meeting when the GMAC members were oriented to the funding recommendation process. The GMAC members were asked to not bring applicants to the table and ask them to agree to generic budget cuts in order to be able to distribute the funds among many projects. Instead, the hope is that the GMAC will recommend funding the best proposals adequately. But if cuts are necessary, there are a couple of ways to go about it. One would be to identify specific budget items that the GMAC might not want to pay for; for instance, new computers, if that does not appear to be a need. If a project is scalable, the GMAC may ask the GMU to go back during the negotiations process and determine specific items to cut, and in that case a percentage would need to be established. The first subcommittee discussed whether to make specific budget cuts to some of the programs and in the end decided to fully fund the top scorers. They spent time discussing, and bringing applicants to the table talking about things that might be cut, but in the end they didn't really think anything should be. The second subcommittee brought applicants to the table and discussed cutting specific items, and in the end there were still adjustments that had to be made. The top scorers were asked to cut items out of their budget and the percentage reductions ranged from 8% to 15%. The GMU recommended selecting one fair amount – 15%. As a reminder, a year ago when the food security proposals were reviewed, some of the lower scoring applicants were recommended for 100% funding and the higher scoring ones got less. Afterward, the Department made some adjustments internally to make sure it was more fair, so that the higher scoring applicants got full funding and there was a graduated amount – 100%, then maybe 70% and then 50% -- for lower scoring applicants. Ms. Olson said the GMAC might not be able to stick strictly to the guidance about avoiding generic cuts. That was the goal. However, asking for cuts might also set the stage for some logical reductions in order to serve the entire state.

Ms. Olson reminded that the GMAC may also ask for changes in the proposed Scope of Work; for instance, if there are elements of the project that the GMAC wants to fund but other elements that they don't. Applicants may be asked whether they can accept that kind of a change and then the GMAC can ask the GMU to make changes during the negotiation process. Special award conditions may also be requested to address any concerns about fiscal instability or program issues. Those special conditions might include more frequent program or fiscal monitoring. Geography is also a factor. The scoring spreadsheet that was distributed is color coded to identify which programs are in which areas of the state.

Ms. Olson explained that, during this process, subcommittee members will have an opportunity to adjust scores. Scoring sheets, regardless of whether adjustments are made, need to be passed to staff. During a break, staff will

recalibrate the scores and see if any of the rankings changed. Keep in mind that the reason for that is sometimes when applicants are questioned, they provide a response that either helps or hurts. The score adjustment sheets list each application broken down by scoring category; only change the score that applies to the response, not the overall score.

The scoring sheets distributed prior to the meeting have a column on the right hand side showing a running total of requests, which is intended only as a reminder of where the available funding would run out if applicants are fully funded. Also, the Health Access scoring sheet includes a column with the FY13 award for programs that are currently funded through the GMU for the same purpose. During the first subcommittee meeting, when that subcommittee was talking about specific increases in funding, some of the applicants commented that three years ago everyone took cuts, not only during the GMAC recommendation process, but afterward the GMU staff had to go back in and make further cuts due to state budget shortfalls. Once you make your award recommendations they will go to the full GMAC on May 9th. The full GMAC will send final recommendations to DHHS Director Mike Willden. He will have about a week to review the recommendations and decide whether he agrees, or whether he believes adjustments need to be made. He recognizes that GMAC members have done their work, evaluated the proposals and questioned the applicants to come up with the best recommendations that they can, so he tries to honor that. However, he tries to make sure that awards are fair based on geography and scores.

There were no questions, so Ms. Olson moved on to the item of conflict of interest disclosures. Every GMAC member and ad-hoc subcommittee member needs to disclose whether they have an affiliation with any of the applicants, especially any association that would provide a financial gain to the member if the applicant was funded. Subcommittee members have the opportunity to decide for themselves whether they want to abstain from voting, but if they are unsure whether an affiliation rises to a level that would require them to abstain, it can be discussed by the subcommittee and the subcommittee can make a group decision about whether to abstain. If a conflict rises to that level, the member can participate in discussion but cannot vote on any motion that involves that applicant. That applicant will be removed from the motion and voted on separately.

Denise Tanata-Ashby, Arthur de Joya, Robert Martinez, and Jeff Fontaine all stated they had no conflicts of interest with any of the applicants. Darlene Dougherty stated all of the Family Resource Centers (FRCs), the Food Bank of Northern Nevada, and Three Square, have contracts through the Division of Welfare and Supportive Services (DWSS), but nothing that she benefits from. Shannon Bennett disclosed that she has an affiliation through the Health Division, which has a contract with the FRC in Elko, but she derives no personal benefit.

IV. Review of Proposals

Arthur de Joya

Mr. de Joya began the review process by acknowledging the significant challenges before them regarding the amount of funds requested and the funds available, to determine how to allocate the funds between these 40 applicants, and finding a methodology for doing so. As much as they may want to grant funds to everyone, the reality is that would not be possible. He asked for input from the subcommittee members. It was suggested that by questioning the applicants, those that scored low might have an opportunity to increase their score. Ms. Olson asked them to keep in mind the amount of time available for the meeting, noting that questioning each applicant for 15 minutes would take several hours. It was decided to begin with Health Access and question the applicants in order of their scores, beginning with the highest score. The applicants were advised that this would not be an opportunity to plead their case, but to answer specific questions and to keep answers short and to the point. Mr. de Joya added that they would be looking for opportunities to adjust the amount of the funding request.

Volunteers in Medicine of Southern Nevada (VMSN), Free and Charitable Health Clinic, represented by Gard Jameson and Christina Moon.

Mr. Jameson stated that VMSN was requesting \$51,000. He and his wife, Dr. Florence Jameson, co-founded the organization, which is the largest free and charitable health clinic in the state for those without access to health care. They see 6,000 patients a year, limited by the Clark County lease they are under, and hope to increase to 30,000 patients at a new facility downtown. Their budget is approximately \$900,000 per year, and they provide \$4 million in services, medications and diagnostic care.

Q: Can you reduce your budget by a percentage?

A: Our proposal relates to medications for our patients, to supplement what we are currently providing. We provide diagnostic services as well as medicines.

Q: Will this increase the number of patients?

A: Yes, we are meeting with Commissioner Chris G who says she would like to see us increase from 6,000 to 10,000 patient visits a year under a county lease. So that would increase our overall overhead requirements, not proportionately, but substantially, but will increase the number of patients we can serve.

Q: The proposal mentions you have working relationships with other medical groups, who?

A: We have relationships with all the medical schools in Southern Nevada, volunteer residents and interns; St. Rose Dignity Health, Quest Diagnostics, West Valley Imaging, and Steinberg Diagnostics. Thomas Dermatology provides unlimited care to our patients, and we are working to create a larger and larger collaboration with other medical service providers in the community.

Q: Please explain what the \$13,000 phone expense covers.

A: That is for our office phone system. The phones are leased, this covers the lease and the utility cost itself. We are looking at reducing that cost.

Q: Is everything leased? Copier, etc?

A: Yes, we are transitioning that in May, getting a new service agreement at a lower cost.

Q: Is your program able to be scaled down?

A: Do you mean the overall service we provide to our patients? It is scalable. We have 780 volunteers, only five paid staff, so we could scale the program down percentage wise 50%, it would impact the number of patients we can see. We've been informed by Mr. Willden that 300,000 people will still be without medical care even after implementation of the Affordable Care Act (ACA), so our intention, if anything, is to scale up.

Catholic Charities of Northern Nevada, Kids to Seniors Korner, represented by Anne Schiller and Peter Vogel.

Q: Describe how your neighborhoods are selected.

A: We use information from the Reno Police Department, the Sheriff's Department and the Health Department to identify high risk, low income areas in Washoe County, and depending on the needs of those areas we schedule our outreach either quarterly or twice a year to different locations.

Q: How many communities are served and how often?

A: We are in the Reno/Sparks area two or three times a week. We also serve Incline Village and we go to Gerlach, but we're basically in the Washoe County area, in the Reno/Sparks community. Our partners know where the hot spots and challenges are, so we plug into the most needed places in the community. We're out three days a week with the van delivering services; we're getting to lots of different places.

Q: The budget includes three full-time positions that you're asking for – an intake representative and two bilingual intake reps. Will they expand the number of people you're reaching and if so, how many additional clients?

A: In this budget we have increased the number of positions and anticipate serving more clients. We have had several funding cuts over the years, which have affected our outreach, so we're trying to scale back up to where we were. We actually have some of our own staff on top of these, and people from the Police Department. There's a lot of follow-up that needs staff/ There are a lot more partners than just these three.

Q: Would the project be doable if you cut it down to two positions?

Y: Yes, but because of the impact of prior cuts, this affects the number of people we can see and the number of follow-ups to make sure they're getting their medications.

Q: Your application indicated your primary focus is to link people to a medical home and access long-term medical care. Can you elaborate on that?

A: We go out in areas, knock door-to-door and identify needs for families and individuals, then do a complete assessment to determine what their needs may be. We provide them up front with information on all the clinics in the area, applications to those clinics, to Medicaid and Nevada Check Up, and then we open up a service case, continue to follow them, help them through the application process, answer any questions, assist with filing information and providing documents needed. We continue until they are approved or have been hooked up with a primary care physician.

The reason this program started in the first place is there are resources available that people are eligible for but not aware of. This program finds those people, educates them and helps them through the process.

Q: You indicated that the police assist in determining high risk neighborhoods. What is your definition of high risk?

A: An area where the majority of folks are unemployed or on unemployment, they are in low income housing, or subsidized housing, or have multi-families living together in mobile homes. The Reno police and Washoe Sheriff's office help us identify these areas.

Q: I'm concerned that high risk to police means high crime.

A: The officers assigned to our program are from the community services side of the department; they have a unit specifically designed to serve the depressed areas in Reno that they are assigned to. These officers are more of a social worker type of officer. They develop relationships with residents and employers and motel owners, apartment complex managers, and are called on to work with the residents who live there.

Q: With the limited funds, if you were to scale down and still be effective in running this program, how much do you believe you can scale down this proposal?

A: To be fair, we could be asking for quite a bit more than this. We are funding a lot of this out of our own pockets. We are probably not going to dramatically scale it down. We might have to lose staff. The biggest concern isn't going to be how often we can go out and find people, but it would limit our ability to provide follow-up, and that's the value of the program.

Community Health Alliance, Pediatric Behavioral Health Program, represented by Anne Cory.

Q: In your proposal you indicate that the program will be sustained under ACA, Medicaid expansion and the ability to bill for services among more of your clients. But in another question you indicate you do not anticipate reimbursement will be available soon due to restrictions in Medicaid billing. Can you clarify?

A: Current regulations prohibit us from billing for both a physical health or primary care visit and a behavioral encounter in the same day, so this model is not viable for billing Medicaid now. We have already begun to talk to the State and to legislators about making changes to the Medicaid regulations to allow the billing of those two visits in one day. If that change can happen then we can bill more for these visits, and we hope that will produce a sustainable model.

Q: Do you have an outreach plan?

A: Not really. The program is modeled in such a way that when clients come in to see us, their primary care provider, either a physician or mid-level practitioner, will identify if there is a behavioral health issue in the pediatric patient or if their diagnosis is something that involves behavioral health issues. And if their recovery is impacted by behavior health issues, they bring the fellow right into the clinic, so we're not reaching out; we're integrating the behavioral health into our provision of primary care. We do outreach in the community in general terms, but not specifically for the behavioral health program.

Q: You are not adding additional patients, just adding service, the behavioral health, for the patients that you currently see?

A: Yes, but our patient base is rapidly increasing from the merger last July when St Mary's mission outreach program came to HAWC (Health Access of Washoe County) and the two organizations combined. In addition, with the Medicaid expansion we expect a significant increase in patients. So we are increasing the number of patients. There is also a large word of mouth among our patients who have received behavioral health services and are satisfied, they tell other patients and we are seeing more and more, particularly pediatric families with children, saying their neighbor has recommended them. So there is an informal network.

Q: What is the current number of pediatric patients that you see annually?

A: I did not bring that; I believe pediatric patients comprise about 40% of our patients, and we are currently at a little over 30,000 patients.

Q: In outcomes and outputs, you indicate a 50% positive outcome. What about the other 50%?

A: Not all behavioral health issues can be resolved quickly in a few visits. So there are a significant number of patients identified by behavior health fellows who are referred for further treatment in the community. The fellows themselves will do short-term treatment, no more than 10 visits, usually. But some of those issues will take a long time to resolve. Children with learning disabilities, suicide attempts, drug use, physical and sexual abuse, all kinds of serious problems. It is estimated that about 25% of our pediatric population is presenting with severe depression, and many of those children will require years of treatment in order to overcome that. But without a program like this, those patients would not receive diagnosis because they have very limited resources, and most of them are uninsured.

Q: If you have the ability to scale it down and still be effective, how much can you scale it down?

A: The funds we're requesting were primarily for a half-time patient navigator to help patients with their follow-up care and for the cost of fellows from the University. The program cannot be scaled back; it is pretty much at bare bones minimum to be able to operate this program. I will just keep writing grants until we get what we need.

Healthy Communities Coalition, Access to Healthcare Project, represented by Christy McGill.

Ms. McGill introduced herself and gave a brief description of the program.

Q: With the limited funding available, if you were to scale it down and still be effective, how much can you scale it down?

A: In the section of cost-effectiveness and leveraging of funds, we broke down our budget into three categories. We can pull a lot of those out, pick and pull from those strategies.

Q: Which ones?

A: That depends on whether you would like to fund preventative or acute care. We have a dental clinic where we served 600 people, we pulled out 340 teeth, and on the waiting list we have 252 people that identified their dental pain between 8 and 10. If you pick the acute part, we will focus on dental. The chronic disease, we do with the help of the Health Division. We monitor the health of our population and unfortunately the health of our low-income population has declined over the past five years. We're concerned about those with no medical homes, so it depends whether you want to focus on the acute side or prevention side. The last piece of it is \$5,000 to help us implement a teen screen in the schools to help identify any need for mental health intervention. A large portion can be prevented and again this will cut our costs lower so that's why we lean so strongly towards prevention. The \$29,000 is the acute; \$24,000 is really going to put the health applicants right into our food bank's work on chronic disease, and the \$5,000 for screening.

Q: In Outcome 1 you project 21% of the population of the identified counties will benefit from the service. How large is that population?

A: It's 21% of the low-income population, below \$13,000, about 5,000 people.

Q: Do you plan to include Mineral County in your project, all of Mineral County?

A: Yes, Hawthorne and we work with providers in Hawthorne and then they do outreach to other areas.

Q: So do you go to each individual county, or do you do it on a regional basis for all three counties? How does that work?

A: The large dental clinic we do in Silver Springs, and we work with local area providers to get people to Silver Springs. It's easier to bring in the providers for that day. On the follow-up care, for example, the people still on the waiting list for dental, we work within the communities to follow up.

Q: So, in rural areas, is there adequate access to follow-up care?

A: Absolutely not. We work with a lot of people in this room right now to bring them in, and that's the only way we can get care right now. We're hoping health care reform is going to help. But if you look at some of the data, the people who are not getting services are already on Medicaid or Medicare. There is no medical home for them. They're having their needs met in emergency rooms, so that's kind of where the rubber meets the road. We need to bring service providers from our urban areas into our rural areas.

Q: And you're able to do that? To bring people in?

A: Yes. We don't want to do this for longer than three to four years. We're working with a medical center, working with school-based care, on how to leverage our existing infrastructure to get these needs met.

Q: How will the work of the four health advocates differ from the navigator's work?

A: Our health advocates are already being trained. They are volunteers from the food pantries so they know the system from the client perspective. It's a peer-to-peer network. They have the capacity to learn about the services and then share those on a relationship basis. They will not only help people with access, which is typical to a navigator, but also help people gain their personal wellness goals to lose weight, eat better, whatever it may be. We are trying to pair advocates with our two main health care providers, the dental center and Home Town Health, and to come up with curriculums and make -sure everything is based on a medical model. We feel they go a step further; we place relationship-building, part of that security care network.

Ms. Olson pointed out that this application has an element of dental care, and the GMAC previously made a conscious decision not to provide dental care with this money. This was noted in an effort to avoid conflicts with other programs that did not apply because dental would not be funded.

PACE Coalition, Community Health Worker Project, represented by Michele Oke.

Q: With the limited funding we have, if you can scale it back and still be effective, how much can you scale it down to?

A: Our proposal is for a 25-hour-per-week community health worker. The worker could cut to 20 hours per week, which would affect the number of families served, but it's an option. We could reduce the request by about \$6,000.

Q: The budget includes executive director and bookkeeper salaries at 10% for this project. Do they devote 10% of their time for a 25-hour-per-week community health worker?

A: Yes. The executive director does the majority of the outreach, making relationships with the hospital and clinic, the other organizations that may be making referrals.

Q: Explain the budget expenses for public information.

A: This is used for paid advertising. We do a lot of newspaper, billboard, radio and TV advertising, typically through a buy one, get one free offer. We currently have a bilingual community health worker, and want to make sure people know the program isn't just a bilingual worker; it's for English-speaking clients as well.

Q: In your application you indicated the elimination of a public health nurse in 2004.

A: It was a combined effort between Elko County and the state's public Health Division. I don't know who decided to pull their funding first. Originally they were going to put in a part-time public health person but that fell apart within a year and a half. So at this point Nevada Health Centers is there, and if they have an appointment within their time frame you can go in and see somebody, but it's not the maintenance of the chronic disease. It's basically you go in, get the medicine, and come out. The community health worker is the one who builds the relationship and makes sure that people follow their plan that's been laid out by the doctor.

Q: You intend to reach 50 people in year one and 100 in year two?

A: Yes, this is a guesstimate. We think it may be more than that, but we wanted to be sure.

Q: Regarding the budget, more than \$1,000 per person served and only 50% positive outcomes. Does this mean 25 people in the first year, and 50 in the second year, will have positive outcomes?

A: The problem is when you deal with people, you can tell them what to do, but they don't always do what you suggest. So until we've actually dealt with the families, this is all conjecture, just trying to come up with an idea of how this will work out. It may be 90%. We don't know.

Children's Cabinet, Signs of Suicide Screening, represented by Kathleen Sandoval.

Q: Can you reduce your funding request?

A: We have received additional funds. We were able to get half the project costs funded through SAPTA and we also received suicide prevention kits from the Office of Suicide Prevention and the Washoe County Coalition. We will not need to purchase those kits, which will help free up some funding for the salaries we've requested. We also received funding from to train teachers and parents in the rural counties in July and August, so that would reduce the amount of the project coordinator by half. But in terms of the family therapist, the reason it's a full-time position is for them to be not only a part of the screening but also to do follow-up care, so if we had to decrease that we would look for other options to fund the after care services.

Q: Can you quantify that?

A: Off the top of my head, looking at it, decrease the project coordinator by \$30,000 and decrease the family therapist by half, so about \$50,000 total.

Q: On the cost-effectiveness and leveraging of funds, you indicated the cost to DHHS per student is \$589. What does \$589 buy?

A: It provides the cost of screening, purchases the SOS kits, training for teachers, faculty, students and parents, after-screening and case management up to 90 days, and initial therapy. 300 students, one hour per student, 90 days.

Q: I'm not convinced of the need for three full-time positions.

A: The case manager provides follow-up for over 300 youth, a full-time family therapist provides ongoing therapy, which typically is 12 sessions, and the project coordinator is the one responsible for coordinating the program at each school.

Q: Regarding the letter from Healthy Communities Coalition, if they and you are both funded, would that be a duplication? How are you different, and if one doesn't get funded, how does it affect the other?

A: It is not a duplication, it's a collaboration. Over the last few years we've provided staff to help them with their screening program. It typically takes 15 individuals to go out and do the screening, so they pull people from our agency and we pull people from their agency to help, to be able to do those screenings for the number of therapists we need on site as well as the number of screeners.

Q: Do you already have commitments from the schools to participate?

A: Yes. The videoconferencing has been donated to us. We will be able to provide therapy to families that are in outlying areas through videoconferencing equipment.

Q: Our main priority of this grant area is to connect individuals with long-term care. So when you are doing these screenings, are you looking at whether the child has a primary care provider?

A: During the screening process we ask about other health issues and also at the follow-up with the families. Also we have a relationship with Quest Counseling and another psychiatrist in our community who provides all services at half their rate for our families in case there's a recommendation for medication.

Q: The rural counties you include are Lyon, Douglas, and possibly Elko. Why those three?

A: We already work in Lyon and Douglas, and chose Elko because Children's Cabinet already has a location and staff there.

Lutheran Social Services of Nevada, Registered Dietician Project, represented by Shawna Brody.

Q: Is the project scalable and if so, to what point would it still be effective?

A: Our project is scalable. It would just mean less people per month, or per year. We are proposing to expand the food pantry to a community nutrition resource center. We'd like to have a budgeted dietician on hand. If they don't get the discussion on how to manage chronic diseases health through diet, we can get them medically stable.

Q: Can you give us a percentage or dollar amount?

A: It depends. We would need to preserve 100% of the dietician in our model. The other part would be a bonus, but \$45,000 of the \$83,000 is for the registered dietician. Anything over that amount would be people getting access to health care.

Q: How did you arrive at the \$200,000 value of the doctor?

A: First Med gave us that value, a Federally Qualified Health Center (FQHC) medical center that we researched. When we called around to different medical clinics to find one that would have an appointment open in the next week or so, not the next three or four months, because that's what our clients would need if they were medically unstable. FirstMed had an appointment available so we investigated with them and asked what it would cost on their side.

Q: Did they just say it's going to be \$200,000?

A: Yes.

Q: What are the roles of the executive director and compliance officer in relationship to this project?

A: The compliance officer is our grants manager who ensures compliance with the regulations of our funders, and the maintaining of the licensing and education of the registered dietician. The executive director oversees the overall quality and services of the agency.

Q: Wouldn't that be part of what the executive director also does; what the compliance officer does already, or would be doing?

A: The executive director primarily focuses on external relationships and our general fundraising.

Q: Regarding the vouchers for medical care, are these clients eligible for Medicaid? What is the impact of Medicaid expansion going to have? How are you justifying these expenses with them potentially having access to other resources?

A: The program One-Stop Shop application is applying for two case managers who would make sure they are connected to any medical reimbursement programs that are available, whether that be Medicaid or Clark County Social Services, medical card, etc. It would be in conjunction with the registered dietician recommendation that they need to get medically stable before they can manage their disease through diet and refer it over the case

managers. We would issue a voucher but meanwhile help with the application and get them to the doctor while their application is pending.

Family Resource Centers of Northeastern Nevada, Bilingual Health Access, represented by Judy Andreson.

Q: With the limited funding we have, assuming you can scale it down and still be effective, how much can you scale it down?

A: The majority of the increase in funding that we requested over the last cycle came from almost doubling the number of clients served. So we could possibly scale back to the original funding that we received, but that would mean serving less clients. That would be \$17,601.

Q: Regarding the population served, there is no mention of your outreach plan.

A: The FRC has multiple programs within the agency and has been in existence for 20-plus years. Outreach occurs in a lot of referrals in-house, the collaboration we have with existing community partners. We also have the capability of reaching out via social media and traditional media sources to highlight our program via stories, PSAs (public service announcements), whatever.

Q: In your proposal under service delivery the very last line says you currently are able to provide service to all clients and there's no wait list at this time. Are you proposing to serve clients that you're not already serving? I'm not clear on what you just said about what the need is and how you'll be reaching them.

A: The proposal is centered around the Hispanic-Latino outreach. This number is increasing in Elko County and one of the cultural aspects of this population is that they don't traditionally seek out help. However, our caseworker has been in the community for a long time, in this position for 2½ years and with our agency for five plus years, and she has established relationships with this community and is a trusted member of the community. So while we reach out to this population via the relationships that already exist, without the funding to increase her time it's a catch 22.

Q: The caseworker is already on staff and essentially what you're looking for is to retain her with the funds from this?

A: Yes.

Nevada Health Centers, Patient Navigators and Indigent Health Care Fund, represented by Shirley Hampton.

A: Ms. Hampton stated that yes, their budget could be reduced significantly, by about \$143,000. The reason we had asked for so much we were not aware of how much money would be available through the Silver State Exchange grant application to get navigators and enrollers, so that was the bulk of what our funding was for. We have since applied to the Silver State Exchange and hopefully will get funding for that from them. Basically what we would like to ask for is the \$57,192 to take care of the homeless population in the state. We have 17 health centers throughout the entire state, all of whom have some homeless population. We do have a health care for the homeless program in Las Vegas but it cannot cover everybody and the funds in that program are limited as well. One of the things we recently learned is that there are 4,800 children in Clark County alone that are considered homeless, and who don't have access to healthcare.

Q: Regarding the indigent care fund, I'm curious how these kids would not qualify for Medicaid and how you're making that summation?

A: Most of them are undocumented and don't qualify for any insurance project. Typically how FQHCs operate, of which there are just two in the state, is that we do receive federal funding but we require the patient to pay based on their ability. These are people who literally cannot afford the sliding fee scale that we offer. Ninety-nine percent (99%) of the children at CP Squires School, where we just opened a health center, qualify for the reduced lunch program, which means they're at 200% of poverty or below.

Q: You indicated you want to spend \$10,000 on brochures?

A: That is for if we were doing the project for the Silver State Exchange. We're actually withdrawing that request. Just to clarify, what we would like to keep in the application is our indigent care fund for homeless people, including children, and withdraw the \$143,000 for the navigator program.

Q: What about the subgrant award to Mi Familia? Are you requesting that?

A: Mi Familia Vota also is collaborating with us and a lot of others that we included on the grant to the Silver State Exchange. And so again by withdrawing the request here, we're withdrawing their request as well. The money that

we're asking for would go directly to provide health care, mostly to children and some adults, who are homeless, uninsured, and have nowhere else to get care. We would serve 516 clients at an average cost of \$112 per client,
Q: So with the withdrawal of Mi Familia Vota, what happens to the Latino population? Is there no longer any outreach for them?

A: The outreach that they were going to do was for the Silver State Exchange, so this was to make people aware that they could be available for an insurance product and to help them enroll in an insurance product. Once Nevada Health Centers realized there was money from the Exchange to do this, we continued our collaboration with Mi Familia Vota to do that. In terms of outreach to the Hispanic population, the majority of Nevada Health Centers' patients are Hispanic.

Q: Ms. Olson interjected a technical question: If the funding request is reduced to \$57,792 will the applicant be requesting 8% indirect?

A: Yes but we are willing to negotiate that.

(Ms. Olson said that comes to \$62,415 for the record.)

Q: So, you would provide healthcare services to 516 homeless adults and children statewide?

A: Yes.

Q: Can we assume that the people to be served would be proportionate based on the population in each county?

A: I think a better assumption would be that the majority of the people that we'd use these funds for would be at, some of it will be used at CP Squires Health Center, and the rest of it would be used in rural Nevada, because we do have another healthcare for the homeless program in Las Vegas for adults.

Huntridge Teen Clinic, represented by Steve Williams.

Q: With the limited funding, if you could scale it down and still be effective, how much could you scale it down to?

A: Ours is the smallest request on the list of Health Access, but it could be scaled down because it's a capacity-building application. We'll make do with what we get; the money is not yet in our budget.

Q: Can you quantify?

A: The money from this grant will be used to increase the number of teens served and meet their medical needs. So to the extent that we're able to serve 20% more kids than we did last year, I think we could reduce by 40%. Currently, this fiscal year, we've served 1,400 to 1,450 teens.

Q: Do you have a wait list?

A: We don't maintain a wait list. Typically these kids need immediate service for testing or treatment. A wait list would not be useful. We do take advance appointments and those currently go out four weeks; however, a lot of those kids don't show up. If they need a pregnancy or STD test, or have an ear infection, they don't want to wait.

Q: Will these funds reduce the wait time, or make more appointments available?

A: These proceeds will increase the working hours of our medical coordinator; these are all variable costs, including her salary. The next biggest thing is the costs of lab tests and medical supplies. All three cost items increase with the number of clients. Our request for \$24,000 would enable us to see another couple hundred kids per year, at least.

Q: About 40% of what you're asking for is going to that person.

A: Yes, she does intake, has kids fill out the application, administers simple tests like quick eye exams, but more importantly she has to be there for every female patient if the provider is a male because we require having a female in the exam room. She was a 40-hours-a-week person about three years ago and was reduced gradually down to 24 hours per week because of cost cutting measures that were required. We want to get her back up to a level where we can see those additional kids.

Rebuilding All Goals Efficiently (RAGE), Health Access, represented by Celeste Graham.

Q: Same question.

A: In looking over our budget, I can probably say 20%. We could delete the coordinator and computer equipment.

Step 2, Health Check-Up, no representative in attendance. Application disqualified.

The subcommittee took a short recess and reconvened at 11:00 a.m. whereupon they began reviews of the Hunger – Increase Access Points proposals.

Community Services Agency, Washoe, Lyon and Churchill County Food Distribution, represented by Michele Montoya and Kate High.

Q: With the limited funding, if you could scale it down and still be effective, how much could you scale it down?

A: We don't think we can take anything out of this budget. We were very thrifty and our funds are leveraged and the plan was to expand to an additional five in addition to the five in our proposal, to take the program to the rurals and expand the scope of project. Any decrease would have to come from the food budget, which would impact clients. What we can do within the project that we have, is make sure we expand the scope of the geographic area that we're serving.

Q: What is the food budget? Where is the food budget, the majority of funding is going to contractual. Is that where the food is?

A: Yes, it's in the budget narrative. It's the \$55,000.

Q: What do the pantry facility costs cover?

A: Refrigeration and storage of shelf-stable food. It includes the cost of utilities and space.

Q: Do you currently have some pantries with space?

A: We have some pantries with refrigerated space but in order to expand the access points, we'll need to increase that area and refrigeration.

Q: Your proposal says you will open in unserved and underserved areas. How many physical pantries will you have?

A: We have five now, in five areas, though two are already expanding to other distribution sites since we wrote this application. So the application proposes we would be funding at least four new sites. We currently have planned 10 pantries in Washoe, Lyon, Storey Counties, and I think in Churchill, plus we also plan the mobile refrigerated truck.

Q: Clarify if average pantry costs are \$900 each for 10 pantries, including the mobile truck – I'm trying to quantify that with the existing pantries along with the new ones you are proposing to open. Is that existing plus new?

A: Yes, existing plus new.

Q: So the 10 pantries, that also includes the mobile pantry?

A: Yes, I believe so.

Q: With the existing five pantries that your agency currently has, how effectively would you be able to service all your clients in the various areas?

A: Do you mean in the existing places, or in the new places?

Q: Existing places.

A: I think, the partnership, we will be able to – obviously now we are already serving people, but services to existing clients? \$900 per pantry is not enough to pay those costs, this is just percentages to cover those costs, and it is just an average, \$900 per pantry. Some would need more, some wouldn't. Some of the newer pantries may need more than that. So it's really a generalized cost, not the real costs.

Little People's Head Start, Children's Backpack and Bountiful Baskets, represented by Mary Eldridge and Joy Creech.

Q: Same question.

A: Our budget is based on a per child cost, so it is scalable. It does not include any administrative or overhead costs. The entire budget goes directly for food, so any cuts in that would severely affect families and children. We hope to serve an additional 300 children under this grant.

Q: Where will you get the produce?

A: Bountiful Baskets, which provides 12 to 15 pounds of fruits and vegetables for \$25.

Q: How many times a week would each be provided?

A: The backpack program is once a week, for the children. Delivery of Bountiful Baskets is every other week, for the family. Each backpack has three meals.

Q: Regarding your 2011 audit, at the time you submitted the proposal you had not submitted your audit for 2012. In the explanation there seems to be a changeover in your bookkeeper. Have you had personnel changes?

A: We had a bookkeeper change almost two years ago. We just received our most recent audit report. It had no findings and the issues have been corrected. We will submit audits in a timely manner from now on.

Helping Hands of Vegas Valley, Goldberg Senior Center Food Pantry, represented by Mary Rosenthal and Marcia Blake of Helping Hands of North Las Vegas and Alicia Davisson of East Valley Family Services (EVFS).

Q: Same question.

A: We were proactive and cut out expenses for the purchase of a truck to pick up food from Three Square, deliver it to the warehouse and then to Las Vegas Senior Lifeline, along with the expenses that go with that truck, and cut money from our lease. So without cutting food costs, we are reducing our request by \$112,861 for a new request amount of \$358,462.

Q: How many families are you serving?

A: 500 families, and those families must include a senior citizen.

Q: Why must the family include a senior?

A: The focus of Helping Hands of North Las Vegas and of Vegas Valley is to provide services to seniors; the program is for ages 60 and up. That's why our program started. We wanted to make sure the households we serve include a senior so they continue to get the services. There are many seniors that have grandchildren who live with them. They will purchase food with their very limited income, and then give that food to their grandchildren, so the seniors go hungry. Our services make sure the seniors are getting the food they need in addition to other household members.

Q: What is the location of the sites that cater primarily to Spanish speaking clients?

A: I don't know the locations of the banks that do the Spanish speaking, I'm sorry. Dana did the research on that and she could not be here today due to a family emergency. We do know that the current Jewish Federation pantry is closing, and so this new site will allow us to serve the clients that are there in addition to clients brought to us through Las Vegas Senior Lifeline and East Valley Family Services and the clients we currently serve. Right now our pantry is located in North Las Vegas for people to come pick up. We do deliveries on Saturday afternoon but there are some clients that could come to the new pantry site and that would open up spaces for homebound seniors to have their food delivered.

Q: Is the warehouse a current one, or a new project?

A: It is a current warehouse. The money that we are using to lease that came from State nutrition money last year. We opened that site in August of 2012 and have been running our services out of that pantry since that date.

Q: You are asking for a huge chunk of the available funding, so just to be clear, if we needed to reduce the budget further, that would come from the food, and that would reduce the number of clients?

A: It would not reduce the number of clients, we would reduce the number of meals. \$216,000 is based on 108,000 meals at \$2 per meal, so we would have to reduce the number of meals, not the number of families served.

Q: How many meals do they currently receive, on average?

A: Our seniors currently receive a 15-pound bag of food once a month, which provides eight to 12 meals as a supplement to other sources such as SNAP (Supplemental Nutrition Assistance Program), Senior Share and other food pantries.

Q: Just so I'm clear, if there's no individual over the age of 60 in the household, they do not get help?

A: Not from this program, but there are other programs out there. One of the reasons we brought EVFS in was because they are a SNAP intake organization, so if they came in for help, we can turn them over to EVFS and they can give them a whole list of pantries and options out there for them. We're not turning them away. We just wouldn't be serving them with the food that was used from this program. Ms. Davisson added that East Valley has been doing a limited amount of case management through its Aging and Disability Resource Center (ADRC) program, but that's a very limited amount and we certainly could take on a lot more this way.

Nevada Partners, Southern Nevada Food Pantries, represented by Tiffany Tyler and Jaime Monarda.

After review, we can minimally cut our request by \$357,668, a 40% decrease, while still providing over 26,000 meals to individuals. The new amount would be \$240,371. This would still provide over 26,000 meals or serve 50 individuals a day as a leverage of employment and education services. Every dollar invested in this initiative would minimally provide anywhere from a \$3 to \$8 return on investment.

Q: In this proposal you plan to provide actual meals, hot meals? What we're seeing here are pantries with food for people to take home, so what was your reason for providing hot meals?

A: We provide a continuum of food distribution services. When clients come to us for other services, in addition to giving them a voucher where they have to go somewhere else to get food, we can provide a meal on site for immediate service, which gives us an opportunity to talk about other available services and talk about nutrition and healthful foods. So we will provide pantry services, but the hot meals was a way for us to do something a little more innovative around nutrition.

Q: Your travel and per diem expenses are rather substantial. Can you elaborate on why that's so high?

A: A significant portion of that was about how to increase access by not just having folks come to us to get the food, but how we get the food out to them. So a portion of that travel is about going to satellite locations, that includes the Southern Nevada Regional Housing, which is the site we propose to use to target our individuals with special needs, who may not be able to get out of the home. We provide services to 14 locations throughout Southern Nevada, schools, seniors centers, community centers.

Q: So it's strictly for local travel expenses? You're not taking trips for conferences?

A: No, no conferences. It's about getting the food to the members of the community. After thinking about how we could leverage, from our end the leverage is over \$1.4 million dollars that we would be bringing to the table. How do we connect with individuals and not only talk about immediate needs, but how do we bring them into self-sufficiency? And from that perspective, being able to go out to a senior center or a school and say not only will we give you a hot meal, let's talk about how a hot meals looks and fits into overall nutrition.

Q: If you reduced the budget by 40%, in that reduction would food dollars be reduced?

A: No.

Q: When you identified your geographic area and population served, did you assess any services that are already being provided in that area?

A: Yes. A major part of the program design was the leverage with the Southern Nevada Regional Housing Authority. We determined there was a significant percentage of their population that does not qualify for additional services. So this would be a true response to an identified gap by that major system.

Senior Center of Boulder City, Food Pantry, represented by Tammy Copelan.

Instead of requesting the full \$120,000 to run this program, we only asked for \$100,000; we were going to leverage the other \$20,000. And after receiving a generous private donation we can decrease our request to \$75,000 and still offer the services as listed in the project. The only food pantry in Boulder City is Emergency Aid of Boulder City, which operates from 9 a.m. to noon. There is a perception about Boulder City that we don't have very many homeless or anyone who's hungry, and that's simply not true. We also wrote another grant on the other side, the One-Stop Shop, with Emergency Aid as a collaborative effort, because there is no other collaboration. But in this application we propose to open a pantry in the senior center, which everyone in the community seems to be very receptive of. People come in every day, seniors, families, young people, and right now all we're able to provide them is bread and coffee. We do collaborate and do Senior Share as well as commodities, but that only serves folks 60 and over. This project would include families and young people as well as seniors.

Q: So you don't currently operate a food pantry?

A: No.

Q: Are you going to be working with anyone who currently does?

A: We are two different projects. The other is under One-Stop Shop with Emergency Aid. We have been working with Emergency Aid, they have a pantry from 9 to noon on a daily basis. I have operated pantries in the past. We have the room, we've figured all our shelving, we are familiar with what we would need to do. We based this on one bag per person per week. That's what we think because when they take commodities and Senior Share out the door, they'll get rid of the items they don't want – it's already prepackaged – and leave food that could be used. The whole goal for us is nutritional independence, whether it's with Emergency Aid or stand alone. Our executive director has a Masters in social work, and we already do a lot of referrals. We want to be able to not just give you food today, but show you how you can get your nutritional needs met on an ongoing basis.

Q: Do you still receive donations from the supermarkets and local businesses?

A: Yes we do. Vons and Albertson's, particularly Albertson's. We have a great relationship with their manager, and we consistently are receiving donations, especially produce and fresh foods. So we truthfully are kind of already doing this in a form, but not as an organized project.

Q: How do your two proposals relate to each other? Are they unique?

A: We had put in both. Ideally we would hope to get the One-Stop in collaboration with Emergency Aid. We realized funding would be tight but we also knew that we want to expand the food pantry services in Boulder City, so our board agreed we should write both to increase our chance of getting one.

Q: So to clarify, you don't need both? They are not interdependent?

A: No. We would only need one or the other.

Food for Thought, Mobile Truck Food Access, represented by Stephanie Gardner.

A: In the last two weeks we were gifted with a truck. That would be the biggest issue of our budget, so we can reduce our request to \$51,895. The majority of that money is food costs, and that is worst-case scenarios if we have to purchase food. We are a backpack program that has been in existence since 2006- 2007. We serve 860 kids in Carson City, 30 in Silver Springs and 30 in (Bedford) County every weekend with bags of food. We get a lot of food donated to us and are hoping to use this Increase Access Points as our donated food for our partner agency.

Q: In service delivery you indicated that Saturdays are critical days. Why?

A: Because Food for Thought gets calls all day long on Friday, starting at about 9 in the morning until we close at about 2, from people and families and seniors that have no food access because pantries in our community have run out of food. In Carson City there are currently three emergency food pantries. The Salvation Army gives out fresh fruits and vegetables on Wednesday, FISH provides emergency food three times in a lifetime, and then there's Ron Wood. So that idea came organically as we got calls every Friday. We give our food currently through our project at the school district so those schools would get food from us every Friday afternoon when they leave school. It doesn't provide a meal for an entire family, it is shelf-stable food for the children.

Q: Do they make an appointment or do they just show up?

A: Through this project, we would speak with our current formal partners Ron Wood, FISH, the Salvation Army, and our school district and ask them to refer to us their neediest families. We would start very modestly with 50 families. Those families that need additional food assistance would come to us, pick up their box of fresh food and produce and food that we had donated. Along with that they would get a recipe and instructions on how to make the food that they are given, and referred to other services within our partner agencies.

Q: Have you Identified farmers to donate food?

A: Yes, we have, in the northern Nevada region. People would be able to purchase food in our retail store, and the money from the store would go back into these projects.

Q: You also mentioned another program?

A: We do that program in a park, it is 100% free lunch at the park, currently serving 200 elementary school-aged children during the summer. We average 57 kids a day.

Q: In your overview it says SNAP clientele that will be referred to your program. Will it be just SNAP clientele that you serve?

A: No, we would also serve those families right on the edge of SNAP, the safety net gap families.

Q: How many elementary schools are there in Carson City?

A: We currently serve 12 across the city. We would start with our three schools that have the highest percentage of kids on our program.

Q: Regarding the Saturday pick-up, what happens if a family doesn't show up?

A: They can come back the next week and at that time we ask them if they had trouble attending and if they don't show up three times we find another family to replace them.

Nevada Community Associates, Las Vegas East, North, Central Food Pantry, represented by Carla Lewis.

A: Since we submitted our application, we have been awarded ESPF funds from Clark County and can reduce our request by 50%. Our new request is \$70,083.

Q: Are you opening a new site, or is this an existing one that's expanding?

A: It's a new site. Currently we partner with Harvest of Faith food pantry, a church in East Las Vegas, and we are in North Las Vegas. Our application is for vouchers and food.

Q: Your proposal references that you purchase food from community gardens. How many have you identified?

A: Yes, Tonopah Community Gardens located in West Las Vegas will grow our fresh food for us.

A: Will your clients be able to visit both of your sites in the same week?

A: No. In East Las Vegas, they will receive fresh food, and food vouchers at the other.

Q: What is the need for the computer and scanner? Are they necessary items?

A: Yes, we use the HMIS system. Adding onto the church, we'd like to purchase a computer for them to use. They will scan the client ID cards and the information will then be in the system.

Subcommittee review of applications under Hunger – One-Stop Shop

Community Services Agency, represented by Michele Montoya and Kate High.

A: Earlier, when we were talking about the other program, we said that the two programs would be able to run independently. The programs are designed to work independently, but would work best in conjunction with each other, so whether or not we can cut funding in this program, it will be difficult but we'll do our best. We can change the number of people we can reach, and maybe the referral service, the case management part.

Q: So the programs under One-Stop Shop and Increase Access Points run independently, concurrently with each other?

A: They could go either way. The budgets are written independently but together we might be able to get some efficiencies of cost.

Q: In terms of efficiencies, how much efficiency are we seeing?

A: I don't have my calculator with me. Some of the people from the Increase Access Points would be getting referral services and so on, so we might be able to get some of the results that were looking for there, without having to go to as many places. We might save on distribution costs somewhat if we were not driving around as much; we wouldn't have to put as much into gasoline and things like that. We might be able also to cut back a little on the staffing levels if we had one person doing both programs.

Q: We had a budget question on your last proposal and questions about the pantry facility costs, and now I see more pantry facility costs, of different amounts - \$1500 for the current pantries, \$500 dollars for five pantries. Please explain what the differences are in those amounts, and if you did receive both of these grants, would costs really be that high?

A: The One-Stop Shop costs are high for refrigerated food, yes. If we give the pantry \$2,000, that's less than \$200 a month for operating, utilities and their space, so it really only contributes to the pantry. Each of these first five pantries were included; the second five pantries we haven't included yet so we don't have to pay for them as long. So that's why it was different. And the reason it was less in the One-Stop Shop is because we were trying to cut the budget. And the breakout is different because we have two existing pantries in the second one compared to the number of new ones in this budget, the One-Stop Shop. We have five existing pantries that are already in operation and we'd be recruiting five new pantries. We wouldn't need as much money because they'd be in the budget for a shorter period of time.

Q: In your five new pantries I noticed you have different geographic areas where you anticipate you're getting them. Have you studied to see what services are already available in those areas?

A: Yes, in the pantries that we would recruit from the One-Stop Shop and the existing pantries. In the pantries in the Increase Access Points there would be no existing pantries. We've done some research on where it might be necessary to open new pantries and that is in the application.

Catholic Charities of Northern Nevada, represented by Peter Vogel and Anne Schiller.

Q: Can you scale it down and if so, can you be effective in doing so?

A: Here's the challenge I have in cutting this down. We asked for \$400,000, of which \$329,706 was specifically just for food. That's 82.5 % of the dollars we asked for. Our administrative costs for running the program don't necessarily decrease with a decrease in dollars. So let's say we move that down to \$300,000; it decreases the percentage for food and it really doesn't decrease the cost of the program. We're willing to work with that one. In the current grant cycle we've put a lot of our own dollars into this. We did all of the work. We've put about \$20,000 of our own money into the HMIS system and made it available to anybody in the state. We're also trying to accomplish two things with this grant, the first part is a year and a half old now, but in the Reno-Sparks areas we have provided 74% of all food given out. And that has put a lot of pressure on us to decide what we wanted to do, to decide who to partner with. So we are partnering with the eight largest food pantries in the area. This grant will get us close to our goal.

Q: Just for clarification, you can realistically do this with around \$300,000?

A: Yes, we could live with that, but all of that \$100,000 decrease is 100% food.

Q: You would be taking your referral services out to the existing pantries or the partners, correct, and providing those services? Clarify how the program works.

A: Yes, we would be taking our services mobile. We already have social workers, case management, and a mobile van that is only utilized half-time, so we can take staff out there. We're planning at least once a month. Many pantries are only open once or twice a month, so we're going to try to catch them and try to be there as much as we can for the first six months. Then I think we'll find if we need to scale back, what that would look like, so at the end of a couple years from now, to at least be out to every pantry once a month. What we're trying to do is have them come in for food, then we can connect them with the other services. We can connect them with not only our services, but other resources in the community. That is an ongoing process. So we're utilizing this program and the pantries to get them in the front door.

Q: In the cases where someone is showing up at a pantry and your mobile unit is not there, for whatever reason, is there something in here about the partners being able to use a screening tool to screen the applicants for further services? Is that correct, and if so, are you going to be training them on how to use that?

A: The screening tool you may be referring to has to do with the Clarity software and the fact that the pantries can identify needs of individuals even if the mobile outreach team is not present on that day at that pantry. They can also direct them to us, and we can follow up with them at a later date. We could also follow up with them; we don't have to be at the site. They can make referrals through the Clarity system to our case management program and we can do follow-up that way. We anticipate that we'll be out there at least one time a month at each of these pantries, but we'll probably be out there more, and in addition to that we are also able to access these folks and see them at our main campus on Valley and Fourth Street in Reno. There are different ways to access our services.

Q: You have submitted applications in two categories, is there overlap or duplication or any collaboration with the Health Access proposal?

A: Our programs are separated – the other proposal for Kids to Seniors Corner in Health Access is typically for outreach that we've been doing ongoing. If we get funding for One-Stop we will just expand what we are doing in Kids to Seniors Corner to meet the needs of the pantry. At this point we're starting to see some of the pantries starting in June. We're going out to see families before we have these funds.

Consumer Credit Counseling Service of Southern Nevada, Nutrition for Life program, represented by Michelle Johnson, Audrey Arnold of ULAN and Fulala Riley of HELP of Southern Nevada.

A: Understanding that the grant request is only 64% of the entire program budget, there would potentially be the ability to reduce it a maximum of 10%. Identifying a category at this point is really challenging, but we can say we would not be taking it out of the food.

Q: You have in the budget four additional case managers?

A: Yes, we are proposing four additional case managers between the three agencies, which serve 135,000 clients per year. Two caseworkers at ULAN, who would be managing the food aspect; our organization, Consumer Credit Counseling, which would be doing the fiscal oversight with all of our services being provided in-kind; and one person at HELP to provide the intake for their services, and the majority of their wrap-around services being provided as in-kind.

Q: Would you require everyone to go through an intake process?

A: With one agency, yes. And it's mandatory.

Q: What happens to the individuals who decline to participate in the intake and case management process?

A: We give them food, but what we're trying to do is eliminate the need for them to come back all the time. So when you're going through the process, you do the intake, create a case file and if you're going through the case file and see they need to come back, that's great. If you don't have a case plan, then you're relying on us for food, which is not what we want. We want to encourage people to become self-sufficient, financially stable, so we want to really concentrate on those folks who are willing to work with us to help them.

Q: You indicated you could potentially reduce your request by 10%. How would that affect your percentage of funds for the purchase and distribution of food?

A: It would not affect the food purchase at all.

Q: Is there any potential for reductions in personnel and staffing?

A: That would likely be where the 10% reduction would come in. It's not something that we felt we would be able to clearly identify today. The staffing that's requested specifically for this program, there also is almost double that amount in staffing that is being provided in-kind, for all the additional services, not just to address the food insecurity.

Q: Did you do any survey of services being provided in the area you've identified that you would be serving?

A: ULAN serves a huge population of people from as far as Mt. Charleston to Summerlin to North Las Vegas. We currently see about 4,500 per year just for food at ULAN, and that's not through this program, and the need is even greater. And the other two agencies also see people for food. No, there are no other pantries in the area of ULAN.

Q: Of those 4500, how many are above the age of 60?

A: I didn't bring those numbers. We deal with birth to senior, and I really don't know that number. I would say the people coming in from Summerlin and Centennial are younger, but then people from other areas are older. I'm not sure that we answered that question sufficiently, but the areas that we serve, all of our organizations serve the entire Valley. Where we are located, ULAN is the only food pantry within a many-mile radius. As far as HELP goes, they serve the entire Valley.

Q: So, are there duplication of some services?

A: There may be. There is no duplication of services provided by the Financial Guidance Center. ULAN also serves a large number of clients through Project REACH, which is for seniors, so again those people would then be able to utilize this program.

Q: So from what I understand from your response, these are not really any new areas, it's new services you're going to bring to areas you're already serving?

A: They're an expansion of services, the food services coupled with wrap-around services that are not currently required by those that are accessing food.

Food Bank of Northern Nevada, represented by Kristi Jamason and Cherie Jamason.

Q: What can you do with less, and yet still be effective?

A: This is a grant for food security, and the biggest opportunity we've got is connecting eligible families with SNAP benefits. We've been able to leverage about \$16 million in SNAP benefits every year with about \$185,000 of Healthy Nevada funding. So in this grant we asked for what we needed to provide services so each partner must be sustainable. Reducing our request would impact our partners' ability to provide the One-Stop services that we are connecting clients to, and our ability to provide outreach and other services. As it stands we're going to have to raise an additional \$145,000 to run this collaborative beyond the Healthy Nevada funding and we would like to therefore stand pat on our request. We see this as a complex process in vision but not in practicality. It's designed to get people the food they need, get them connected to SNAP benefits and to wrap-around services. The multi-screening tool is now available electronically and we see that as a way that we can help all 136 or so of our partners at each food pantry, Children's Cabinet, Catholic Charities and the FRCs. We do have geographic maps available of all the locations we are currently serving in northern Nevada through the partner agencies.

Q: Approximately how many people or meals are you planning to serve?

A: We estimate 34,900 unduplicated individuals would receive food specifically through this grant and about 6,000 people would be connected with federal benefits through this grant.

Q: I'm looking at the service area that you would be serving. Is that all of urban Washoe County and the northern rural areas?

A: Washoe, Lyon, Mineral and Carson. The fact is that the benefits of the program would extend beyond that. Those are the areas where we would be distributing additional food.

Q: In your executive summary or maybe it's in the actual application, you mention outside positions. What are they?

A: The four outside positions are at the Washoe county FRC and those people would be taking wrap-around services in their offices, five locations within Washoe County as well as coming to the food pantry sites, mobile pantry sites in these areas. The Children's Cabinet would be funding the AmeriCorps positions who would provide the intake process and follow-up assessments. One manager for Children's Cabinet, and there's mileage for all the people who are driving all over the county. And included in our proposal is that all of the partners receive Bridges Out of Poverty training, and day one and day two will be offered to participants through the grant, and our staff, half of 3.25 FTE, with the other half funded through USDA. So I wanted to mention that each one of those

individuals on average generates about 500,000 meals a year through their activities of connecting people to SNAP benefits.

Q: What were those other resources that you would leverage with this grant, and would they be available outside of Washoe, in Lyon and Mineral counties as well? What's going to happen in those counties?

A: We have screening partners, organizations that currently screen and provide services for energy assistance and other things. Ron Wood FRC would be in Carson City, HAWC would be in Mineral County, someone else would provide that service in Lyon County. Providing all the functions in all the places.

Q: Regarding Consolidated Agencies of Human Services (CAHS) in Mineral County, from what I can determine there is no compensation for them?

A: That's correct. The only compensation they're getting for doing all this extra work is 33% more food from us than they got in 2012. And to them, that is worth it.

Christie McGill of HCC spoke about their mobile security plan and how they identified Northern Nevada Food Bank as the best bang for the buck to get food out to rural Nevada. It's very expensive to put trucks out on our long highways, and transport food back and forth. The end justifies the means so all the partners in Lyon and Mineral Counties have come together, churches, schools, government and put their support behind this. Access is not the issue, it is the quality and the quantity, so that's why we all came together and put our support behind the Food Bank of Northern Nevada. Joyce Buckingham, executive director of Ron Wood FRC, added that they are presently screening and are one of the mobile screening sites, and look forward to getting these individuals self sustaining, so are happy to provide the hands on screening and sharing of information for the benefit of the community. We are already providing the services, just short on food.

East Valley Family Services, represented by Alicia Davisson, Jennifer Bevacqua of Olive Crest, and Andrea Michaels of HopeLink.

Ms. Davisson stated their proposal represents five programs in one grant. They felt they could reduce their request to \$350,000, but their bottom line is \$300,000.

Q: What does that mean, \$350,000 versus \$300,000 as far as what is being proposed?

A: \$350,000 gives us a little breathing space; \$300,000 is really stretched. The rent was too high in the budget; that's an easy fix. We are willing to go down to \$18,000 on the resource center expenses. What we don't want to cut if we don't have to is the staff to help provide the program. If we do have to go down to \$300,000, we would use more interns from the University of Las Vegas (UNLV) and University of Phoenix. This also impacts the food, but we do have access to other sources.

Q: So the actual percentage that you would spend on food would not fall below (the required percentage)?

A: No, it would not.

Q: Is it a five-week program?

A: It's actually eight weeks or longer, in order to give some structure. We don't want clients to be reliant on our food forever, so it's trying to build that in, but we know that people come starting from different places. We wanted to have consistency between our agencies, but if some people need to stay a little longer than others, that's okay.

Q: For clients who come in using the food bank or other resources that you provide, is there any duplication, is there any coordination with other service providers? Are these the same clients?

A: Each of our respective FRCs have MOUs (Memorandums of Understanding) with other agencies to make sure we're leveraging, not duplicating. As we screen them we make sure we're not duplicating the work of others.

Q: This is a very aggressive plan, we'd like to know how this ends up working, because if this works, it creates a successful model and other agencies might want to receive technical mentoring from you.

A: It is aggressive, but I've found at HopeLink where we run a small food pantry that the clients who receive education are apt to come back again. You see the same faces coming in for education or other services, so there's a lot of growth with the client. They want to come back and better themselves.

Q: Is there a possibility for a budget reduction in the software design? Are there other systems out there that might not cost any money at all?

A: We discussed this, and because of the huge amount of data, we want to get a good system in place. We talked to someone about what it would take to develop a management system, it was \$10,000 versus the \$2,100 charged to this grant. We could check into the software mentioned earlier by other applicants.

Family Resource Centers of Northeastern Nevada, represented by Judy Andreson.

We can reduce our budget by cutting the cost of the refrigerated truck to transport food to outlying areas. Our goal was to go to Wells, Montello, and outlying areas. It isn't that those areas don't need the assistance, they do, but the numbers are fewer than the area we generally service, Elko/Spring Creek. We could make those cuts without affecting the amount of food purchased. Also, FISH is on the HMIS system, and wanted to put collaborative partners on HMIS, too, so we could share data effectively. We could go back to low tech excel spread sheets, and share that with Fish who could generate the data that we all need. Cutting both MIS and the truck would be \$302,680; cutting just the truck would come to \$312,680.

Q: Your agency has submitted two proposals in two different categories. Are they separate programs?

A: These two are completely separate. There is a possibility that we could do some further cuts with associated costs like occupancy at FRC, but these are minimal. FISH is the only food bank in our area. CIS is the only agency offering food to those children in the school district. The FRC is the one-stop not just for food insecurity but for a myriad of social services. But there might be some ways we could do some further reductions. The only thing the FRC is generating out of this is to increase the staff person who is doing the work; 25% of her time for case management services. FISH has difficulty with the case management portion. CIS did receive funding in the previous funding cycle for their backpack program and FISH is looking at serving additional food insecure people. CIS is looking at maintaining the number of clients that they're serving.

Nye Community Coalition, represented by Laura Oslund and Tim Wigchers.

We're not asking for an excessive amount but we would be willing to take a 10% cut without impacting client numbers. One issue I have with the others who said they would be working in Nye County; we have not been contacted by any agencies except for Three Square. The proposal we submitted will increase our ability to serve by 30% what we are currently serving.

Q: Regarding Three Square, it appears both of you will serve the same county. Is this duplication of service?

A: No. We take what we have, we take what they give, and we get it to the areas that are not easy for them to serve. I'm not sure if you're aware that Nye County covers over 18,000 square miles, so delivery is difficult, to get the meals where they need to go. We provide prevention training and job training, and when I travel I can deliver food and access people who need food.

Senior Center of Boulder City, represented by Tammy Coplan.

To clarify, we also applied in the Hunger – Increase Access program area; we don't need both. We can cut or reduce this one to \$100,000. This is the only collaboration available in Boulder City – Emergency Aid and us. As far as wrap-around services, the Senior Center offers everything to everybody, not just seniors. It's an all-volunteer program. We can't go lower than \$75,000 on the Hunger – Increase Access Points proposal.

Three Square, represented by Jodi Tyson.

It's a lot easier for us to raise money for food than to support SNAP application assistance and things like that. We can cut salary costs for the driver for the mobile pantry, reducing that from \$88,000 to \$55,000, and still serve the same number of people, they just won't get the diversity of food that we would like to offer. So if we're all okay with 13,000 people getting about 6½ pounds per month of potatoes onions and carrots, then that will still be able to provide that. The SNAP piece is about \$127,000. Cut the driver for mobile pantry and keep staff for SNAP, and we will match the \$175,000 with \$175,000 of food in-kind.

Q: Can you clarify that?

A: If I can keep the staff portion that is there for \$175,000, we will provide in-kind \$175,000 worth of food. If we paired that down to \$150,000 from \$300,000, the quality and amount of fresh fruits and vegetables that would go to the families would reduce from two million pounds to one million, and provide no fresh produce.

Q: I'm not following the numbers.

A: If you would think about \$175,000, we will provide an in-kind of \$175,000 for food. So that \$175,000 would not include food.

Q: You also mentioned \$150,000.

A: If we didn't have to spend so much on food, then I could cover salary for SNAP, \$175,000.

Q: That would be a huge drop from what you requested. Would you still be able to provide everything that is in the proposal?

A: No, it would not be a variety of food, and instead of two million pounds, we'd only really be able to guarantee one million. We would not be supplementing, so it actually goes down. If you think about that 13,000 people per month that come to mobile pantry, we're talking about 6½ pounds per person per month rather than 13 to 15 pounds per person per month. And that's the average amount.

Q: It would be reducing the amount of fresh foods that each individual receives?

A: Fresh and donated shelf-stable foods, yes.

Q: What are the responsibilities of all the staff positions, the advocates, managers, marketers, team leaders? What are their responsibilities and roles that you need to keep them?

A: We have a SNAP outreach team with 15 staff members. We have one manager, three team leaders, one is a team leader for marketing, one is for a new call center team, and one is for field advocates. They go out to make sure that things are running well with our partners and they do quality assurance checks on the applications as well as doing their own applications. We average about 75 to 100 applications per month per field worker, so that's a lot of quality assurance. The marketers make sure that people in the neighborhoods know we're there. They sometimes go door-to-door in apartment complexes near where we're going to have SNAP outreach sites. It's a lot of paper. We blanket neighborhoods so people will know that that's a community site that they can come to. Sometimes it's the front office at an apartment complex, sometimes it's at a mobile home park, a library, the schools, and neighborhoods to help us canvass that information out.

Central Christian Church, represented by Bob Ranney.

A: Currently, the church spends about \$300,000 on the food distribution system, but is fortunate to rely almost 100% on volunteers, so there are no staff or overhead costs. We rely almost entirely on soliciting donations. Since the beginning of Three Square we've partnered with them and currently are one of their largest distributors in Southern Nevada and we've pretty much eliminated our direct solicitation, receiving almost all their food from them. Regarding the budget, I suggest we could reduce our request to just food. We currently have a difficult time getting enough food for the numbers that are coming to us, and a round number would be \$200,000 for food. You could look at that as a grant for Three Square, to get more food from Three Square.

Q: With the budget down to food only, the purpose of this grant is to provide a One-Stop Shop, so other than what you currently do, providing referrals to other places for some of those resource needs, how would you be creating a One-Stop Shop with this?

A: For example, we partner with HopeLink in Henderson by providing them space. We actually pay them to come and to provide a service on our campus. We would continue to bring all those services to our location. One thing we had in the budget was also if people need clothes, household items. We happen to have a unique problem. We have an entire warehouse full of clothes and household items that we're trying to figure out how to distribute. So that was one of the other things we put in there, especially people getting out of jail and prison need some of the basics, clothes and some household items to get started. The other thing some people don't realize is every one of those inmates, when they're released, has family here in Southern Nevada, so we also deal with their family issues.

Q: I noticed you have no staffing listed. Is everything in-kind?

A: Yes, our entire operation is done with volunteers. The only things we do buy right now are two AmeriCorps volunteers through United Way.

Church of the Nazarene, represented by Paul Sleighton (did not sign in) representing the food bank in Churchill County, and Ryan Green.

A: To answer your question, we are willing to look at a 50% decrease, looking at the whole budget, so are very appreciative that you would allow us to come to make a request. It would be across-the-board on all the items we requested. We received a warehouse last year and we are moving the operation from our church to the warehouse, so a lot of the items that we were requesting were to be able to continue to function at that

warehouse. We currently serve and are represented by people from 10 different counties in Northern Nevada, 21 communities.

Q: I'd be interested in if you've been able to look into the demographics of the 4,000, do you know how many are already receiving the benefits of federal programs?

A: We are partnering with Northern Nevada Food Bank and so they come sometimes twice a month for SNAP programs. I don't know what the total amounts are. We're basically funded by our local congregation, but one of the reasons we're putting in for a grant is because Churchill County has basically done away with all of their food programs and come to us to supply the food for those services. Our county school district also has come to us and asked us to partner collaboratively with the Family Resource Center. We had over one million pounds of food that came to our church, and the majority of that food came from urban food banks.

Lutheran Social Services of Nevada, represented by Shawna Brody.

The budget is tight but could take a 10 to 15% reduction and still survive. \$85,000 is budgeted for food we can't get from Three Square. We distribute over 500,000 pounds of food each year to over 15,000 unduplicated individuals each year. What we're looking at purchasing is glucerone for diabetics that is no longer being covered by Medicaid. We received EFSP (Emergency Food and Shelter Program) funds this year for food, and we purchased some glucerone with that. We would look at filling little gaps with other funding streams.

Q: The staffing on your budget appears to be more than food?

A: We're looking for two case managers to do the comprehensive wrap-around case management of persons who repeatedly return to the food pantry. Lutheran Social Services serves about 480 households each month and UMSM (United Methodist Social Ministries) offers about 195 households each month so that's the caseload for these two caseworkers. We'd provide wrap-around case management we do have the SNAP outreach program that we currently do with our food pantry customers. We're looking at other programs like rental assistance and utility assistance, intensive budgeting classes, etc. UMSM is an all-volunteer food pantry and we're looking to formalize this program and make it systemic, and not dependent on the one volunteer who is willing to continue to manage the food pantry and its growth. So there was some staff salary there. If cut, we might continue the volunteer management of the food pantry. Our food pantry is 50% managed by volunteers, and we have a half-time pantry manager.

Q: In your outcomes and outputs you were saying you would do a survey and follow-up with only 10% of participants. How did you come up with that percentage?

A: It's a reasonable expectation; not many clients are repeat customers. On any given day, 41% of our customers are new to a food pantry, so it's a capture issue. We were anticipating spending most of our staff time on case management, not so much on the after effects of program evaluation, but that's up for negotiation. I'm also interested in pursuing with the Lincy Foundation at UNLV to do a little bit more of a baseline and thorough community assessment at this approach. Because it's new, it's a good time to do a baseline and formal evaluation of the program.

Q: Is there any overlap in your Health Access proposal?

A: It is not duplication in the budgeting area; it's a complement of the programming. Our strategic plan for 2010-2015 calls for moving and growing our food pantry from just food distribution to nutrition education and family empowerment services. Part of that is the case management of food pantry repeat customers as well as the registered dietician to assist this population with one-on-one counseling to help manage those chronic diseases so they don't end up in the emergency room.

Nevada Partners, represented by Tiffany Tyler.

A: Ms. Tyler indicated she could cut \$260,000, reducing the request by 58%, and would allow them to still provide 2,600 meals with wrap-around services, the One-Stop model of unemployment services, education services, things of that nature.

Q: That's a huge cut. Is that a reduction in the number of meals?

A: It's a reduction in the hot meal count, and an increase in the vouchers.

Q: Would this be providing additional services to your current client base?

A: Our current clients number about 15,000 receiving basic services, who come through the door. This will be a target focus on receiving clients who first identify that they have a food need, and then linking them to the other services. A slight shift in terms of what their first identified need is.

Q: Are the two proposals independent? Could they collaborate and have some gaining of efficiencies?

A: The difference between the two grants is in the client base. Increase Access is for the senior population and persons with special needs who currently reside in Southern Nevada Regional Housing Authority or public housing. This one primarily serves unemployed adults, indigent and youth in Clark County.

Q: Have you considered a food pantry versus the hot meals? Thinking about cost-effectiveness, as that is one of the biggest concerns with this proposal, that food that would go into a pantry would be much more cost-effective than what you're proposing here.

A: We are absolutely open to shifting the program design to maximize the resources. But we thought it was an innovative way to talk about not only how do we meet the immediate needs and leverage those other wrap-around services, but also talk about healthful living practices. So while they were a captive audience here, not only offering them food, but talking about preparation and things of that nature, so we took a holistic approach. But if the intent of the committee is to focus strictly on pantry services, we would shift design to maximize that resource.

Q: Are there any other food pantries in the general area?

A: We do work with local, faith-based organizations.

Having completed all their questioning, the subcommittee took a break at 1:30 pm and reconvened at 2:15 pm. Ms. Tanata-Ashby explained with apologies that she needed to leave the meeting by 3 p.m. to attend a legislative hearing. Mr. de Joya confirmed that the subcommittee would still have a quorum present when she departed.

During the break, Ms. Olson collected score adjustment sheets, recalibrated the scores, and looked for changes in rank. Rique Robb of GMU staff read off the scoring changes. Ms. Olson had been making dollar adjustments as each of the applicants was questioned. She reminded the subcommittee that if they were considering any programs that offered to take cuts, there were some important elements to consider. Will they still be able to provide a One-Stop Shop program? She also pointed out that the amount of the cuts spanned a wide range; higher scoring applicants offered cuts of 20%, 0%, and 60%. While this is not the same as asking them to take a percentage cut because each applicant offered and identified areas to cut, in fairness, the better the proposal, the less the cut should be. Higher scores indicate an effective program and there is a need to ensure they will have sufficient funds to operate. She reminded members to also consider geography and available funding, as well as the available Title XX funds other subcommittees will be requesting – PCAN \$553,634 (a drop from \$821,000 currently) and Disability 324,783 (\$190,446 for respite, \$134,337 for independent living), for a total of \$878,417 being requested, leaving \$257,991 unrequested.

Mr. de Joya thanked all the applicants for their time submitting the proposals, attending the meeting and answering questions. Even with the additional reductions there are still issues with the ability to fund the top five or six applications. He proposed setting a minimum average score for consideration as a starting point.

Health Access Recommendations

The subcommittee considered setting a minimum score of 52.6 or higher. They discussed the geographic distributions and types of services being offered through the proposals, and whether to attempt to distribute the available funding equally among the geographical regions. Ms. Olson interjected that the Department has never had a funding formula for geographic areas and cautioned the members on defending geographical distribution by combining program areas. For instance, Hunger – One-Stop needs representation in all areas. Combining those proposals with the Hunger – Increase Access would be comparing apples and oranges because that category addresses unserved areas. The subcommittee was tasked with ensuring there is some percentage of funding in each area, dependent on the quality of the proposals and the amount of their funding request.

Ms. Tanata-Ashby excused herself from the meeting. She passed her recommendations to the Chair, briefly stating that she looked at distribution by area and services provided.

In formulating their recommendations, the subcommittee considered various minimum scores and funding scenarios, and how each impacted the percentage of funds going to each geographical area – Urban Clark, Rural Clark, Urban Washoe, Rural Washoe, and Other Rurals. It was confirmed by Ms. Olson that any funds left unspent in this category could not be moved out of Health Access, but it could be reapplied to the grantees through a system of their devise, or left to the GMU for distribution.

- Arthur de Joya moved to fund the following applicants at the funding levels determined during the questioning period, with the remainder of the available \$300,000 to be allocated among the grantees through a process developed by the GMU. The motion was seconded by Robert Martinez.

During discussion prior to the vote, the members agreed to revisit this program category after completing their recommendations in the remaining program categories, regarding Title XX funding of additional proposals.

* Volunteers in Medicine	\$40,845
* Community Health Alliance	\$77,995
* Healthy Communities Coalition	\$29,000
* PACE Coalition	\$44,845
* Lutheran Social Services	\$58,152
* FRC of Northeastern Nevada	\$17,601
* Nevada Health Centers	\$25,000

The Chair did not call for a vote, but the decision was implied.

Hunger – Increase Access Points Recommendations

Darlene Dougherty suggested that funding the top three scoring applicants would provide a good geographic mix and be consistent with scoring, but would require additional funds from Title XX. 54% Clark, 30% Washoe, 16% Rural.

- Mr. de Joya moved to fund the following applicants at the revised funding request amounts as listed below. The additional funding needed to fill the gap, \$168,637, to be requested from Title XX funds. The motion was seconded by Ms. Dougherty.

* Community Services Agency	\$202,500
* Little People’s Head Start	\$107,675
* Helping Hands of Vegas Valley	\$358,462

Prior to the vote, Mr. Martinez requested the geographic breakdown, which Ms. Olson supplied at 54% to Clark County, 30% to Washoe County, and 16% to the Rurals.

The motion carried.

Hunger – One-Stop Recommendations

The subcommittee calculated that they had \$1,600,000 of category funds, plus remaining Title XX funds of \$89,354, for a total of \$1,689,354 to work with in formulating recommendations in this program category.

They considered how various funding scenarios would impact distribution among the geographic areas of the State. It was brought up that the funding gap in the Wellness program area that this subcommittee is working with is larger than in the other two. They considered asking for additional Title XX funds and how this might assist in formulating their recommendations.

After considerable discussion, Mr. de Joya stated for the record that in determining their recommendations, the subcommittee looked at geography, especially the underserved areas and rural areas, and took into consideration multiple grantees serving in the same area, and with the limited funding available, decided which could best serve that area. They looked at the best scoring proposals and the needed services. They tried to assure no duplication and a reasonable percentage mix among geographical areas. Mr. de Joya said that, unfortunately, this resulted in some winners and some losers. While they would love to fund all the proposals, the huge shortfall of available funds and the amounts requested make this impossible, so they came up with the best recommendations under the circumstances.

Of the \$1,660,616 to be awarded, 21% would go to Urban Clark, 18% to Urban Clark and Southern Rural, 5% to Rural Clark, 38% to Urban Washoe and 19% to Other Rural Counties.

- Mr. de Joya moved to fund the following applicants at the levels indicated below, for a total of \$1,660,616. The additional funding needed to fill the gap, \$60,616, to be requested from Title XX funds.

* Community Services Agency	\$323,028
* Catholic Charities of Northern Nevada	\$300,000
* Consumer Credit Counseling	\$299,908
* East Valley Family Services	\$350,000
* FRCs of Northeastern Nevada	\$312,680
* Senior Center of Boulder City	\$75,000

The motion was seconded by Mr. Martinez and carried.

- Mr. de Joya moved to keep the remaining \$28,738 in unspoken-for Title XX funds unallocated for the time being, until the GMAC meeting.

Mr. Fontaine suggested the subcommittee consider, instead, requesting a portion of Title XX funds proportionate to their funding gap. Ms. Olson ran the numbers on the original funding requests received through this RFA, and three-quarters of the fund requests were for grants this subcommittee reviewed today - \$8 of the \$12 million. She repeated the strategies behind the other the two subcommittees' Title XX dollar requests; PCAN's request is still less than what they have been getting, and Disability's request will allow them to cover all geographic areas.

No second was made or vote taken on this motion.

- Mr. de Joya moved to request additional allocations from Title XX. The motion was seconded by Mr. Fontaine.

Prior to the vote, Mr. Fontaine asked whether they needed to determine how the additional Title XX funds would be spent and whether they would need to come to that decision now. Ms. Olson advised them that it depended on how the subcommittee crafts their request. She advised that, if the subcommittee did not submit a specific request to the full GMAC, they ran the risk of getting nothing. She also advised that any motions should be worded to give the subcommittee the final authorization on awards in the Wellness categories.

The motion carried.

VII. Public Comment (limited to two minutes)

Tim Wiggers and Laura Osland, Nye Communities Coalition. Thank you for your work. We do not want to reflect on the work you did. Historically, people say they serve our county but they're really not. We actually give out gas

vouchers so they can access those other services. We appreciate how hard your job is but want to be sure they're serving our area – rural Nye County, or Lincoln County, or wherever they say they are serving. We would like to make a request that with the \$26,000 that is left on the table, another \$75,000 takes care of three rural counties.

Tiffany Tyler, Nevada Partners. Thank you for your consideration. Should you decide to request additional funds in Increase Access Points, we were next in the scoring. We are committed to maximize those resources.

Peter Vogel, Catholic Charities, Kids to Seniors Korner. You had a really challenging act. Since 1996 this has been a significant program. When I saw we were the second highest score and the first highest in Washoe, I had no idea that in the end we would be cut. We have lots of funders, but they have all hit by funding issues, and I think we just killed the program. Please reconsider, if there are any funds available. Of the two programs we proposed, this one is much more significant to us. If you would like to follow up to find out more about this program, it is really critical, and we are very sad. Please seriously consider any additional available funds, the possibility of funding us.

Anne Schiller, Catholic Charities, Kids to Seniors Korner. I am emotional because this program is dear to my heart. It makes a huge impact, all ages, makes me sick. Washoe County Social Services is a huge partner, one of six community partners. Because we are out in the community and seeing these kids who aren't in school and don't have a voice. They are a huge program for us. Our outreach is considerable. I can't say enough about the fact that this might be going away.

Cherie Jamason, Food Bank of Northern Nevada. Tough decisions today. I would like to point out that the decisions made today have completely defunded the statewide SNAP outreach program. Between the north and the south we're doing \$16 million and between \$32 and \$40 million dollars in resources are brought in to help people. Thank you.

Christie McGill, Healthy Communities Coalition. I feel we got the food insecurity part wrong. We did not fund our infrastructure. We really depend on Northern Nevada Food Bank, just like Southern Nevada depends on Three Square. They are the infrastructure we look to training, to put truck on the road, and ensure a coordinated service response. I did not hear any consideration of the amount of people served by the amount of money asked for, and that concerns me. I'm worried about how our food pantries will have the funds to be able to successfully remain.

Kathleen Sandoval, The Children's Cabinet. I would like to address the process, whether or not we got funded. As the Chair said, there are specific things that you were looking at. One of them was to make sure you don't have the same agency in two categories getting funding, and based on the decisions you made, that's happening. Also you decided you wanted to make sure that you didn't have areas served in the same communities, and based on the decisions that you made, that's happening. So for Health Access, myself and CCNN (Catholic Charities of Northern Nevada) got eliminated because there are three entities in Washoe County. We also did rural. We got eliminated but yet you've got two rurals in Elko, and we got eliminated because we were duplicating rural in conjunction with Community Health Alliance. However, they serve Storey, we serve Lyon and Douglas. When you eliminate Catholic Charities you actually are eliminating these services in Washoe County altogether. Also in terms of the GMAC Wellness subcommittee, your first two agencies, you have Community Services Agency who is getting funding in both Increase Access Points as well as One-Stop shop, and you have two urban Washoe County's getting funding under One-Stop Shops, which in the process is eliminating a rural area in Mineral County from getting services. So the way the funding is set right now, two agencies are getting funded to serve urban Washoe County. But we're eliminating services to rural Lyon and Mineral. I just wanted to bring that up that as you were making decisions, you were not following your process.

Jodi Tyson, Three Square. The Food Security Plan, that basically comes down to the \$2.3 million that we're talking about, came from the Food Strategic Plan. The two biggest advocates of the strategic plan were the food banks. I want to reiterate that we provide structure and advocacy, and being able to have grant funding for the senior population for things like SNAP, we can continue advocating for all, not just the two. Thank you.

Michele Montoya, Community Services Agency. We recognize we did well in this round, but we also recognize that others did not, and I think it had a lot to do with competing geographical areas. I talked with some of the directors and I'd like to offer to work with them to help set up a new process next year. I think it needs some work.

Paul Sleighton, the Food Pantry in Churchill County. Two points I would like to make. One is inconsistency as far as what you did with Catholic Services and did with Community Services, took away Catholic Services and you've given Community Service Agency two grants. The second thing is that in Rural Nevada for the Hunger One-Stop Shops, the rural Nevada consists of Elko and Washoe County – the other counties are not dealt with that I can see here anyway. As far as the central part of Nevada, so Pershing, Churchill, portions of Lyon, Mineral, Storey. Since we're part of rural Nevada, I want to make note that we're part of this picture, too.

Judy Andreson, FRC in Elko. If it helps, there's a possibility the FRC will be receiving a grant from the Silver State Health Exchange, and we could relinquish the amount from our Health Access to possibly fund some of these other agencies.

There were no other comments.

Before adjourning, Mr. de Joya commented that the recommendation process was very difficult. He expressed his appreciation for the public comments and stated that with heavy heart, they understand these decisions are affecting lives, and the impact on the lives of adults, children and seniors, is a burden. It was an insurmountable task; when underfunded by 70% of the requests, the process will always be flawed. There is no perfect system, and the GMAC can only do its best. He stated that the subcommittee will try for additional Title XX funds, but they have no guarantee. We will do our best to reconsider these other applications to benefit our State and the people of Nevada. He wished everyone the best, and thanked them for their time and comments.

There being no further comments, the meeting was adjourned at 4:45 pm.