

Joe Lombardo
Governor



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

Helping people. It's who we are and what we do.



Richard Whitley, MS
Director

March 5, 2025

Diane Thornton, Acting Director
Legislative Counsel Bureau
401 S. Carson Street
Carson City, NV 89701

Dear Acting Director Thornton:

Attached please find the Department of Health and Human Services (DHHS) report required by [Nevada Revised Statutes \(NRS\) 439.259](#). The statute requires a yearly report to the Director of the Legislative Counsel Bureau concerning the amount of money allocated by the Department during the immediately preceding calendar year to support the provision of health care services or other services to promote physical well-being in communities with higher risk of behavioral health problems; decreased access to or usage of health care services; or worse health outcomes or physical well-being than the general population based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level.

If you have any questions regarding the report, contact Shannon Litz, Deputy Director, at sdlitz@dhhs.nv.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard Whitley".

Richard Whitley, MS
Director
Department of Health and Human Services

Health Care Disparity Funding Report — 2024

Pursuant to NRS 439.259



Department of Health and Human Services

Joseph Lombardo
*Governor
State of Nevada*

Richard Whitley, MS
*Director
Department of Health and Human Services*

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Background and Authority

Pursuant to [Nevada Revised Statutes \(NRS\) 439.259](#), the Nevada Department of Health and Human Services (DHHS) must provide an annual report to the Legislature on:

- The amount of money allocated by DHHS during the immediately preceding calendar year to support the provision of health care services or other services to promote physical well-being in communities with higher risk of health problems, decreased access to or usage of health care services or worse health outcomes or physical well-being than the general population based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level.
- A description of services provided, and the efforts made to locate persons in need of such services.
- The number of persons who received the services described and information regarding the income level, age, race, and ethnicity of those persons
- Any community-based organizations with which DHHS collaborated to provide those services.

Efforts to support disproportionately impacted communities across the state are imbedded in many DHHS programs and initiatives. [Data related to many programs can be found through the DHHS Office of Analytics Factbook Data Portal that is available online here.](#)

DHHS Overview

The Nevada Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. DHHS is one of the largest departments in state government and is comprised of the Director's Office and five divisions: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy, Public and Behavioral Health, and Welfare and Supportive Services.

Director's Office

Nevada Office of Minority Health and Equity

The mission of the Nevada Office of Minority Health and Equity (NOMHE) is to improve the quality of health care services for members of minority groups; to increase access to health care services; and to seek ways to provide education, and to address, treat and prevent diseases and conditions that are prevalent among minority populations.

CY24: \$321,273.50

Grants Management Unit

The Grants Management Unit (GMU) is an administrative unit within the Director's Office (DO). The GMU administers grants to local, regional, and statewide programs serving Nevadans. Its mission is to help families and individuals in Nevada reach their highest level of self-sufficiency by supporting the community agencies that serve them through engagement, advocacy and resource development. Related to NRS 439, GMU has primary authority for managing the Social Services Block Grant, as outlined below.

Social Services Block Grant

The Social Services Block Grant (SSBG) supports programs that allow Nevada communities to achieve or maintain economic self-sufficiency to prevent, reduce or eliminate dependency on social services. SSBG funds a variety of initiatives for at-risk children, adults, and families to include: case management; employment services; foster care services; prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests; preserve, rehabilitate, or reunite families; prevent or reduce inappropriate institutional care by providing for community based care, or other forms of less intensive care; secure referral or admission for institutional care when other forms of care are not appropriate; and/or provide services to individuals in institutions.

CY24 allocation related to NRS 439.259: \$9,403,317.00

Funded non-state agencies

- ALS Association - Nevada Chapter
- CARE Chest of Sierra NV
- Care With Purpose
- Clark County Department of Family Services
- East Valley Family Services
- Families for Effective Autism Treatment
- Lyon County Human Services
- Northern NV RAVE
- Olive Crest
- UNLV Project Rebel
- Washoe County Human Services Agency

Funded State agencies

- ADSD – Adult Protective Services (APS)
- ADSD – Planning, Advocacy and Community Services (PAC)
- DCFS – Child Welfare
- DCFS – N. NV Child/Adolescent Services
- DCFS – S. NV Child/Adolescent Services
- DPBH – Community Nursing Program
- DPBH – S. NV Adult Mental Health Services

Federally Qualified Health Center Incubator Project

GMU administers the Federally Qualified Health Center (FQHC) Incubator Project, which is intended to create or enhance existing FQHC programs and services. DHHS, with approval from the 2017 Nevada Legislature, utilized allocations from the Fund for a Healthy Nevada (FHN) to initiate projects under a new FQHC Incubator Project. Since then, the FQHC Incubator Project has continued to focus on increasing access to health care among different target populations. To be eligible for funding, applicants must be an existing FQHC and FQHC Look-Alikes, as defined by the Health Resources and Services Administration (HRSA), headquartered in Nevada; and Certified Behavioral Health Centers (CCBHCs), as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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

CY24 allocation related to NRS 439.259: \$700,000

Funded agencies

- Community Health Alliance
- Hope Christian Health Center
- Nevada Health Centers

- Northern Nevada HOPES
- Southern Nevada Health District

Public Health Districts

Through FHN funds, DHHS invested in preventing disease and keeping people and entire communities healthy. This funding was designed to strategically improve the infrastructure for local health districts to make permanent and sustainable improvements for the state — creating the healthiest conditions possible for Nevadans. This funding allowed the local health districts to prioritize their needs for sustainable programming out into the future.

CY24 allocation related to NRS 439.259: \$999,999

Funded Agencies

- *Northern Nevada Public Health*
- *Central Nevada Health District*
- *Southern Nevada Health District*

Division of Health Care Financing and Policy

The Division of Health Care Financing and Policy (DHCFP) works in partnership with the federal Centers for Medicare and Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. Services are provided through a combination of traditional fee-for-service and managed care provider networks. The Medicaid/Children's Health Insurance Program (CHIP) health care coverage program on average spends \$7 billion (state and federal share) on health care services to Nevada recipients. Non-elderly people of color make up 71% of Nevada Medicaid recipients, and almost half of recipients are children (40%).

Tribal health partnerships

DHCFP currently has 19 Indian Health Programs, 14 of which are in state clinics, enrolled as Nevada Medicaid providers as well as one Urban Indian Health Center. DHCFP currently has two Tribal Liaisons who work directly with the Tribes and Tribal Clinics.

The Tribal and Community Liaisons for DHCFP work with the 28 federally recognized Tribes in Nevada and 19 Indian Health Programs enrolled with Nevada Medicaid that provide services to American Indian/Alaskan Native recipients in the state. The Tribal Liaisons conduct outreach to the Tribal clinics, attend Tribal health fairs and council meetings, and host Tribal consultations quarterly as well as ad hoc meetings as requested by Tribal leadership or their designee. The Tribal liaisons continue to maintain effective communication with the Tribes per the Nevada Department of Native American Affairs Tribal Consultation Policy and offer technical assistance on Nevada Medicaid issues as needed.

In State Fiscal Year (SFY) 2024, Tribal/Indian Health Service (IHS) Clinics enrolled as a Nevada Medicaid Indian Health Program provider saw 5,891 members. In calendar year 2024, Nevada Medicaid saw two additional Tribal Health Clinics designate their Clinics as a Tribal FQHCs. Nevada Medicaid Tribal Liaisons worked with the Nevada Tribes on submitting two State Plan Amendments to improve services for the Tribal Clinics.

Oral Health Workforce Activities

In partnering with the federal Health Resources and Services Administration (HRSA), DHCFP's oral health workforce activities include partnering with the Nevada Dental Foundation to open the Tonopah Dental Center, which is providing dental care to Tonopah and surrounding areas where there is no dental clinic within 100 miles. The area has been without a dental clinic for five years. Since opening on Nov. 3, 2023, the Tonopah Dental Center served 1,270 patients through Dec. 15, 2024. Dental program efforts also included development of a public health collaborative to mentor and educate oral health professionals interested in rural and general public health opportunities.

DHCFP also created a dental assistant pipeline, providing dual credits for dental assisting courses to participating Elko County School District students to help combat the oral health professional shortage in rural Nevada. The first

class has 29 students: 24 from Elko and Spring Creek high schools and four students from West Wendover. Churchill County has been engaged to expand the program.

Also, a school nurse training program has been created in Winnemucca, Battle Mountain, and Carson City. This program provided materials and education on common oral health issues that are observed during oral health screenings and how to refer patients and use a “triage scale” for common issues. The program obtained parental consent and conducted 397 screenings to children in nine schools.

HRSA deliverables:

1. Nevada Statewide Oral Health Needs Assessment
2. Screening, Brief Intervention, and Referral for Treatment (SBIRT) Resource Guide for Oral Health Providers in Nevada
3. Nevada Oral Health Report: The Impact of COVID-19 on Oral Health and Access in Nevada
4. Longitudinal Study Sealant Program Outline.

Federal funds: \$1,142,400 (Sept. 1, 2024 – Aug. 31, 2026)

HRSA partners

- Liberty Dental Plan
- Nevada Dental Association/Nevada Dental Foundation
- Northern Nye County Hospital District
- Truckee Meadows Community College
- University of Nevada Las Vegas School of Dental Medicine
- Truckee Meadows Community College Dental Hygiene and Assisting Programs
- College of Southern Nevada Dental Hygiene Program

HRSA grants: \$1,281,154 (Sept. 1, 2022 – August 31, 2026)

Individuals with Developmental and Intellectual Disabilities Dental benefits

This program was started on Jan. 1, 2023, and made possible with ARPA funding to provide comprehensive dental benefits to adults residing on the Home and Community Based Services Waiver. This waiver services a little more than 2,000 Medicaid members with disabilities who, without additional support, would require care in a residential setting. From the start of the program through Nov 11, 2024, a total of 3,046 claims have been processed. These claims range from preventative care and exams to extractions and denture fabrication. Within this program, the Oral Health Program was able to provide two continuing education courses, one in Reno and one in Las Vegas. Dr. Allen Wong, DDS, a national dental expert on providing care to the disabled, was able to provide strategies and hands-on training for dentists and dental hygienists to successfully provide dental care in their offices to those

living with disabilities. This program continues to provide services to one of the most underserved communities regarding dentistry.

American Rescue Plan Act (ARPA) allocation: \$10,802,625

School-based Preventative Dental Services Programs

Nevada Medicaid initiated a strong investment in the oral health of school-age children by authorizing the use of federal ARPA funding for the statewide expansion of school-based oral health programs after the closing of almost all school-based programs due to the COVID-19 pandemic. In 2023-2024, 8,934 school-aged children received a dental screening; 4,700 school-aged children received a total of 17,758 dental sealants on permanent molar teeth; and 7,686 school-age children received at least one topical fluoride varnish. Counties served in school year 2023-2024 include Clark, Elko, Eureka, Douglas, Humboldt, Lincoln, Lyon, Nye, Pershing, Washoe, and White Pine. In addition, for school year 2024-2025, Carson City, Mineral, Storey, Esmerelda, and Lander counties will be provided with preventative oral health services by the Nevada Oral Health Program and partners.

ARPA funding: \$2.7 million (Oct. 20, 2022 – June 30, 2026)

State Actions to Improve Oral Health Outcomes

CDC currently funds 15 states through the State Promotion of Strategies to Advance Oral Health (CDC-RFA-DP24-0048). Grant goals include:

- Increase access to evidence-based preventive dental services;
- Provide technical assistance for community water fluoridation activities;
- Improve oral health and chronic disease surveillance using secondary data sources to describe oral health trends; and
- Increase awareness of infection prevention and control guidelines.

Deliverables and reports:

- Nevada Oral Health State Plan 2022-2032
- Nevada Oral Health Surveillance Plan 2022-2026- plan aligns with the Oral Health Plan and Healthy People (2030) Oral Conditions Objectives
- Oral Health Needs of Adults with Intellectual and/or Developmental Disabilities in Nevada (Needs Assessment)
- Summary Conclusions Oral Health Needs Assessment

Aging and Disability Services Division

The mission of the Aging and Disability Services Division (ADSD) is to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.

Facility Outreach and Community Integration Services, Money Follows the Person

The Facility Outreach and Community Integration Services (FOCIS) and the Money Follows the Person (MFP) programs support individuals in transitioning from institutional care to home and community-based services. Where FOCIS is able to serve all individuals regardless of pay source, MFP is targeted to individuals who are Medicaid eligible. The MFP program provides additional resources to support individuals moving back to a community setting.

CY24 allocation (for both): \$506,679

Adult Protective Services and Long-Term Care Ombudsman

Nevada law mandates that ADSD receive and investigate reports of abuse, neglect, exploitation, isolation and abandonment of vulnerable persons ages 18-59, in addition to persons 60 years and older. Under the Adult Protective Services (APS) program, this includes but is not limited to emergency food, emergency placement assistance and capacity assessments by a licensed geriatric psychiatrist.

The Long-Term Care Ombudsman Program (LTCOP) has Federal and State authority to advocate for the health, welfare, safety and rights of residents/clients in settings such as nursing homes, assisted living, homes for individual residential care and adult day centers. LTCOP staff are trained to investigate and resolve complaints made by or on behalf of residents; educate the community and providers about resident rights and best care practices; attend resident and family councils to support systemic advocacy and provide education; and analyze and provide recommendation to federal, state or local governmental actions that may affect residents in long-term care settings.

CY24 average monthly caseload: 2,467 (APS)

CY24 average monthly caseload: 2.660 (LTCOP)

*CY24 allocation: \$14,331,955 (APS **and** LTCOP)*

Autism Treatment Assistance Program

The Autism Treatment Assistance Program (ATAP) helps families of children ages 0 through 19 with autism spectrum disorders and funds evidence-based therapy programs. Funds are used to pay community providers with clinical professionals who design the individualized therapy programs such as speech, occupational, and physical therapy.

Additionally, applied behavioral analysis in which clinical professionals also train registered behavior technicians to deliver the programming.

CY24 average monthly caseload: 1,066

CY24 allocation: \$9,172,151

Developmental Services Regional Centers

The Developmental Services (DS) program provides home and community-based services for people with Intellectual and Developmental Disabilities and their families in Nevada. The goal of coordinated services is to assist persons in achieving maximum independence and self-direction. Major programs provided to achieve these goals include community-based residential supports, jobs and day training supports and family supports.

DS provides support services for people of all ages with intellectual and/or developmental disabilities and their families through three regional centers:

- **Desert Regional Center (DRC)** serves Clark County, except for the outlying rural areas of Clark County.
- **Rural Regional Center (RRC)** serves all Rural counties and the majority of the outlying rural areas of Clark County.
- **Sierra Regional Center (SRC)** serves Washoe County.

Each person eligible for services is assigned a Service Coordinator (SC) who supports the individual with monitoring, assessing, referral and linkage to requested services through the person-centered planning process. Service goals for participants are designed to facilitate self-sufficiency, community inclusion and a meaningful life.

CY24 average monthly caseload: 8,422

CY24 allocation: \$369,824,648

Office for Consumer Health Assistance

The Office for Consumer Health Assistance (OCHA) helps health care consumers and injured workers understand their rights and responsibilities under their health insurance plans and/or workers' compensation insurance policies. OCHA informs and educates consumers regarding any health insurance plan and when necessary, advocates on their behalf to resolve disputes. Additionally, OCHA provides resource information to the uninsured and under-insured for access to health care. The community advocate also provides advocacy and assistance with information, referrals, emergency assistance to older adults, people with disabilities and their family members.

CY24 average monthly caseload: 466

CY24 allocation: \$1,631,915

Office of Community Living

The Office of Community Living is comprised of multiple programs that support older adult and people with disabilities remain independent and living in the community. Multiple funding sources support the various programs within this unit. Below are descriptions of the various services with the total allocation for all programs included.

Home and Community-Based Services Waiver for the Frail Elderly

The Home and Community Based Services (HCBS) Waiver for the Frail Elderly (FE) authorizes services to seniors to help them maintain independence in their own homes and communities as an alternative to long-term care facility placement. Services include Case Management, Homemaker, Social Adult Day Care, Adult Companion, Personal Emergency Response System (PERS), Chore, Respite, Augmented Personal Care Provided In Residential Care Settings and Access To State Plan Personal Care Services.

CY24 average monthly caseload: 2,660

Home and Community Based Services Waiver for Persons with Physical Disabilities

The HCBS Waiver for Persons with Physical Disabilities (PD) authorizes services to individuals who have been diagnosed with a physical disability, to help them maintain independence in their own homes and communities as an alternative to long-term care facility placement. Services include Case Management, Attendant Care, Homemaker, Chore, Respite, Assisted Residential Care, Environmental Accessibility Adaptations, Specialized Medical Equipment/Supplies, PERS, Home-Delivered Meals and Access To State Plan Personal Care Services.

CY24 average monthly caseload: 1,163

Personal Assistance Services

Personal Assistance Services (PAS) provide community-based, in-home services to enable adults with severe physical disabilities to remain in their own homes and avoid placement in a long-term care facility. PAS services include authorizations for personal care services assisting an individual with daily tasks such as bathing, dressing, grooming, toileting, transferring/ambulating, eating, housekeeping, shopping, laundry, and meal preparation, and respite.

CY24 average monthly caseload: 126

Community Options Program for the Elderly

The Community Options Program for the Elderly (COPE) provides services to seniors to help them maintain independence in their own homes as an alternative to a long-term care facility. Services include the following non-medical services: Case Management, Homemaker, Social Adult Day Care, Adult Companion, Attendant Care, Personal Emergency Response System, Chore and Respite.

CY24 average monthly caseload: 70

Taxi Assistance Program

This program allows seniors ages 60 and older and persons with permanent disability who are Nevada residents to use taxicabs in Clark County only, at a discounted rate. Eligibility is based on three-tier income criteria to prioritize funding for low-income individuals.

CY24 average monthly caseload: 661

Community Service Programs

Grant programs provide a wide range of social services to support individuals in their own homes through community partners. The data provided includes all the following service programs.

Homemaker Program

The Homemaker Program provides in-home supportive services for seniors and persons with disabilities who need help with Instrumental Activities of Daily Living (IADL) — light housekeeping, shopping, meal preparation and laundry — to prevent or delay placement in a long-term care facility. These services are supported by the Social Services Block Grant (Title XX) and Independent Living Grant. Services are provided by community partners.

Independent Living Grants

Provides vital services, such as respite care, transportation, and supportive services. Supportive services include adult day care; caregiver support services; companion services; homemaker services; home safety, maintenance and repair services; and PERS. Funds from the Fund for a Healthy Nevada are subawarded to community partners to provide these services.

CY24 average monthly caseload: 3,037

Medicare Assistance Program

Service delivery includes outreach and education, Medicare counseling, and application assistance to empower Medicare beneficiaries to make informed decisions that meet their health care needs; optimize their access to care, affordable services, and cost savings programs; and to increase awareness and provide guidance to prevent, detect, and report health care fraud, errors, and abuse. Federal funding sources are used to support these services through subawards to community partners.

National Family Caregiver Support Program

The National Family Caregiver Support Program addresses the needs of family and other informal caregivers by increasing the availability and efficiency of caregiver support services and long-term care planning resources. Services can include respite, caregiver education, support groups, and other supportive services. This program is co-funded under the Older Americans Act, as well as state general funds and independent living grants.

CY24 average monthly caseload: 529

Older Adult Supportive Services, Disease Prevention and Health Promotion

Services funded under Supportive Services and Senior Center Programs include but are not limited to senior companion; transportation; adult day care; homemaker; representative payee; legal services; telephone reassurance; PERS; food pantry; grocery delivery; and geriatric assessment services. Disease Prevention and Health Promotion Services are evidence-based programs that improve health and well-being and reduce disease and injury among older adults. State general and federal funding are subawarded to community partners to support these services.

CY24 average monthly caseload: 3,555

Senior Nutrition Meals in Congregate Settings

Provides meals to seniors in congregate settings, usually at senior centers, with the purpose of reducing hunger and food insecurity; to promote socialization of older individuals; and to promote the health and well-being of older individuals by giving them access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

CY24 average monthly caseload: 7,095

Senior Nutrition Home-Delivered Meals

Furnishes meals to homebound seniors who are unable to attend a congregate meal site due to physical, mental, or other qualifying condition(s). Individuals over age 60, spouses, and individuals with disabilities who reside with an eligible senior are eligible to participate.

CY24 average monthly caseload: 7,311

Assistive Technology for Independent Living

Provides statewide services to support individuals with disabilities to live in their community versus an institutional setting. The program is open to anyone whose permanent disability causes a substantial functional limitation with reasonable expectation that the services will enable the individual to gain, improve, and maintain their

independence and live in their community. Individuals who are currently in a care facility, or at high risk of placement in a facility, can be prioritized for the services that are necessary for them to live independently in the community.

CY24 average monthly caseload: 11

Communication Access Service Centers

The Communication Access Service Centers Program provides telecommunication devices and assistive technology distribution, repair and training; language acquisition; information and assistance to increase access to services by information or referral to programs for employment, health, social services, and education for people who are Deaf, Hard of Hearing, or have a speech disability.

CY24 allocation: \$84,953,950 (Office of Community Living and Community Service Program allocations are combined)

Senior Rx and Disability Rx

The Senior and Disability Prescription (SRx/DRx) Program model was discontinued on December 31, 2023. Prior to being discontinued, this program provided a monthly subsidy (up to \$37) to Medicare beneficiaries to help pay the cost of Medicare Part D or Medicare Advantage Part D premium. During the 82nd Nevada Legislative Session in 2023, Senate Bill 4 was passed and granted DHHS flexibility under the Fund for a Healthy Nevada to create a program to address the pharmaceutical landscape and needs of Nevadans. Pursuant to NRS 439.630(1)(c), ADSD implemented the Healthcare Support and Assistance (HSA) program to provide subawards to community partners for direct financial assistance to pay prescription drug costs for priority populations.

CY24 allocation: \$194,423

Nevada Early Intervention Services

Early Intervention Services (EI) provide specialized supports and services for infants/toddlers (ages 0-3) with developmental delays and/or disabilities and their families to meet their individualized needs. Services may include: assistive technology devices and services, audiology, vision and mobility, family training, counseling and home visits, health and nutrition, multi-disciplinary evaluations and assessments, occupational therapy, physical therapy, psychological services, service coordination, social work services, special instruction, speech and language therapy, resource and referral, and autism screening.

CY24 average monthly caseload: 3,840

CY24 allocation: \$46,862,549

Division of Welfare and Supportive Services

The mission of the Division of Welfare and Supportive Services (DWSS) is to engage clients, staff, and the community to provide public assistance benefits to all who qualify and reasonable support for children with absentee parents to help Nevadans achieve safe, stable, and healthy lives.

Substance Use Treatment

The Temporary Assistance for Needy Families (TANF) employment and training program (NEON) contracted with three substance abuse treatment providers in SFY 2024 to provide needed treatment services to TANF-eligible participants. These individuals are identified during assessment processes and monthly engagement with TANF NEON participants. In CY2024, a total of \$71,090 was invoiced.

Number served: 19 (unduplicated count, see breakdowns below)

<u>Age</u>	<u>Race</u>	<u>Ethnicity</u>
18-29 5	American Indian/ Alaska native 0	Hispanic 3
30-39 10	Black/African American..... 4	Non-Hispanic..... 16
40-49 4	Native Hawaiian/Other Pacific Islander 0	
50+ 0	White/Caucasian..... 12	
	Multiple 3	

Child Care and Development Program

The ARPA Child Care Discretionary grant funding ended Sept. 30, 2024, due to a lack of available federal funding.

The Contracted Child Care Slots for Children and Youth with Special Health Care Needs (CYSHCN) pilot program was a collaboration between DWSS Child Care Licensing, the Nevada Department of Education's Silver State Stars Quality Rating & Improvement System (QRIS), The Children's Cabinet, Las Vegas Urban League Early Childhood Connection, and the Nevada Division of Public and Behavioral Health (DPBH) Children and Youth with Special Health Care Needs Program. The purpose of this pilot program was to increase the number of available child care slots statewide for CYSHCN; give child care providers and families referrals to multiple agencies as identified to help support this vulnerable population; and provide subsidy reimbursement at an enhanced rate to child care providers serving this population.

CY24 benefit expenditures: \$948,809.66

Temporary Assistance for Needy Families

The goal of TANF is to provide assistance to low-income families with children so they can be cared for in their own home, reduce dependency by promoting job preparation, and encourage formation and maintenance of the family unit. The maximum income is 130% of Federal Poverty Limit (FPL).

CY24 total number of individuals served: 25,623

CY2024 benefit issued: \$23,124,493

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) helps low-income people buy the food they need for good health.

Standard SNAP Eligibility

Households are eligible for SNAP if their gross monthly income is at or below 130% of FPL, as mandated by federal regulations. This is the standard income limit for SNAP eligibility.

Broad-Based Categorical Eligibility

The USDA Food and Nutrition Service (FNS) allows states to expand categorical eligibility for SNAP. Nevada has opted to implement Broad-Based Categorical Eligibility (BBCE), enabling households with a gross income up to 200% of the FPL to qualify if they meet additional requirements.

To be eligible, households must receive a “This is Your Copy” page from the Application for Assistance, which describes a TANF-funded program supporting pregnant and parenting teens.

BBCE does not apply if:

- Household income exceeds 200% of the FPL; or
- A household member is wanted by law enforcement; or
- A household member is disqualified from SNAP due to an intentional program violation or noncompliance with work requirements.

CY24 benefits issued: \$1,105,745,982

CY24 total number of individuals served: 614,772

Energy Assistance Program

The Energy Assistance Program (EAP) provides a supplement to assist qualifying low-income Nevadans with the cost of home energy. Nevada's EAP program has two funding sources: the Low-Income Home Energy Assistance Program (LIHEAP) federal block grant, and state revenue generated from Nevada's Universal Energy Charge (UEC). The maximum income limit is 150% of FPL.

CY24 benefit expenditures: \$31,324,057

CY24 total number of individuals served: 19,095

Division of Public and Behavioral Health

Disparity reduction in health outcomes is routinely embedded in categorical funding across DHHS and the Division of Public and Behavioral Health (DPBH). Prevention of health disparities is part of the core DPBH mission: To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

The grants or cooperative agreements described below provide highlights of projects that categorically support health equity and diversity efforts or have a large focus on those disparities and targeted interventions.

Nevada Public Health Infrastructure Grant

Through the Nevada Public Health Infrastructure Grant (PHIG), DPBH has provided funding to local health authorities — Northern Nevada Public Health, Carson City Health and Human Services, Central Nevada Health District, and Lyon County Human Services — to decrease health disparities in rural and urban settings.

Northern Nevada Public Health demonstrates this commitment by maintaining four positions that will focus on health equity-related goals. PHIG funds will support Carson City Health and Human Services by increasing its internal infrastructure to provide public health programs and maintain its information systems. The Central Nevada Health District will utilize PHIG funding to transition from a rural health office to a Health District, expanding access to public health services for rural Nevadans. Lyon County Human Services developed a feasibility study exploring the creation of a health district for the quad-county region of Nevada, comprising Carson City, Douglas, Lyon, and Storey counties. Southern Nevada Health District received this grant directly from the CDC, so efforts in Clark County are not included in the DPBH award.

DPBH also continued to fund a public health liaison through the Nevada Association of Counties (NACO). This position liaises with county/state officials to develop and improve health services and build capacity for responding effectively to current and future public health threats. The overarching objective for both rural and urban health districts is to reduce health disparities unique to their surrounding communities.

The collective emphasis is on developing and enhancing quality internal training opportunities and maintaining accreditation with the Public Health Accreditation Board (PHAB) to ensure that competent care and quality services will continue to be provided consistently.

DPBH will also continue to fund the Nevada Office of Minority Health and Equity (NOMHE). This investment aligns with the program's goal of strengthening public health infrastructure and addressing health disparities across Nevada communities, emphasizing the importance of cultivating a robust public health system.

DPBH hired a full-time state position to serve as the tribal liaison and cultural navigator for the agency. Though these functions have been shared among various staff members in the past, with this grant, DPBH wanted to ensure a staff person could focus their effort on this activity full-time.

CY24 allocation: \$4,115,617

CDC Health Disparity Grant

DPBH received \$32 million to improve outcomes regarding the following strategies:

1. Expanded existing and/or developed new mitigation and prevention resources and services to reduce COVID-19-related disparities among populations at higher risk and that are underserved;
2. Increased/improved data collection and reporting for populations that experienced a disproportionate burden of COVID-19 infection, severe illness, and death which guided the response to the pandemic;
3. Built, leveraged, and expanded infrastructure support for COVID-19 prevention among populations at higher risk and underserved; and
4. Mobilized partners and collaborators to advance health equity and address social determinants of health as they related to COVID-19 health disparities among populations at higher risk and those that were underserved.

CY24 allocation: \$4,484,453 (July 1, 2022 – May 31, 2024)

Title V Maternal Child Health Block Grant

Nevada's Title V Maternal Child Health (MCH) Program is dedicated to improving the health of families, with an emphasis on women, pregnant women, infants, and children, including children and youth with special health care needs. The Title V MCH Maternal and Infant Program funds injury prevention efforts and education to prevent infant and child morbidity and mortality.

CY24 allocation: \$2,360,031.67

Preventative Health and Human Services Block Grant

The Preventative Health and Human Services (PHHS) Block Grant works to build public health infrastructure, prevent sexual violence, promote wellness, and prevent chronic disease.

CY24 allocation: \$698,487

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant,

breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

CY24: \$37,712,250 (*food*); \$17,366,591 (*administrative*)