

**BRIAN SANDOVAL**  
*Governor*

STATE OF NEVADA

**CODY L. PHINNEY, MPH**  
*Administrator*

**RICHARD WHITLEY, MS**  
*Director*



**LEON RAVIN, MD**  
*Acting Chief Medical Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

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**GOVERNOR'S COUNCIL ON FOOD SECURITY  
AGENDA  
APRIL 19, 2016  
1:00 P.M.**

The Governor's Council on Food Security will conduct a public meeting at the following locations:

Nevada Legislative Counsel Bureau  
401 South Carson Street, Rm. 3137  
Carson City, NV 89701

Grant Sawyer State Office Building  
Legislative Counsel Bureau  
555 East Washington Avenue, Suite 4400, Rm. 4412E  
Las Vegas, NV 89101

**Dial-In Toll-Free Number 1-877-336-1831  
Participants Code 4756895**

*AGENDA ITEMS MAY BE TAKEN OUT OF ORDER, COMBINED FOR CONSIDERATION, AND/OR REMOVED FROM  
THE AGENDA AT THE CHAIRPERSON'S DISCRETION*

- 1. Call to Order, Roll Call, and Announcements**
  - Nevada First Lady Kathleen Sandoval, Council Chair
- 2. Approve Minutes of November 18, 2015 Council Meeting**
  - Kathleen Sandoval, Chair

**PUBLIC COMMENT  
FOR POSSIBLE ACTION**

- 3. National AmeriCorps Vista Update**
  - Report on successful ways VISTA has been involved with food security
  - Sarah Adler, Council Member
  - Max Finberg, National Director of AmeriCorps VISTA

4. **Report on and make recommendations regarding consideration of new appointees** to fulfill the terms for the positions of “The Superintendent of Public Instruction of the Nevada Department of Education or his or her designee from within the Office”, a “representative of community based services” and a “representative from the executive administration in the gaming and hospitality industries”
- Kathleen Sandoval, Chair

**PUBLIC COMMENT**  
**FOR POSSIBLE ACTION**

5. **National Hunger Commission Report**
- Cherie Jamason, Council Member

6. **Overview of the Child Nutrition Reauthorization**
- Donnell Barton, Council Member
  - Michelle Walker, WIC Representative

7. **Demonstration Projects to Evaluate Direct Certification with Medicaid for National School Lunch Program**
- Donnell Barton and Steve Fisher, Council Members

8. **Community Health Improvement Plan (CHIP)**  
Health improvement objectives and Southern Nevada Health District accreditation and objectives on Breakfast after the Bell
- Jodi Tyson, Council Member

9. **Status update on the Food Security Plan**
- Monica Morales, representing Office of Food Security

10. **Demonstration of the Network for Care of Public Health and Wellness system**
- Julia Peek, Deputy Administrator, DPBH

11. **Food and Nutrition Services Program**  
Update on tribes and their ability to access USDA Food and Nutrition Service (FNS) programs
- Sarah Adler, Council Member

12. **Update on the Nutrition Umbrella Committee**
- Cody Phinney, Council Member

13. **Potential Policy Priorities for Nevada Legislative Session 2017 for discussion and possible vote**
- Jodi Tyson, Council Member

**PUBLIC COMMENT**  
**FOR POSSIBLE ACTION**

14. **Acknowledgement of Senator Debbie Smith’s work regarding nutrition programs and anti-poverty policies and discussion/vote on commemoration of her work**
- Kathleen Sandoval, Chair

**PUBLIC COMMENT**  
**FOR POSSIBLE ACTION**

**15. Council discussion to identify what the next focus areas should be**

- Kathleen Sandoval, Chair

**PUBLIC COMMENT**  
**FOR POSSIBLE ACTION**

**16. Public Comment**

No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item which action will be taken.

**17. Closing Remarks and Adjournment**

- Kathleen Sandoval, Chair

This notice and agenda has been posted on or before 9:00 a.m. on the third working day before the meeting at the following locations:

East Valley Family Services, 1800 E Sahara Avenue Suite 117, Las Vegas (Fax 702-733-6144)  
Financial Guidance Center, 2650 S Jones Boulevard, Las Vegas (Fax 702-364-5836)  
Food Bank of Northern Nevada, 550 Italy Drive, McCarran (Fax 775-331-3765)  
Helping Hands of Vegas Valley, 2320 Paseo del Prado Bldg B Suite 112, Las Vegas (Fax 702-649-6438)  
Nevada Department of Health and Human Services, Director's Office, 4126 Technology Way, Carson City 1<sup>st</sup> Floor  
Nevada Department of Health and Human Services, 4150 Technology Way, Carson City 1<sup>st</sup> Floor  
Nevada Department of Health and Human Services, Director's Office, Grants Management Unit, 1820 E Sahara Avenue Suite 208, Las Vegas (Fax 702-486-3533)  
Senior Center of Boulder City, 813 Arizona Street, Boulder City (Fax 702-293-5628)  
Three Square, 4190 N Pecos Road, Las Vegas (Fax 702-365-6574)  
United Way of Northern Nevada and the Sierra, 639 Isbell Road Suite 460, Reno (Fax 775-322-2798)  
United Way of Southern Nevada, 5830 W Flamingo Road, Las Vegas (Fax 702-734-8505)

The agenda and meeting materials may also be viewed on the Nevada Division of Public and Behavioral Health website at [http://dpbh.nv.gov/Programs/OFS/GCFS\\_Meetings/2016/Governor s Food Security Council 2016/](http://dpbh.nv.gov/Programs/OFS/GCFS_Meetings/2016/Governor_s_Food_Security_Council_2016/) and on the Department of Administration website at <http://notice.nv.gov>, and has been mailed to groups and individuals as requested. Limited copies for the public will be provided at the meeting locations.

Public comment is welcomed by the Council but may be limited to two minutes per speaker, one per organization, at the discretion of the Chair.

We are pleased to make reasonable accommodations for members of the public who have a disability and wish to attend the meeting. If special arrangements are necessary, please notify the Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706 at (775) 684-4232 as soon as possible and no later than 24 hours prior to the time of the meeting.

Attachment for Agenda Item #2

**Governor's Council on Food Security**  
**DRAFT Minutes**  
**November 18, 2015**

The Governor's Council on Food Security held a public meeting on November 18, 2015, beginning at approximately 1:00 P.M. at the following locations:

Division of Public and Behavioral Health  
4150 Technology Way, Room 303  
Carson City, Nevada 89706

Southern Nevada Adult Mental Health Services  
6161 W. Charleston Blvd, East Hall  
Las Vegas, Nevada 89146

**Board Members Present**

Kathleen Sandoval, Nevada First Lady  
Christy McGill, Healthy Communities Coalition  
David Weaver, US Foods  
Sarah Adler, Nevada State Director USDA, Rural Development  
Steve Fisher, Division of Welfare and Supportive Services, Administrator  
Jodi Tyson, Three Square, Director of Government Affairs  
Kenneth Osgood MD MPH, Southern Nevada Health District, Board of Health  
Donnell Barton, Department of Agriculture Administrator of Food and Nutrition Division  
Jim Barbee, Department of Agriculture, Director  
Cherie Jamason, Food Bank of Northern Nevada, CEO  
Matthew Tuma, Governor's Office of Economic Development  
Judy Osgood, Nevada Department of Education  
Denise Peri, Nevada Fresh Pack, Sales

**Board Members Not Present**

Richard Whitley, Department of Health and Human Services, Director  
Mary Liveratti, AARP Nevada State, President  
Kevin Hooks, Las Vegas Urban League, CEO  
Guy Hillyer, Cannery Casino Resorts, Executive Vice President  
Mike Wurm, Boys and Girls Club of Truckee Meadows, CEO  
Mark Walker, University of Nevada Cooperative Extension, Dean  
Amy Hill, Wal-Mart, Government Relations

**Also Present**

Linda Anderson, Deputy Attorney General  
Cody Phinney, Administrator Division of Public and Behavioral Health (DPBH)  
Beth Handler, DPBH, Bureau of Child, Family and Community Wellness (BCFCW), Bureau Chief  
Jenelle Gimlin, DPBH, BCFCW, Food Security Coordinator  
Michelle Walker, DPBH, BCFCW, WIC Program Manager  
Ericka Sorensen, DPBH, BCFCW, Office Manager  
Joseph Turner, DPBH, BCFCW, WIC Administrative Assistant III  
Julia Peek, DPBH, Community Services, Deputy Administrator  
Joe Dibble, DPBH, BCFCW, WIC Nutrition Coordinator  
Darlene Dougherty, SNAP-ED Nutrition Specialist and Outreach Coordinator  
Monica Morales, DPBH, BCFCW, Wellness Section Manager  
Elyse Monroy, Office of the Governor, Health and Human Services Policy Analyst

Jessica Lamb, DPBH, BCFCW, Obesity Coordinator

Mrs. Kathleen Sandoval, Chair, called the Governor's Council on Food Security to order at 1:05 p.m.

## **1. Welcome and Call to Order**

### **A. Roll Call and Introductions**

Roll Call was taken and it was determined a quorum of the Governor's Council on Food Security was present.

### **B. Announcements**

Individuals from the council introduced themselves at the request of Mrs. Sandoval.

## **2. ACTION ITEM: Approve Minutes of August 18, 2015, Council Meeting**

Mrs. Sandoval asked if there were any corrections to the draft of the minutes from the August 18, 2015, meeting. There were none.

MRS. SANDOVAL ENTERTAINED A MOTION TO APPROVE THE MINUTES FROM THE AUGUST 18, 2015 MEETING. A MOTION TO APPROVE WAS MADE BY DR. KENNETH OSGOOD. MS. CHERIE JAMASON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

### **Public Comment**

There was no public comment.

## **3. ACTION ITEM: Make Recommendations for vacant council position: "A representative of a non-food manufacturing or business"**

Ms. Cherie Jamason, Food Bank of Northern Nevada, CEO, stated she had a conversation with Chuck Duarte, CEO Community Health Alliance, regarding the vacant position on the council. Mr. Duarte communicated he would be willing to serve on the council.

MRS. SANDOVAL ENTERTAINED A MOTION TO NOMINATE CHUCK DUARTE. A MOTION TO APPROVE WAS MADE BY MS. CHERIE JAMASON. MS. SARAH ADLER SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

### **Public Comment**

There was no public comment.

## **4. Report on Great Breakfast Challenge**

Ms. Jodi Tyson, Three Square, discussed the Social Innovation Fund (SIF) grant. Three Square was one of six recipients to receive the grant. Funding will be used to help support the implementation of SB 503 in the Clark County School District. One expectation of the grant is to engage elected officials in the Great Breakfast Challenge. Mayor Carolyn Goodman of Las Vegas, Mayor John Jay Lee of North Las Vegas, and Mayor Andy A. Hafen of Henderson were consulted and visited schools within their respective areas over the course of one week. During these visits they participated by eating "Breakfast After the Bell" with students and

talked about the importance of breakfast and modeling healthy breakfast habits. Ms. Tyson went on to explain data is starting to come back regarding how participation has increased since the institution of SB 503 and Three Square has already met their goal for participation increase for 2015. Ms. Tyson also noted she was recently in Washington D.C. for a meeting with the other SIF Cohorts. Three Square is the only one of the six SIF Grant recipients to meet their goal and is on track to meet future goals. She cited SB 503 as the main reason for this success.

Mrs. Sandoval asked Ms. Tyson to elaborate on the specific goal Three Square had already reached. Ms. Tyson explained the goal for all six SIF communities was to provide 70 percent of the children who receive "Free and Reduced Lunch" with breakfast. For Clark County, this target is an average of 90,000 breakfasts served per day to be achieved incrementally over the next three years as follows: 71,000 for the 2015-16 school year, 82,000 for 2016-17 and 90,000 for 2017-18. The goal for 2015-16 is currently being met, with 73,000 breakfasts served per day, up from 60,000 daily breakfasts served in 2014-15. Ms. Tyson explained meeting the final percentage of any goal is often the most difficult to reach and requires the most amount of time and resources. She stated her team is strategizing and preparing to reevaluate where the most technical assistance and resources need to be focused.

Mrs. Sandoval spoke about her visit to Las Vegas and participation in the Great Breakfast Challenge. Mrs. Sandoval stated she was able to observe the teachers incorporating the importance of breakfast in their instructional time. Mrs. Sandoval stated she observed the Nevada Teacher of Year and was very impressed with her instruction.

Ms. Tyson detailed the differences amongst schools instituting the "Breakfast after the Bell". Some schools had children eating their breakfast in the hallway, others moved back their bell to allow for time to receive and eat breakfast and some extended passing periods and made other adjustments to ensure children had time to receive and eat their breakfast. Mrs. Sandoval added several children explained to her that if they were not provided with the opportunity to eat breakfast at school, they would not eat breakfast.

Dr. Osgood mentioned he spoke with several teachers who stated something has happened in Las Vegas to get principals' interest in promoting breakfast in the classroom. He hopes it is a result of what this Council has done. Regardless, there has been a more positive attitude with regards to promoting breakfast in the classroom.

Ms. Tyson stated she asked the principals whether they wanted resources, incentives or recognition. The principals explained what they wanted most was acknowledgement from the school district and superintendent. Three Square made sure certificates from the superintendent were sent out with congratulatory letters, to ensure school efforts towards breakfast were doing were acknowledged.

Dr. Osgood explained the feedback he received from the Growing F.A.S.T. program research which indicated parents of participating children were disengaged. He added many of the parents were asked if they ate breakfast themselves and the majority replied they do not (See survey results in Growing F.A.S.T. Program handout in the agenda packet).

Mrs. Sandoval asked Dr. Osgood about his statement regarding parents reported they are not eating breakfast and asked if a reason was given for not doing so. Dr. Osgood replied the reason for not eating breakfast was not asked because the questionnaire is very brief. Dr. Osgood offered to provide the questionnaire to the Council members seeking feedback on the survey questions.

Ms. Jamason stated something to keep in mind is the school breakfast program provides twenty additional meals, per child per month, to families. The cost of these meals is already paid through a family's tax dollars and this makes a big difference, especially for families feeding multiple children.

### **Public Comment**

There was no public comment

## **5. Discuss and recommend Council's position on 2015 Child Nutrition Reauthorization**

Ms. Jamason explained Child Nutrition Reauthorization occurs every five years and reauthorizes Child Nutrition Programs with the exception of SNAP. These programs include School Breakfast, National School Lunch, Child and Adult Care Food programs, Summer Food Service, WIC and the Fresh Fruit and Vegetable Program. The Healthy Hunger Free Kids Act is the umbrella of the Child Nutrition Reauthorization and the document included in the agenda packets outlines the three bills into which the legislation has been divided. Ms. Jamason summarized these three bills in the document titled "Update on Child Nutrition Reauthorization." Ms. Jamason stated she was pleased to see this legislation moving forward with the exception of the proposed roll back of the whole grain, fresh fruit and sodium standards approved in the 2010 Child Nutrition Reauthorization.

Ms. Donnell Barton stated she, along with the Nevada Department of Agriculture, are not in favor of the roll back of these nutrition standards. She stated all of the districts in Nevada have done a great job meeting those new meal requirements. She acknowledged challenges do remain in completing the three-tier implementation of the sodium restrictions and reducing the sodium in processed food, while retaining its flavor and appeal. Ms. Jamason stated it is possible these nutrition requirements can still be saved if the three bills outlined can be combined into one package for final passage.

Additionally, Ms. Jamason discussed SNAP reauthorization, and the recommendation the SNAP program becomes block-granted in the FY 2016. If the appropriations process is approved, it will negatively affect the ability to respond to fluctuations in employment and the economy. SNAP participation is counter-cyclical, therefore participation increases when the economy is down and decreases when the economy is up. She referred to the letter drafted to Governor Sandoval (included as an attachment) requesting support for the passage of these child nutrition bills.

Ms. Tyson stated Three Square is actively supporting SB 1966, which will add flexibility at summer meal sites to allow those receiving lunches at some sites to also receive a breakfast on the following day. She requested SB 1966 also to be included in this letter. Ms. Jamason supported this request.



Ms. Christy McGill asked whether the roll back is included in any of the bills which are being recommended in the letter. Ms. Jamason explained the roll backs are part of the 2016 Appropriations Bill, not the Child Nutrition Reauthorization.

After consulting with Ms. Linda Anderson, it was decided Ms. Jamason would redraft the letter to include the respective items and issues discussed during the meeting, and Ms. Barton along with Ms. Tyson will review.

MRS. SANDOVAL ENTERTAINED A MOTION TO HAVE A LETTER DRAFTED AND SENT TO GOVERNOR SANDOVAL THAT ADDRESSES: THE EARLY CHILDHOOD NUTRITION IMPROVEMENT ACT, THE STOP CHILD SUMMER HUNGER ACT, THE SUMMER MEALS ACT, SENATE BILL 1966 AND THE SNAP BLOCK FUNDING WITHIN THE APPROPRIATIONS BILL. DR. OSGOOD SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

#### **Public Comment**

There was no public comment

### **6. Review accomplishments to date of Nevada's Food Security Plan for Action**

Ms. Barton explained with regard to the Breakfast After the Bell Grant, 110 schools are eligible, and 50 of these schools have been approved in Washoe, Mineral, Clark, Nye, Pershing and Humboldt Counties, along with one charter school. Nearly all schools have submitted applications, but in many cases school application have still not been approved due to either requesting too much money or lack of a plan on how they were going to implement breakfast.

Ms. Barton reported on the new breakfast participation data. When comparing September 2014 to September 2015, in SB 503 schools increased by 369,629 breakfast meals. This brought in an additional \$735,561 to Nevada. When comparing October 2014 to October 2015, daily breakfasts served increased by 412,078. This brought in an additional \$820,000. When combining data from September and October 2015, 781,707 additional breakfasts were served in SB 503 schools, bringing in an additional \$1,555,597 to the state.

When comparing statewide data, 22% of students received breakfast in September 2014. This increased to 25% in September 2015. Approximately 22% of students were given breakfast in October 2014, and this increased to 26% in October 2015. In SB 503 schools, only 19% of students were given breakfast in the month of September 2014. This increased to 38% in September 2015. Only 20% of students were given breakfast in October 2014. This increased to 43% of students in October 2015. The current data reflects only 50% of the SB 503 eligible schools reporting. SB 503 schools are being monitored and provided with technical assistance to reach the breakfast participation goals set for them.

Ms. Jamason asked Ms. Barton if she expected all of the resources and grant opportunity will be expended. Ms. Barton replied she expected there will be enough monies to cover all eligible schools. She has requested a waiver for schools to either opt out of or apply during the

school year. Any unexpended monies will revert back to the general fund. Ms. Barton added National School Breakfast Week is in March, and she will be working with the Department of Agriculture's PIO to develop promotional ideas for that week.

Mr. Jim Barbee said when this was presented to the legislature, it was presented as an investment which was going to have a return on the dollar, with the goal being \$3,000,000. He elaborated it is exciting being halfway to the goal only two months into the program. He added he believes they are going to fly right past it and have a positive report to give to the legislature.

Mrs. Sandoval asked what interim committee would be receiving the report. Ms. Barton stated she believes it is the Interim Finance Committee. Mrs. Sandoval asked if there was a certain amount set aside for each year and if the money from one year can be rolled into the next. Both Ms. Barton and Mr. Barbee replied there are certain amounts set aside for each year and the money cannot be rolled into the next year.

Mrs. Sandoval inquired how SB 503 schools are being monitored on a monthly basis. Ms. Barton explained recipients are monitored on both the grant and participation level. The online grant application system displays how much funds from each school have been currently pulled down from their account. This can also be used to assess where participation levels are at each respective school and how it compares to their goal. If schools are not on track for their yearly spending, unused monies can be moved to other schools.

Ms. Tyson and Mrs. Sandoval discussed if SB 503 funds can also be used as part of Three Square's Social Innovation Fund (SIF) grant match requirements. It was decided this will need to be explored in more detail to determine if this is a possibility.

Ms. McGill discussed the pilot program for WIC Farmer's Market redemptions in Silver Springs. It was asked how this pilot program could be expanded to other Farmer's Markets in the state. Mr. Joe Dibble explained every woman and child within the WIC Program receives a Cash Value Voucher, ranging from \$8 to \$15 per month for fresh, frozen or canned fruits and vegetables. This benefit is placed on to their WIC EBT card, but currently can only be used at an approved brick and mortar type market. He additionally stated there is a compatibility issue with redemption at Farmer's Markets which use wireless connections. Mr. Dibble also explained an application was recently submitted for a WIC Farmer's Market Nutrition Program Grant requesting over \$320,000. He stated funding notification from USDA is expected sometime this winter. Ms. Barton explained because the Senior Farmer's Market Program Grant for Low Income Seniors allows participants to use vouchers at Farmer's Markets, the Department of Agriculture already certifies Farmers and WIC can use these farmers, if the grant is awarded to WIC.

Ms. Julia Peek spoke about data consolidation of WIC and SNAP. She explained SNAP will fund a data analyst. Specifically, they will be looking at food purchases, where participants purchased the foods, the patterns of purchases and the BMI of different populations.

Ms. Michelle Walker spoke about the requirements and certification process to receive WIC benefits. She explained in order to apply to become a WIC participant, the person must go to

an appointment with a trained WIC Competent Professional Authority (CPA) and have their height, weight and hemoglobin taken. She further explained there are nutritional education requirements which must be met and kept current in order to participate in the program.

There was a discussion about whether SNAP and WIC applications can be combined into one application. Several barriers were presented as reasons why this has not occurred, including the WIC certification requirements. Because WIC is 100% federally-funded, all monies received by WIC local agencies must be used exclusively for the WIC Program. As a result, WIC employees from sub-granted local agencies cannot process SNAP applications. Additionally, SNAP applications must be processed by a state employee per federal mandate.

Ms. Jamason stated one recommendation of the Hunger Commission was to establish seamless participation across programs, public private partnerships and make accessibility the driving force rather than separate regulations. Mrs. Sandoval then asked if the WIC and SNAP applications can be combined. Ms. Cody Phinney explained she has recently been assigned to be the executive leader of a nutrition umbrella group to better knit together and identify these specific gaps in a more proactive way. Ms. Phinney has begun to compile a list of stakeholders to assist with the exploration of these barriers and possibilities, and can provide an update at the next Council meeting.

Ms. Barton stated Summer Food participation increased by seven percent this year with the goal being a ten percent increase. The number of sites increased, but the number of sponsors remained the same.

#### **Public Comment**

There was no public comment

### **8. Discuss and decide meeting dates in 2016 Proposed Dates**

Due to a Council member needing to leave early, Agenda Item VIII was taken out of order.

Tuesday, February 23, (1:00 PM);  
Tuesday, April 19, (1:00 PM);  
Tuesday, June 21, (1:00 PM);  
Tuesday, August 16, (1:00 PM);  
Tuesday, October 18, (1:00 PM); and  
Tuesday, December 20, (1:00 PM)

MRS. SANDOVAL ENTERTAINED A MOTION TO APPROVE THE ABOVE MEETING DATES. A MOTION TO APPROVE WAS MADE BY MR. JIM BARBEE. DR. OSGOOD SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

#### **Public Comment**

There was no public comment

## **7. Discuss and make recommendations on a centralized data collection method/system**

Agenda item 7 was taken out of order (see above).

Mrs. Sandoval discussed the new questions which have been added to the kid's count: fourth graders who are chronically absent from school; children who live in unsafe communities; children who have experienced two or more adverse experiences; children with two or more placements in foster care; children who are not in excellent or very good health; children under age six whose family members read to them less than three days a week; children who have been suspended from school; and children who have been expelled from school. The category which Mrs. Sandoval feels is the most pertinent to the council is the children who are not in excellent or very good health. In Nevada, 21% of children are not in excellent or very good health, ranking us near the bottom. Only California has a higher percentage with 22%.

Mrs. Sandoval explained one of the systems being looked at for statewide connection is the Homeless Management Information System (HMIS). The HMIS is required by the Federal Government for anyone who receives funding for the homeless population. The program is called Clarity. It is implemented by Bitfocus, a Nevada company. The system is able to be adapted to the needs of the specific program it is being used by. The Children's Cabinet recently implemented Clarity and are now able to connect families across other agencies without having to make direct contact or wait for a call back.

Ms. McGill asked Ms. Peek if she has had any contact with the HMIS system. Ms. Peek explained she has heard of it through another project in Clark County, but does not have direct access to it. Ms. McGill stated she would be willing to implement this system in her pantries and is interested in collecting hard data across the state. Mrs. Sandoval explained if non-profits wanted to choose parts of the intake form created for the Children's Cabinet, there would be no cost except a \$25 fee per user per month. Mrs. Sandoval explained the initial fee for the Children's Cabinet and the 21 programs needed was \$30,000. Ms. Peek stated she will reach out to Bitfocus and inquire about the cost to implement the program within the Division.

Mrs. Sandoval asked Ms. Peek if there are other systems which could be used. Ms. Peek replied one of the major projects being worked on is data sharing in general. She went on to explain using the Health Information Exchange for unique concepts; the Division has discussed putting the HMIS system on the exchange, but it is not clear if that is possible. Ms. Peek also stated the mental health data will be added to the Health Information Exchange. She also offered if any of the food banks would like to enter into a data use agreement, the Division can assist with data analysis.

Ms. Peek spoke about the Network for Care of Public Health and Wellness which pools data from county health rankings from national data sets and displays it by county along with 150 indicators related to chronic disease, including social determinants of healthcare access. It is extremely user-friendly, with a Keller indicator which changes from red to green to show how each county is doing in respective categories. Ms. Peek stated she could do a five minute demonstration at the next meeting to see if it could benefit the needs of the council. Mrs. Sandoval stated they will add this demonstration to the February agenda.

**Public Comment**

There was no public comment

**IX. Discuss and recommend future agenda items**

Mrs. Sandoval listed the following items for next meeting's agenda:

- A demonstration of the Network for Care of Public Health and Wellness system by Ms. Peek.
- An update of the nutrition umbrella committee by Ms. Phinney.
- An update from Council workgroups, if it is determined the workgroups are still needed.
- Hunger Commission report by Ms. Jamason.
- Update of the Food Security Plan by Ms. Gimlin.
- Update of State Legislative items pertaining to Food Security.

**X. Public Comment**

There was no public comment.

**XI. Closing Remarks and Adjournment**

Meeting was adjourned at 3:20 P.M.

Attachment for Agenda Item #5

January 5, 2016

For Immediate Release

## **FEEDING AMERICA RESPONDS TO NATIONAL COMMISSION ON HUNGER REPORT**

Statement Attributable to Diana Aviv, CEO of Feeding America:

“A new report, *Freedom from Hunger: an Achievable Goal for the United States of America*, was released by the National Commission on Hunger today.

“We commend the Commission for reaffirming unanimously that hunger is both a serious and solvable problem and for recognizing that ending hunger will require both a strong federal safety net and a strong charitable response, as well as commitment and action from elected leaders and individual members of America’s communities.

“The Commission was constrained from the beginning by its mandate, which was limited to making recommendations to use existing USDA programs and funding more effectively and to encourage public-private partnerships and community initiatives. As a result, many of the recommendations that would have the greatest impact, such as improving SNAP benefits, are structured as pilot projects, despite the existing and growing body of high-quality research that reinforces SNAP’s effectiveness and demonstrates that increasing SNAP benefit levels can reduce hunger.

“While not a blueprint for ending hunger, the report contains several common-sense and actionable recommendations that will help strengthen federal nutrition assistance programs and public-private partnerships to ensure more struggling Americans have access to the nutrition assistance they need while they get back on their feet.

“We commend the Commission, whose members represented a wide variety of perspectives and views, for the considerable time they spent hearing from experts and people impacted by hunger around the country. They also visited a variety of community programs.

“We are pleased the Commission’s report clearly recognizes that low-income families and individuals face an array of challenges to stabilizing their lives beyond food insecurity. Lack of transportation, affordable quality child care, adequate housing and job skills present significant barriers for millions of people struggling to move out of poverty.

“We commend the Commission for recognizing the need to serve low-income people more holistically by encouraging cross-agency collaboration and facilitating program coordination, while avoiding polarizing and unhelpful proposals, such as block granting, that would dramatically weaken the federal safety-net.

“We appreciate that the Commission recognized that federal nutrition assistance programs are working successfully to alleviate food insecurity, improve health and child development and lift families out of poverty and for stating emphatically that ending hunger requires addressing root causes such as limited economic growth, lack of opportunities, unemployment and underemployment, low-wages and education- issues that were beyond the Commission’s mandate. Sufficient income is the best defense against hunger.

“Addressing hunger historically has been an area of strong bi-partisan commitment. We urge Congress to continue that commitment. We ask them to work to strengthen access to federal nutrition programs, ensure benefit adequacy and to address the root causes of hunger.

“With Congress scheduled to take up reauthorization of Child Nutrition Programs this year, there is an immediate opportunity to strengthen these vital programs, and specifically to improve access to the Summer Food Service Program (SFSP), which currently reaches only about 18 percent of eligible children. The Commission’s report includes several policy recommendations that would strengthen SFSP and ensure that more eligible children are able to get the nutrition they need to grow and thrive all year round

“Ending hunger will require investment of additional resources, but as the Commission’s report and other recent research demonstrates, such an investment will provide strong returns in improved health, educational, economic and child development outcomes.”

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### **About Feeding America**

Feeding America is the nationwide network of 200 food banks that leads the fight against hunger in the United States. Together, we provide food to more than 46 million people through 60,000 food pantries and meal programs in communities across America. Feeding America also supports programs that improve food security among the people we serve; educates the public about the problem of hunger; and advocates for legislation that protects people from going hungry. Individuals, charities, businesses and government all have a role in ending hunger.

Donate. Volunteer. Advocate. Educate. Together we can solve hunger.

Visit [www.feedingamerica.org](http://www.feedingamerica.org), find us on [Facebook](#) or follow us on [Twitter](#).



Attachment for Agenda Item #7

**U.S. DEPARTMENT OF AGRICULTURE  
FOOD AND NUTRITION SERVICE**



**National School Lunch Program and  
School Breakfast Program**

**Request for Applications to Participate  
In Demonstration Projects to Evaluate  
Direct Certification with Medicaid**

**January 27, 2016**

<b>SIGNIFICANT DEMONSTRATION DATES</b>	
<b>February 2016</b>	Webinar/Conference call with interested State agencies
<b>March 1, 2016</b>	Notice of Intent to Apply due to FNS
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**Separate Documents**

Appendix A - Notice of Intent to Apply Template

Appendix B - Application to Participate in Demonstration Projects

Appendix C - Letters of Commitment Templates

## **A. INTRODUCTION AND AUTHORITY**

Under the administrative pilot authority in Section 18(c) of the Richard B. Russell National School Lunch Act (NSLA), beginning in school year (SY) 2016-2017, the USDA Food and Nutrition Service (FNS) will conduct new demonstrations to evaluate direct certification with Medicaid in the National School Lunch Program (NSLP) and School Breakfast Program (SBP). Because direct certification has the potential to improve student access to school meals, reduce administrative burden for schools and local educational agencies (LEAs), and improve certification accuracy, FNS will conduct the new demonstrations to evaluate the impact of using Medicaid data to directly certify students for both **free and reduced price** meal eligibility. In addition, FNS will assess the impact of recent changes in the Medicaid eligibility determination process, as implemented in January 2014, on the ability of State agencies to identify and directly certify children eligible for free and reduced price meals.

Under the new demonstrations, FNS will evaluate—

- the potential of direct certification with Medicaid to enroll children who are eligible for both free and reduced price school meals but are not currently certified to receive meals;
- the potential of direct certification with Medicaid to directly certify eligible children who are currently enrolled for free or reduced price school meals based on a household application; and
- the effect of direct certification with Medicaid on Federal costs and participation in the school lunch and breakfast programs.

State agencies that administer the NSLP and SBP are invited to apply to participate in these new demonstrations to evaluate direct certification with Medicaid. Because FNS recognizes the challenges and time needed to establish data-sharing agreements and implement system changes so that data matching can begin, this Request for Applications (RFA) offers State agencies two application opportunities—

- Applications are due by **April 15, 2016**, for demonstrations beginning in school year (SY) 2016-2017; and
- Applications are due by **September 15, 2016**, for demonstrations beginning in SY 2017-2018.

FNS expects to offer additional application opportunities in future years. Decisions to offer additional application opportunities will depend on outcomes in the previous demonstration years, as well as the operational readiness of additional States/LEAs to participate. The following information provides details about the demonstrations and application process.

## **B. BACKGROUND**

Since school year 2012-2013, under demonstration authority in Section 9(b)(15) (as amended by the Healthy Hunger-Free Kids Act of 2010—HHFKA) and Section 18(c) of the NSLA, FNS has conducted demonstration projects to evaluate the use of Medicaid data to directly certify children for school meal benefits. The existing demonstrations are limited to direct certification for free school meals, and do not include identification of students eligible for reduced price meals.

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### **Existing Demonstration Categories (Beginning SY 2012-2013 and Ongoing)**

Under existing demonstrations, children are identified as eligible for free school meals if they receive Medicaid, or live with a child who receives Medicaid, and have family income, as measured by the Medicaid program, that does not exceed **133 percent** of the Federal Poverty Level (FPL) before expenses and disregards are applied. These demonstrations are being conducted in the following categories, only for free school meals:

1. **DCM1 (Selected LEAs):** Under the demonstration authority in Section 9(b)(15) of the NSLA, as amended by the Healthy, Hunger-Free Kids Act of 2010, FNS is conducting demonstration projects in specific selected LEAs in five States—California, Florida, Illinois, Massachusetts, and New York. Current DCM1 projects are conducted in selected LEAs that collectively serve approximately ten percent of students certified for free and reduced price meals nationwide.<sup>1</sup>
2. **DCM2 (Statewide):** Under the standing pilot authority in Section 18(c) of the NSLA, FNS is conducting demonstrations to evaluate the impact of statewide projects in Kentucky and Pennsylvania.
3. **Other Proposed Projects:** State agencies were allowed to propose projects to conduct matching with Medicaid in LEA groupings other than those described in DCM1 and DCM2 or to estimate “identified student percentages” (percent of students certified for free meals through means other than individual household applications) to establish schools’ eligibility and claiming percentages for the Community Eligibility Provision (CEP). In the third year of the projects, four states—Florida, Illinois, Massachusetts, and New York—were approved to conduct direct certification with Medicaid in specific selected LEAs under DCM1 and to conduct matching with Medicaid for CEP and direct certification purposes in other LEAs across their States.

Study reports from the existing demonstrations are available at: <http://www.fns.usda.gov/school-meals/child-nutrition-programs/reports-all>.

### **Medicaid Income Eligibility Changes**

In January 2015, USDA published a report to detail the Year 1 evaluation findings<sup>2</sup> for the existing demonstrations. The report indicates that the changes in Medicaid eligibility determination implemented in January 2014, as a result of the Patient Protection and Affordable Care Act of 2010, have the potential to “enhance opportunities to use Medicaid data to directly certify students for school meals.” Key changes that could have impact on direct certification using Medicaid data include the following.

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<sup>1</sup> HHFKA provides for conducting demonstrations in selected LEAs that collectively serve specified percentages of students certified for free and reduced price meals: 2.5 percent in school year 2012-2013; 5 percent in 2013-2014; and 10 percent in 2014-2015.

<sup>2</sup> USDA Study, “Evaluation of Demonstrations of National School Lunch Program and School Breakfast Program Direct Certification of Children Receiving Medicaid Benefits: Year 1 Report,” January 2015, <http://www.fns.usda.gov/sites/default/files/ops/NSLPDirectCertificationMedicaidYr1.pdf>;

1. While the Medicaid changes raised the minimum family income eligibility standard for children ages 6-18 from 100 percent of the FPL to 133 percent, most States have set Medicaid income standards that are significantly higher than 133 percent FPL, and thus, significantly higher than the 130 percent FPL standard for free meal eligibility in the NSLP. As a result, there is greater potential to use Medicaid data to directly certify for both free and reduced price school meals. Refer to individual State profiles and Medicaid income standards at: <http://medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>.
2. Changes in the financial criteria used for Medicaid eligibility determinations eliminated the various State-specific income exclusions or disregards formerly used and made the family income calculation more consistent nationwide for most individuals who qualify for Medicaid.
3. The definition of a “household” is based on the tax filing unit, which may differ from the household composition under prior rules and be more consistent nationwide.

In addition, Medicaid State agencies across the nation implemented information system changes to reflect the eligibility determination policy changes. These policy and system changes may increase potential for identifying children eligible for both free and reduced price meals, thus improving program access and certification accuracy. FNS intends to evaluate this potential by establishing additional demonstrations to test direct certification for both free and reduced price meals using Medicaid eligibility data.

## C. DEFINITIONS USED FOR THE NEW DEMONSTRATIONS

### 1. **Medicaid Program**

The program of medical assistance established under Title XIX of the Social Security Act (SSA, 42 U.S.C 1396 et seq). This definition encompasses both regular Medicaid programs and expanded Medicaid programs where States have used funding from Title XXI of the SSA to fund Medicaid expansions to reach children in families with higher incomes.

### 2. **Eligible Child**

For the purpose of these demonstrations, an eligible child is one who—

- receives, or lives in the household (as defined in 7 CFR 245.2) with a child who receives, medical assistance under the Medicaid program; and
- is a member of a family with an income, as measured by Medicaid, *before the application of any expense, block or disregard* (as defined in paragraph 3 below) that does not exceed the NSLP’s family income eligibility standards—
  - **Free school meal eligibility**, 130 percent of the FPL for the family size used by Medicaid;
  - **Reduced price school meal eligibility**, 185 percent of the FPL for the family size used by Medicaid.

3. **Family income as measured by Medicaid, before the application of any expense, block, or other disregard**

Under the 2014 Medicaid changes, household policies and the methodology for measuring family income became consistent nationwide for most Medicaid categories. Household income for most categories covering children now is defined as the sum of the Modified Adjusted Gross Income (MAGI)—basically following Internal Revenue Service code—for every individual included in the child’s household, as determined for Medicaid eligibility purposes. However, a few Medicaid categories serving school age children still use the policies in place prior to 2014 for determining family income, such as categories for certain disabled children. For the purpose of the demonstrations, we will refer to Medicaid categories as “**MAGI**” or “**non-MAGI**.” State agencies should consult their Medicaid State agencies for further information about these categories in their individual States, as the non-MAGI groups may vary by State.

- **MAGI categories:** For the Medicaid categories where the MAGI calculations for household income apply, all States follow the same disregard policy—a **five percent of FPL** disregard is applied for the applicable family size **only if** household income before the disregard is greater than the highest applicable income standard. States are not allowed to apply any other expense, block or disregard to the final calculated MAGI income amount. For the purpose of the direct certification demonstrations, “family income as measured by Medicaid, before the application of any expense, block or disregard” is defined as the MAGI calculated for the family before application of the five percent of FPL disregard.
- **Non-MAGI categories:** For the non-MAGI categories, States still use the pre-2014 family income calculation rules where expenses, blocks and disregards still vary by State. For these categories that involve very few children, “family income as measured by Medicaid, before the application of any expense, block or disregard” is defined basically as the family’s gross income before the State applies any expense, block, or other disregard to reduce the family income.

#### **D. KEY DEMONSTRATION POLICIES**

For the school year beginning July 1, 2016, and each subsequent school year, LEAs participating in the demonstration projects will directly certify eligible children, **as defined in Section C - Definitions**, for free and reduced price lunches and breakfasts under section 9(a)(1)(A) of the NSLA and section 4(e)(1)(A) of the Child Nutrition Act of 1966. It is important for State agencies and LEAs to understand the following key policies and procedural requirements during the demonstrations.

1. Under the new demonstrations, participating States must conduct direct certification for both free and reduced price meals in every LEA participating in the project.
2. Households with eligible children directly certified for free or reduced price meals based on Medicaid data will not be required to submit applications for school meal benefits and will not be subject to the verification requirements at 7 CFR 245.6a.
3. Due to differences in household definition and income assessments between programs, some children directly certified for reduced price meals through Medicaid matches may



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have been eligible for free meals if the household had applied. Demonstration States must ensure that households with children directly certified for reduced price meals receive notice of the income level used and be offered the opportunity to apply if their income, based on NSLP eligibility policies, is within the limit for free meals (using the NSLP's current income eligibility guidelines).

4. Children meeting the “eligible child” definition for free school meal eligibility under the demonstrations with Medicaid are not considered categorically eligible for free school meals since they must meet an income standard as a factor of eligibility. Under the demonstrations, children may be directly certified only via an automated data matching process with Medicaid eligibility records. Children must not be certified based on the family providing a Medicaid case number or a letter from the Medicaid agency. Also, remember that categorical eligibility policies do not apply to certification for reduced priced meals under any circumstances.
5. Students already certified for free or reduced price meals based on an application or direct certification with another program must not be negatively impacted by the match with Medicaid data. States that choose to apply for demonstrations to directly certify children for free and reduced price meals must build in safeguards at both the State and LEA/local levels to ensure that—
  - children already certified for free meals through the application process or directly certified for free meals through other means-tested programs or other conditions (foster care, migrants, runaways, homeless, etc.) are not changed from free to reduced price or full price meals based on the Medicaid match; and
  - children already certified for reduced price meals through the application process are not changed to full price meals based on the Medicaid match.
6. Increasing the number of direct certifications for free school meals via matching with Medicaid has a direct impact on a school's/district's identified student percentage (ISP) under the Community Eligibility Provision (CEP). However, direct certifications for reduced price meals will not impact the ISP, since the ISP is the percentage of students certified for free meals without an application.
7. Most children receiving Medicaid and having family income at or below 130 percent of the FPL standard also receive Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF) benefits, as well as other program benefits that convey eligibility to be directly certified for free school meals. In collecting data for Federal reporting, direct certifications/matches should be identified as Medicaid only when the child is not already directly certified/matched based on receipt of benefits in another program. For example, if a child is already directly certified for free meals through SNAP data and then is identified as eligible to be directly certified based on Medicaid data, the SNAP direct certification takes precedence for reporting purposes and should not be re-categorized as a Medicaid match.

## **E. CATEGORIES FOR NEW DEMONSTRATIONS**

To distinguish the new direct certification demonstrations from existing demonstrations for study purposes, FNS is assigning new category descriptions to the new demonstrations. State agencies

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already participating in the existing projects may continue their current demonstrations without further application. However, these States must submit applications to participate in the new demonstrations if they are interested in conducting direct certification for both free and reduced price meal eligibility in any or all of their LEAs. The new demonstration categories are as follows.

**1. Category DCM-F/RP: Direct Certification with Medicaid for Free and Reduced Price Meals**

State agencies may apply to conduct direct certification with Medicaid for both free and reduced price school meals in a portion of the LEAs within their State or on a statewide basis. This category applies to States that are not approved to participate in existing demonstrations that started prior to SY 2016-2017. It also applies to States that are participating in existing demonstrations but want to conduct direct certification for both free and reduced price meal eligibility in all or a portion of their LEAs.

In the new demonstrations, direct certification using Medicaid data is limited to children who are members of families with income that does not exceed the following NSLP income standards—

- **Free** school meal eligibility, 130 percent of the FPL for the family size used by Medicaid; and
- **Reduced price** school meal eligibility, 185 percent of the FPL for the family size used by Medicaid.

Refer to *Section C-Definitions* for additional eligibility and family income information.

**2. Category DCM-OT2: Other Proposed Projects, Phase 2**

State agencies may propose to conduct demonstrations to test direct certification with Medicaid to reach additional eligible children for free and reduced price meals with variations other than the category described in #1 above. For example, a State agency may apply to test the effectiveness of conducting direct certification with Medicaid using the income as measured by the NSLP, rather than using the income as measured by Medicaid, if the income can be identified accurately in the Medicaid eligibility records. State agencies are welcome to propose alternative approaches to demonstrate and evaluate other aspects of direct certification with Medicaid.

## **F. SCOPE, TECHNICAL ASSISTANCE AND TIMING FOR DEMONSTRATIONS**

### **Scope**

FNS expects to approve approximately five new States (those not participating in existing demonstrations) to begin demonstrations in SY 2016-2017, with more States to be added to the demonstrations in SY 2017-2018 and future years. In addition, States that are participating in existing demonstrations may be approved to conduct direct certification for both free and reduced price meal eligibility in all or a portion of their LEAs. The application process may be repeated to add States/LEAs to the demonstrations in subsequent school years, depending on the demonstration evaluation results and the operational readiness of additional States to implement the demonstrations.

States and LEAs that are selected to participate in the demonstrations and continue to meet all requirements for participation in subsequent years are expected to continue their participation each year without further application. However, each year FNS reserves the right to adjust application procedures and project scope (including increases or reductions in participation) to incorporate changes resulting from impact and lessons learned in the previous years' projects.

**IMPORTANT:** Some State Medicaid agencies are still in the process of updating their information systems to incorporate the 2014 policy changes and may not yet have the resources or capability in their eligibility databases to accurately identify family income before the application of the five percent disregard for MAGI categories, or before the application of expenses, blocks or other disregards for non-MAGI categories. The level and granularity of the income data entered in the Medicaid automated eligibility systems may significantly impact the State agency's ability to conduct accurate data matching to identify children eligible for direct certification under the demonstration projects. Before applying to participate in a demonstration category, interested State agencies should work closely with their State Medicaid partner agency to determine their combined capacity for conducting successful direct certification demonstration projects.

### **Technical Assistance**

FNS, in coordination with the Centers for Medicare and Medicaid Services (CMS), will provide technical assistance via webinar and calls with State agencies interested in applying to participate in the demonstrations. FNS and CMS also will work together to provide focused technical assistance to each selected State agency (including NSLP and its partnering Medicaid agency) to help ensure its readiness to begin and maintain the demonstration project. Technical assistance will be in the form of webinars, conference calls, and site visits, as appropriate, to ensure quality and accuracy in preparing for and carrying out the demonstration projects.

### **Timing**

The direct certification with Medicaid demonstration and evaluation projects will begin for State agencies selected to participate as follows.

- State agencies selected for SY 2016-2017 demonstrations will begin directly certifying students no earlier than the school year beginning July 1, 2016, but may start at any point during SY 2016-2017 that the applicant State agency demonstrates readiness (i.e., data sharing agreements in place, software/system changes completed, etc.) and receives FNS approval to begin; or
- State agencies selected for SY 2017-2018 demonstrations will begin directly certifying students no earlier than the school year beginning July 1, 2017, but may start at any point during SY 2017-2018 that the State agency demonstrates readiness and receives FNS approval to begin.

## **G. STUDY AND EVALUATION OF DEMONSTRATION PROJECTS**

Participating State agencies must cooperate in reporting data concerning the impact of the demonstrations on application, certification and participation in the school meals programs. Data already collected for other program purposes will be used to the extent possible to evaluate

project impact. However, additional reporting may be required in order to evaluate project outcomes and estimate the impact of the Medicaid eligibility changes on—

- the potential of direct certification with Medicaid to reach children who are eligible for free and reduced price school meals but are not certified to receive the meals;
- the potential of direct certification with Medicaid to directly certify eligible children who are enrolled for free and reduced price school meals based on a household application; and
- the effect on Federal costs and participation in the school lunch and breakfast programs.

Participating State agencies will be expected to provide FNS (or designated contractors) access to NSLP and Medicaid data that is necessary for completion of the evaluation study, such as certification and participation data. To the extent possible, FNS will conduct analysis and evaluation using data already collected and maintained at the LEA and State levels for other administrative purposes. Data may be requested prior to the start of the demonstration to determine a baseline. The information collected will be used for creating summary reports that do not disclose the identity of students and households participating in the study.

## **H. REQUIREMENTS AND CONSIDERATIONS FOR DEMONSTRATION PROJECT PARTICIPATION**

### **1. Agreements with Medicaid State Agencies**

Prior to beginning the matching process with Medicaid eligibility records and student enrollment data, State agencies selected to participate in demonstration projects for SY 2016-2017 or SY 2017-2018 must have an agreement in place with the State agency that conducts eligibility determinations for Medicaid. The agreement must establish the procedures under which all children enrolled in NSLP schools will be matched to Medicaid eligibility data and the procedures under which an eligible child will be certified for free or reduced price lunches and breakfasts without further application. All such agreements must be in compliance with Federal disclosure statutes and regulations for the NSLP, SBP and the Title XIX Medicaid programs, including the amendments to the SSA in Section 103(c) of the Healthy, Hunger-Free Kids Act of 2010.

### **2. Centers for Medicare and Medicaid Services Support**

FNS has worked with CMS to ensure that State Medicaid agencies are aware of the direct certification demonstration project opportunities. CMS has provided clarification that according to amendments to the SSA [Section 1902(a)(7)], State Medicaid agencies are permitted to exchange the information necessary to certify or verify children's eligibility for free or reduced price school meals. The State Medicaid agency may exchange information about children covered under Title XIX or under a Title XXI-funded Medicaid expansion. In that this statutory amendment permits a State Medicaid agency to share individually identifiable health information relating to Medicaid eligibility and enrollment with the agency administering the school meals programs, such disclosure is permitted under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule [45 CFR 164.512(k)(6)(i)], provided that the Medicaid agency only

discloses the minimum amount of information needed to certify or verify the child's eligibility.

A State Medicaid agency may enter into an agreement with the State agency administering the school meals programs for the purpose of establishing procedures for information sharing and cooperation. CMS and FNS will provide coordinated technical assistance to both the NSLP and Medicaid State agencies to help ensure that States selected to conduct the demonstrations are prepared to carry out successful projects.

### **3. Considerations for State Agency and LEA Participation**

In selecting State agencies and LEAs to participate in the demonstration projects, FNS will consider various factors, including, but not limited to the following:

- The demonstrated understanding and willingness of the NSLP State agency (including LEAs) and its partnering Medicaid agency to comply with requirements of the demonstration project, as described in this RFA and committed to in the demonstration project application.
- The applicant State agency's current direct certification rate with SNAP, as published in the latest Direct Certification Report to Congress at: <http://www.fns.usda.gov/school-meals/child-nutrition-programs/reports-all>.
- The feasibility of matching data between States/LEAs and the Medicaid program (e.g., is the State already conducting direct verification with Medicaid? Are data sharing agreements already in place and easily amendable, as needed, for the State agencies involved? Will system changes be ready in time for the targeted SY start date?).
- The potential for the State agency and LEAs to carry out the demonstration project successfully and provide the data and information necessary for the project study (as demonstrated in the application).
- The socioeconomic profile of the State or LEAs (i.e., percent of students on free and reduced price meals, estimate of number of students with family incomes below the 130 or 185 percent FPL standards, estimate of number of eligible students that would be reached by the demonstration project).

### **4. Requirements for State Agency Participation**

To be selected for the demonstration projects, applicants must thoroughly demonstrate their ability and willingness to comply with the following requirements.

- Submit a timely and complete application to participate in the demonstration projects and provide appropriate responses for all questions on the application template in *Appendix B, Application to Participate in Demonstration Projects to Evaluate Direct Certification with Medicaid*.
- Have the ability through an automated information system to assess MAGI (before application of the five percent disregard) and non-MAGI family income (before the application of any expense, block, or other income disregard), as applicable, and

identify family income meeting the 130 percent and 185 percent FPL standards for free and reduced price school meals.

- Establish appropriate data-sharing agreements with their partner State Medicaid agencies that will enable accurate identification of children eligible to be directly certified for free and reduced price school meals and maintain all federally mandated confidentiality and data security requirements. (See paragraphs 1 and 2 in this section.)
- Agree to provide FNS with access to all needed historical (archived) data and data collected and obtained throughout the demonstration, as needed. FNS will collect data from participating State agencies and LEAs to analyze and evaluate the effectiveness of direct certification with the Medicaid program. The State agency will be responsible for collaborating with FNS in collecting the data necessary for the demonstration and providing it to FNS. The methodology and details for data collection will be provided to State agencies following selection for the demonstrations.

Although not required, in selecting States and LEAs for the SY 2016-2017 and SY 2017-2018 demonstrations, FNS may give preference to—

- States that have operational automated direct verification processes in place with the applicable Medicaid State agency.
- States (and their proposed LEAs) that can provide FNS with electronic data that identifies the basis for certification (e.g., NSLP application, direct certification with SNAP or TANF, or other determinations such as homeless, migrant, runaway, foster child, etc.).
- States that already have data-sharing agreements in place with their Medicaid agencies for matching student enrollment data with Medicaid eligibility data.

## **I. FUNDING**

No Federal funds will be made available to State agencies specifically for the purpose of participating in the demonstration projects through this RFA. However, once selected for the demonstrations, administrative expenses associated with preparation for the demonstrations (i.e., staff, software updates) may be allowable costs under State administrative expense funds (SAE) and SAE reallocation funds. Also, State agencies applying/selected to participate in the demonstrations with Medicaid may pursue grant funding under the Direct Certification Improvement grant opportunity (if funds remain available) or Administrative Reviews and Training (ART) grants to fund costs of improving their direct certification processes to incorporate matching with Medicaid. Refer to the Direct Certification Improvement Grant opportunity posted on the FNS Child Nutrition Program’s grant website at: <http://www.fns.usda.gov/cnd/grants.htm>. FNS expects to release the 2016 RFA for ART grants in the spring of 2016.

## **J. TIMELINE**

Table 1 shows the significant dates for the demonstration project implementation timeline.

<b>Table 1. Timeline for Demonstration Projects</b>	
<b>SIGNIFICANT DEMONSTRATION DATES</b>	
<b>February 2016</b>	Webinar/Conference call with interested State agencies
<b>March 1, 2016</b>	Notice of Intent to Apply due to FNS
<b>April 15, 2016</b>	Applications for participation in demonstrations beginning SY 2016-2017 due to FNS
<b>May 2016</b>	Notifications to State agencies of selection/non-selection
<b>May/June 2016</b>	Technical assistance webinars with selected NSLP State agencies and partnering Medicaid agencies
<b>July 1, 2016</b>	<b>SY 2016-2017 demonstrations begin</b>
<b>September 15, 2016</b>	Applications for participation in demonstrations beginning SY 2017-2018 due to FNS
<b>October 2016</b>	Notifications to State agencies of selection/non-selection
<b>October/November 2016</b>	Technical assistance webinars with selected NSLP State agencies and partnering Medicaid agencies
<b>July 1, 2017</b>	<b>SY 2017-2018 demonstrations begin</b>

## **K. WHO MAY APPLY**

Eligible applicants include all State agencies that administer the NSLP and SBP school meals programs. In this instance, the term State agency means (a) the State educational agency; and (b) any other agency of the State which has been designated by the Governor or other appropriate executive or legislative authority of the State and approved by the U.S. Department of Agriculture to administer the child nutrition programs in schools. In instances where there are two agencies within a State, such as in the case where the public and private agencies are different, separate applications are acceptable. FNS will accept applications that are submitted timely (see Table 1), contain all required information, and demonstrate the State agency's and LEAs' ability to meet the requirements of participation.

## **L. HOW TO APPLY**

### **1. Notice of Intent to Apply**

NSLP State agencies that are interested in applying to conduct a demonstration project within their State in either SY 2016-2017 or SY 2017-2018 should submit a "Notice of

Intent to Apply” to FNS on or before **March 1, 2016**, to indicate the State agency’s intent to apply and for which school year. This notice does not commit the State agency to apply; however, it will assist FNS in planning technical assistance and workload requirements for the selection and implementation of demonstration projects. Notices of intent must include the date, the State agency’s name and address, and the name, title and contact information (email, telephone, and fax number) for the State agency’s appropriate authorizing State personnel. To assist applicants, a suggested format for the notice is provided in *Appendix A - Notice of Intent to Apply Template*. Potential applicants should send the notice to FNS by email.

State agencies should submit Notices of Intent to Apply as follows:

By email to:       ATTN: Vivian Lees, at [cnstatesystems@fns.usda.gov](mailto:cnstatesystems@fns.usda.gov)  
Subject Line:       Direct Certification Demonstrations with Medicaid – Notice of Intent to Apply – [State Name]

## 2. Letters of Commitment

- NSLP State Agency Letter of Commitment

As part of the application process, the NSLP State agency must submit, with its application, a “letter of commitment” signed by the appropriate authorizing State personnel that includes the following affirmations. (Letter of Commitment templates for both the NSLP State agency and partnering Medicaid agency are provided in *Appendix C - Letters of Commitment Templates*).

- Affirms the State agency’s commitment to the project; describes its role and responsibility in the project; identifies the State Medicaid agency and other public agency partners for the project; and
- Affirms that the State agency and LEAs (if applying for specific LEAs) are willing to devote the necessary time and effort to meet the requirements of the project at the State and LEA level.

- Medicaid State Agency’s Letter of Commitment

The applicant State agency must also submit, with its application, a letter of commitment from its partnering Medicaid State agency, signed by appropriate authorizing State personnel, that includes the following affirmations.

- Affirms the Medicaid State agency’s understanding and commitment to the project; describes the agency’s role and affirms that it will cooperate with the NSLP State agency in implementing the project, including cooperation with the evaluation component of the demonstration, as necessary; and
- Affirms that the agency has the capacity to identify income (MAGI or non-MAGI as appropriate) used in the child’s Medicaid eligibility determination, before the application of expenses, blocks, or disregards, as described in *Section C–Definitions*.



For convenience, templates for Letters of Commitment for both the NSLP State agency and partnering Medicaid agency are provided in *Appendix C - Letters of Commitment Templates*. Applicants are not required to use the template to develop their Letters of Commitment. However the format chosen by the applicant must include the required affirmations and must include all identifying information requested on the templates.

### 3. Applications

Applications must include all information listed in Table 2. Failure to provide any item on the list could result in a State agency’s application being removed from consideration.

<b>Table 2. Checklist for “Application to Participate in Demonstration Projects to Evaluate Direct Certification with Medicaid” Application Packet</b>	
<b>Required Documents and Information</b>	<b>Explanation</b>
a) Application - <b>Appendix B</b>	Applicants must structure and develop their project proposal by answering <b>all</b> questions (1-15) in the application template in <i>Appendix B: Application to Participate in Demonstration Projects to Evaluate Direct Certification with Medicaid</i> . Be sure that your answers to all questions provide sufficient information to fully describe your agency’s ability to perform the tasks required for the demonstration project.
b) Letters of Commitment (and Other Documents) – <b>Appendix C</b>	<ul style="list-style-type: none"> <li>• Letters of Commitment from the applicant State agency and the State Medicaid agency partner in the direct certification demonstration project. See <i>Appendix C: Letters of Commitment Templates</i>.</li> <li>• Copies of current data sharing agreement(s) between your State agency and the State agency administering the Medicaid program (if they exist).</li> </ul>
c) Where to Send	<p>Send all required application documents by appropriate deadline (<b>by <u>April 15, 2016</u></b>, to apply for demonstrations beginning in SY 2016-2017, or <b>by <u>September 15, 2016</u></b>, to apply for demonstrations beginning in SY 2017-2018) to:</p> <p style="margin-left: 40px;"><b>Email:</b>            <b>ATTN:</b> Vivian Lees  <a href="mailto:cnstatesystems@fns.usda.gov">cnstatesystems@fns.usda.gov</a></p> <p style="margin-left: 40px;"><b>Subject Line:</b> Direct Certification Demonstrations with Medicaid – Application to Participate - [State Name]</p>

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## M. APPLICATION REVIEW AND SELECTION PROCESS

### 1. Initial Screening

FNS will screen all applications submitted by eligible State agencies, with the accompanying documents, to ensure they are timely, complete and fully responsive to all questions in the application template (Appendix B). Unless otherwise noted, all requirements listed in *Section H.4, Requirements for State Agency Participation*, must be met for an application to pass the initial screening. FNS reserves the right to contact the applicant for clarification if the application appears complete but the screener does not understand the application information sufficiently to confirm that a specific requirement is met.

Applications that are not submitted timely, or are not complete, or that show clearly that all requirements in Section H.4 will not be met, may be removed from further consideration. Applications that pass the initial screening step will be reviewed by a panel of program representatives to assess the potential for each applicant to conduct the demonstration projects successfully. FNS will review and consider eligible applications in accordance with the evaluation process described in the following paragraphs.

### 2. Review Panel

A Federal review panel, including FNS and CMS representatives, will evaluate the viability and merits of the applications for participation in the demonstration projects. Due to limitations in scope, all responsive applications may not be selected for inclusion in the demonstrations in the initial two school years covered by the application dates announced in this RFA. FNS reserves the right to select States out of scoring order to facilitate the demonstration evaluation.

### 3. Application Scoring Process

The FNS review panel will evaluate all applications that pass the initial screening and score them according to the following rating system. The ratings will be used as a measure of quality and potential for successful demonstration projects so that FNS can identify a pool of potential State agency candidates for the projects. The panel will identify State agency projects that are likely to succeed in testing the effectiveness of direct certification with Medicaid and clearly fit the intended objectives of the demonstration projects.

- **10 points -- Project Design and Management:** The project organization, management approach and staffing plan indicate that the State agency has the capacity to manage and execute the demonstration project successfully. The application shows that the State agency and LEAs have the capacity for adding the demonstration project activities to current responsibilities at the State agency and LEA levels.
- **30 points -- Readiness for Project Start-Up:** The State agency has documented strong preliminary steps to establish a partnership with its Medicaid State agency and enter into viable interagency agreements for data sharing. The agency has demonstrated a clear understanding of potential challenges and risks, and

demonstrates approaches that indicate strong potential for success. Current direct certification and direct verification processes will weigh heavily for this component. FNS will consider the State agency and LEA capacity to facilitate collaboration and cooperation between the NSLP agency and the State Medicaid agency to accomplish a viable agreement prior to project startup for matching activities with school enrollment data and Medicaid participation and income data. Automated systems are already in place and require only minor adjustments to be ready for start-up prior to the beginning data matching in SY 2016-2017. The agency has accomplished successful direct certification or direct verification data processes in the past with the same agency that will provide the Medicaid data for matching.

- **50 points -- Capacity to Conduct Direct Certification with Medicaid for Free and Reduced Price Meals:** The State agency has fully described and documented its capacity to conduct direct certification activities with the Medicaid agency successfully between the State agency, LEAs and Medicaid State agency. The applicant's description of their agency's planned process for conducting matches between student enrollment data and Medicaid program participation and income data appears viable and reasonable for accomplishing direct certification with Medicaid. The State's documented methods for ensuring data security and confidentiality are appropriate to meet Federal requirements. Also included in the evaluation is the strength of the applicant's demonstrated understanding and capacity for readily identifying children eligible for direct certification with Medicaid via automated processes. This includes how Medicaid eligibility information can be accessed with accuracy and ease to identify children that meet the income requirements to be eligible for direct certification.
- **10 points -- Capacity and Commitment to Compiling and Reporting Evaluation Data:** The State agency (and LEAs, as appropriate) have fully described and documented their capacity and willingness to compile and report the necessary data for evaluation.

#### **4. Selection and Notification**

Approximately six weeks following each application date, FNS will finalize the selection of State agencies to participate in each of the proposed demonstration project categories (DCM-F/RP and DCM-OT2) for the appropriate school year and notify the applicant State agencies. Following notification, FNS will provide technical assistance and further guidance to selected State agencies to support them in their preparations to participate in the demonstration projects and evaluation activities.

Attachment for Agenda Item #9

# Food Security Work Plan

## DRAFT

### **Problem Statement:**

Prevalence rates for 3 years, 2012-14, were averaged to provide more reliable statistics at the State level. Food insecurity affected 14.3% of the households in the U.S. and 15.2% (18<sup>th</sup> in the national ranking from high to low) in the state of Nevada. Very low food security, national average was 5.6%, Nevada was 6.3% (13<sup>th</sup> in the national ranking from high to low).

### **Target Population:**<sup>1</sup>

- Households with children headed by a single women or a single man.
- Women living alone and men living alone.
- Black, non-Hispanic households, and Hispanic households.
- Households with incomes below 185 percent of poverty line.
- Households located outside metropolitan areas (rural communities).

### **Geographic Priorities (based on population & burden): (See Appendix A)**

- Clark County
- Lyon County
- Washoe County

### **Monitoring Data:**

1. USDA's **Household Food Security Survey (HFSS)**—An 18-item survey to classify households as either food secure, marginally food secure, low food secure, or very low food secure.
2. **Food insecurity Nevada 2015 from County Health Rankings**—
  - **Overall in Nevada: 17%, Range in Nevada: 9-18%,**
  - **Years of Data Used: 2012,**
  - **Total # of food insecurity households: 464,090.**

**Timeline: 2013 to 2018 (Appendix B: Food Security Logic Model)**

## LEAD

**Goal #1:** Establish the systems and positions necessary to implement a permanent, sustainable, accountable state leadership structure for food security to increase all Nevadans' understanding, value and support of food security solutions

Strategies/Activities	Outputs	Lead Organizations	Progress	Performance Measures
1.1 Secure technical assistance to evaluate and identify optimal business processes for Nevada's food security system including state agencies, food banks, and regional and local nonprofits in order to determine the role each plays in closing the meal gap.	Policy outlining improved client flow and access to WIC, SNAP, NDA and community food networks.	DHHS, OFS, SNAP, NDA, WIC	<b>In Progress</b>	# of agencies linked through project  # of policies developed by the project
1.2 Establish an Office of Food Security in the Director's Office of the Department of Health and Human Services	Office on Food Security and Wellness	DHHS OFS	<b>Completed</b>	# of staff working in Office of Food Security
1.3 Create a Statewide Food Policy Advisory Council that links and leverages regional and local community-based efforts.	Governor's Food Security Council	DHHS	<b>Completed</b>	# of organizations represented on council  # of meetings per year
1.4 Support the consolidation of appropriate USDA programs under the Department of Agriculture to improve efficiency and effectiveness.	Centralization of the United States Department of Agriculture Child Nutrition Programs, Commodity Food Distribution Programs, and the Nevada Dairy Commission	NDA	<b>Completed</b>	# of programs centralized under Department of Agriculture  # of staff  Funding per program  # of clients reached through

				programs  # of policies outlining client flow & access across these programs
1.5 Fill staffing and technology capacity needs in state agencies to optimize and expedite access to resources.	Staffing and information technology capacity plan.	WIC, SNAP, NDA, OPHIE	<b>In Progress</b>	# of staff in place  Amount of funding at each program  # of programs in place  # of information technology initiatives in place to expedite client access to resources
1.6 Determine baseline status for all goals in the Food Security Plan.	Food Security Action Plan Baseline Status Report	OFS	<b>In Progress</b>	# of goals with baseline  # of strategies with baseline
1.7 Promote a state policy encouraging outreach which draws down additional federal/grant dollars.	Food Security Fund Development Plan	WIC, SNAP, NDA, DOE, OFS, CFP		Baseline funding  % increase in federal funding  % increase in state funding
1.8 Create an evaluation plan to measure progress on increasing food security in Nevada.	Food Security Evaluation Plan	OFS	<b>In Progress</b>	# of evaluation plans
1.9 Coordinate and resolve issues with state and non-state agencies, measuring and reporting on progress in increasing food security for Nevadans on an annual basis.	Food Security Action Plan Agency Reporting Protocol	WIC, SNAP, NDA, DOE, OFS	<b>In Progress</b>	# of reporting protocols in place  # of public venues to share progress across agencies

				# of agencies reporting progress
<b>Goal #2: Promote a policy agenda to increase food security in Nevada</b>				
<b>Strategies/Activities</b>	<b>Outputs</b>	<b>Lead Organizations</b>	<b>Progress</b>	<b>Performance Measures</b>
2.1. Adopt a policy to authorize CNP, SNAP, and WIC to utilize all of the available opportunities established by USDA	Policy to maximize USDA's technical assistance, training opportunity and funding announcements	WIC, SNAP, NDA		# of TA calls # of training # of grants  % of funding increase
2.2 Establish a multi-agency resource team to pursue innovative solutions, demonstration projects and funding, available through the federal government, foundations or other sources to increase the number of people fed and close the meal gap.	Established multi-agency taskforce  <i>(Potential taskforce can be Nutrition Assistance Consortium)</i>	SNAP, NDA, WIC. OFS	<b>In Progress</b>	Taskforce in place  # of member agencies in taskforce  # of fund development plans in place  # of innovative initiatives in place
2.3 Research and develop a menu of model policies/regulation options to promote food security in Nevada.	Model policies in place centered around: <ul style="list-style-type: none"> <li>• Schools</li> <li>• After School</li> <li>• Community</li> <li>• State</li> <li>• Breakfast After the Bell</li> </ul>	DHHS, NDA, DOE		# of policies targeting schools  # of policies targeting after school  #of state policies  # of county policies
2.4 Promote policies on a state and local level to encourage Nevada farm products to enter systems that serve Nevadans including institutions, schools, senior	Menu of model policies/regulations	NDA, DHHS, DOE		# of state policies  # of local policies  # of entities reached by farm products



centers, and child care centers by promoting policies (develop a menu of model policies/regulations).				
2.5 Develop and implement a campaign to increase the public's awareness of food and nutrition resources, remove the stigma associated with receiving food assistance, and ensure that Nevada policymakers are aware of benefits from available nutrition programs.	Food & Nutrition Communication Plan	OFS	<b>In progress</b>	# of communication plans  # of media campaign targeting the public  # of policy briefs targeting legislators
2.6 Policy Council review and update plan	GCFS status reports	Governor's Council on Food Security	<b>In Progress</b>	# of reviews per year

## Feed

### Goal #1: Maximize participation in each federal nutrition program available to the state

Strategies/Activities	Outputs	Lead Organizations	Progress	Performance Measures
1.1 Feed more children through increased participation in in-school meal programs and establish accountability measures.	School meal participation and accountability policy report	NDA	In progress	# of programs  # of accountability policies in place  # of children participating
1.2 Expand partnerships between regional food banks and commodities programs to effectively utilize and deliver all USDA commodities programs along with fresh produce.	Policies and protocols outlining utility and delivery of USDA commodities programs	NDA, Food Banks, WIC, SNAP	In progress	# of collaboration efforts between regional food banks and commodities programs  # of integrated programs  % of leverage funding by programs
1.3 Create a strategic partnership between WIC and SNAP to maximize caseloads.	Plan and protocols to maximize caseloads between WIC and SNAP	WIC, SNAP		# of referrals between WIC and SNAP  # of integrated programs  % of funding leverage
1.4 Create partnerships and sponsorships to feed more children through out of school meal programs and daycare centers using Child and Adult Care Food Program (CACFP) and Summer Food Service	Sponsorship policy between CACFP, daycare centers and CACFP and SFSP	NDA Child Licensing		# of collaboration efforts between out of school meal programs and CACFP  # of children feed

Program (SFSP).				
1.5 Replicate effective models to increase rural capacity for children's out of school meal programs.	Report on rural school meal program models	NDA		# out of school meal programs in rural areas  # of children feed
1.6 Assist school districts and charter schools with implementing the state's wellness policy and support the Office of Child Nutrition Programs' enforcement of the policy.	The state's wellness policy execution and accountability plan	NDA, OFS	<b>In progress</b>	# of schools trained on state's wellness policy  # of schools implementing the state's wellness policy  # of the school wellness policies implemented
<b>Goal #2: Establish and integrate an actual or virtual "one-stop-shop" system to increase access to food and other services for food insecure Nevadans</b>				
<b>Strategies/Activities</b>	<b>Outputs</b>	<b>Lead Organizations</b>	<b>Progress</b>	<b>Performance Measures</b>
2.1 Increase the number of services providers and places within a community and neighborhood to increase access points to healthy food by food insecure people who may be ineligible for federal nutrition programs	Food Security Expansion Plan targeting top three food insecure counties	Multi Agency Group		# of food access points in the target community  # of service providers
2.2 Assess and implement a single, statewide database system that integrates with other information and service systems (e.g. 2-1-1, Federal Nutrition Programs)	Integrated service database implementation plan	WIC, SNAP, NDA, Medicaid, Welfare		# of entry/application for multiple assistance programs developed  # of agencies participating  # of clients  # of services and type of services obtained

2.3 Collaborate with the Consumer Assistance Committee of the Silver State Health Insurance Exchange on a single point entry/application process for multiple assistance programs across systems.	Consumer Assistance expansion plan	OFS		# of agencies participating # of applications entered Type and # of services offered # of applications completed
2.4 Strengthen partnerships and increase efficiency to implement a "one-stop-shop" for all assistance programs	"One-stop-shop" Expansion Plan	Multi Agency Group		Type and # of services offered # of agencies participating # of clients serviced
2.5 Expand partnerships linked to a "one-stop-shop" to address risk factors that increase food insecurity	Policy brief on the determinants and risk factors affecting food insecure individuals	Multi Agency Group		# of organizations participating

## GROW

**Goal #1: Increase the number of servings of nutritious foods consumed by Nevadans - with emphasis on foods that are produced in Nevada.**

Strategies/Activities	Outputs	Lead Organizations	Progress	Performance Measures
1.1 Encourage local producers to establish aggregation centers to increase retail and wholesale sales	Aggregation Centers Expansion Plan	Multi Agency Group		# of aggregation centers established
1.2 Support and expand model programs and partnerships (e.g. school gardens, community gardens, and small food plots) to supplement a household's supply of fresh produce or encourage entrepreneurial efforts, with a focus on individuals utilizing the food security network	Expansion Plan for Fresh Produce Model Programs	Multi Agency Group		# of model programs implemented  Type of model programs
1.3 Develop a food system asset map (inventory) to catalog existing food resources and potential resources in the state that could be leveraged further. (Refer also Goal 1.b Reach).	Food System Asset Map	OPHIE and Multi Agency Group		# of food system asset maps  # of services  # of agencies  Amount of funding allocated by service and agency
1.4 Analyze the asset map, prioritize and recommend investment and collaboration opportunities to increase food security and its economic impact.	Food Asset Map Recommendation Report	OFS and Multi Agency Group		# of reports  # of recommendations

1.5 Use identified aggregation, processing, and distribution capacity to pilot the utilization of local foods into the food security networks and Nevada institutions (e.g. Farm to School, Fresh Fruit and Vegetable Program)	Strategic plan to pilot utilization of local foods	Multi Agency Group		Type and # of local food networks  # of institutions reached  # of clients reached
1.6 Work with producers and other stakeholders to identify and address barriers preventing the production, sale, and use or expansion of local foods.	Expansion of Local Foods Barriers Report	Multi Agency Group		Type and # of barriers identified  # of solutions or policy recommendation
1.7 Develop an education and marketing plan to encourage consumption of nutritious, local foods, focused on individuals that utilize the food security network.	Consumption of nutritious foods marketing plan	OFS, SNAP, WIC		# of education and marketing plans developed

## REACH

**Goal #1:** Change the current models of purchase (commodities) and distribution of nutritious foods to increase economies of scale, and link frequency of deliveries, and availability of local food to the specific needs of communities throughout the state (rural, urban, and food deserts)

Strategies/Activities	Outputs	Lead Organizations	Progress	Performance Measures
1.1 Conduct a comprehensive benefit analysis study of the current state and nonprofit commodity/food delivery system that includes cost efficiency, frequency of delivery, and recommendations	Benefit analysis report on commodity and food delivery systems in Nevada	NDA	<b>Completed</b>	# of benefit analysis report developed
1.2 Develop a comprehensive client/community food supply assessment to determine what organizations, agencies and groups are providing services as well as the frequency and schedule of deliveries to determine efficiencies and opportunities for streamlining food distribution processes. (Refer also to 1.c under Grow).	Food supply assessment report	NDA	<b>Completed</b>	# of food supply assessment reports  # of agencies and groups providing services  # of deliveries by region
1.3 Use food asset maps to develop a coordinated distribution delivery process, establish a network to enable a truck to reach several areas in a single trip and ultimately provide more food to	Coordinated distribution delivery process report	Multi Agency Group		# of distribution sites by region

communities.				
1.4 Establish a "one-stop-shop" for agencies to acquire produce and other foods from regional food banks and expand nutritious food options beyond what is available for free through commodities programs	Nevada one-stop-shop expansion plan	Multi Agency Group		# Expansion plan  # of agencies utilize the one-stop-shop  Pounds of nutritious food distributed
<b>Goal #2: Develop the technology to connect and share data among multiple state agencies, regional food banks, community agencies, and faith based organizations for efficient and effective targeting of services and populations</b>				
<b>Strategies/Activities</b>	<b>Outputs</b>	<b>Lead Organizations</b>		<b>Performance Measures</b>
2.1 Use data and information from the shared software system to track client services, program utilization, and target new distribution points based on needs	Client services tracking system	OPHIE and Multi Agency Group		Established tracking system  # of organization utilizing software  # of client services  % of clients utilizing services  # of new distribution points

**Reference:**

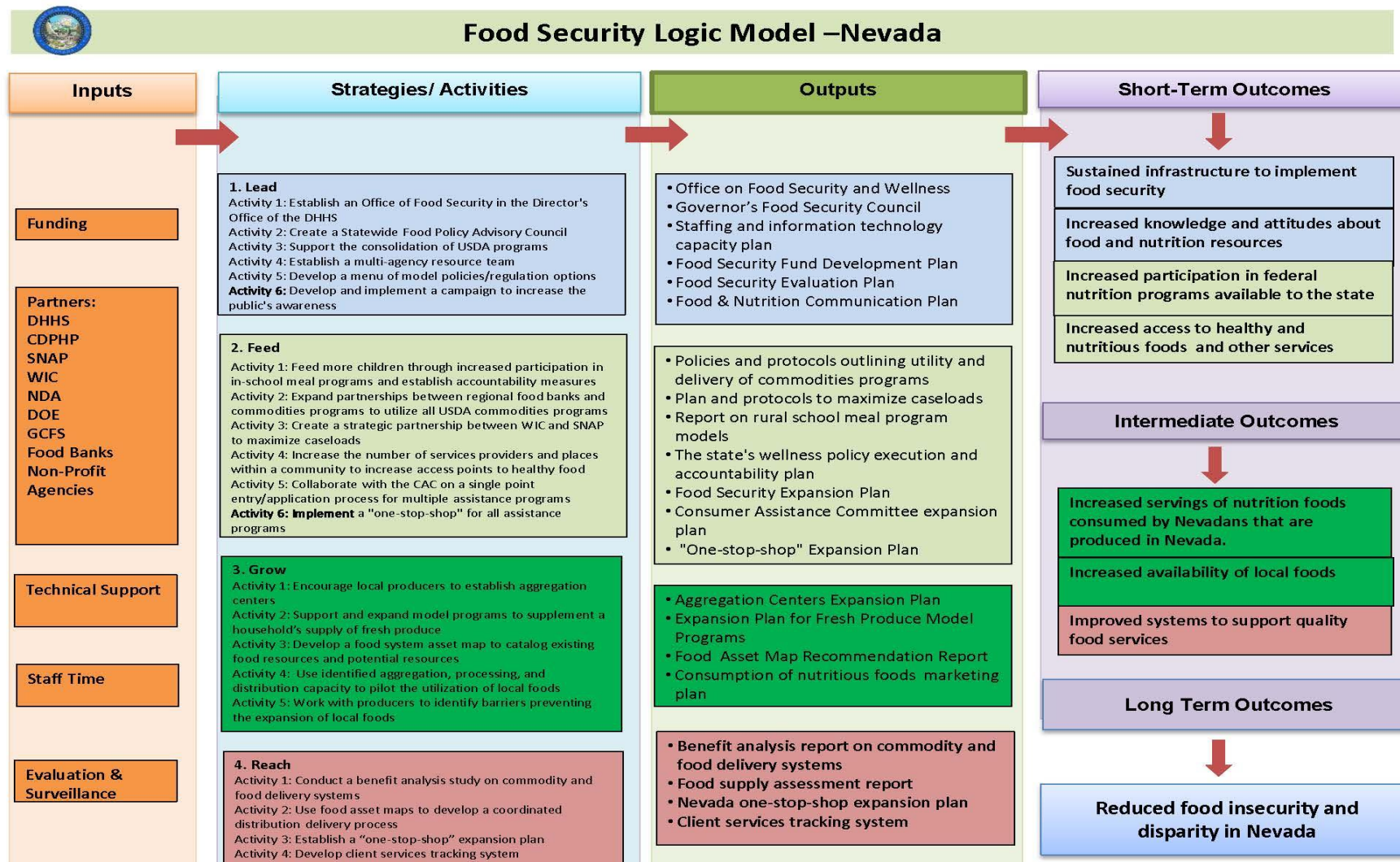
1. Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian Gregory, and Anita Singh. *Household Food Security in the United States in 2014*, ERR-194, U.S. Department of Agriculture, Economic Research Service, September 2015.



Appendix A: Food insecurity Nevada 2015 from County Health Rankings

Place	# Food Insecure	% Food Insecure	Trend
Carson City	8,210	15%	
Churchill	3,450	14%	
<b>Clark</b>	307,310	16%	
Douglas	6,390	14%	
Elko	4,550	9%	
Esmeralda	140	15%	
Eureka	220	12%	
Humboldt	1,740	11%	
Lander	530	9%	
Lincoln	870	16%	
<b>Lyon</b>	8,420	16%	
Mineral	840	18%	
Nye	7,470	17%	
Pershing	970	15%	
Storey	450	11%	
<b>Washoe</b>	63,410	15%	
White Pine	1,280	13%	
<b>Total</b>	<b>464,090</b>	17%	

## Appendix B: Food Security Logic Model- 2016 to 2018 Nevada



3/31/2016

Attachment for Agenda Item #10

Brian Sandoval  
Governor

Richard Whitley, MS  
Director



Cody L Phinney, MPH  
Administrator

Leon Ravin, MD  
Acting Chief Medical Officer

# Network of Care for Public Health and Wellness

Department of Health and Human Services  
Division of Public and Behavioral Health

Governor's Council on Food Security  
April 19, 2016

Prepared & Presented by: Julia Peek, MHA  
Deputy Administrator, Community Services



# About the Network of Care

- The Network of Care for Public Health Assessment and Wellness is provided in partnership with the National Association of County and City Health Officials (NACCHO) and is funded through multiple grants at the DPBH.
  - “This is a revolutionary way to create change and improve health locally!”
    - Carol Moehrle, President of NACCHO
- Trilogy Integrated Resources is a California-based Internet company that focuses on providing access to high-quality information and community-based programs in the health and human services arena.



# About the Network of Care

- Enables local public-health departments to quickly distribute vital health information to individuals and families at the ground level.
- Maximizes the value of local, state and national health data to determine needs and support consumers and communities.



# About the Network of Care

- Integrates NACCHO's Model Practices and CDC Interventions with each Health Indicator to spur positive change.
- Keeps the community in touch with the latest developments via the Network of Care's Learning Centers; Library; daily Nationwide News; Social Networking platform; Community Calendars; Personal Health Records, and advocacy tools.



# About the Network of Care

- Equips policy makers and consumers to analyze integrated sets of data and bring complex community-health issues into focus.
- Offers statewide, interactive geo-mapping of all Health Indicators by county.





# Accessing the Network of Care

## Nevada's Network of Care

- Network of Care website



- CarsonCity.nv
- Churchill.nv
- Clark.nv
- Douglas.nv
- Elko
- Esmeralda.nv
- Eureka.nv
- Humboldt.nv
- Lander.nv
- Lincoln.nv
- Lyon.nv
- Mineral.nv
- Nye.nv
- Pershing.nv
- State.nv
- Storey.nv
- Washoe.nv
- WhitePine.nv

- [http://dpbh.nv.gov/Programs/OPHIE/PublicHealth Informatics and Epidemiology - Home/](http://dpbh.nv.gov/Programs/OPHIE/PublicHealthInformaticsandEpidemiology-Home/)



# Navigating

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Type your keywords here  [Visit Our Other Sites »](#)



## State of Nevada

### Public Health Assessment and Wellness



[f](#) [✉](#) [🖨](#) [+](#)

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**CONTACT US**

Contact the Division of Public and Behavioral Health at PBHNNet  
[work@health.nv.gov](mailto:work@health.nv.gov) or (775) 684-5911.

Disaster Preparedness  
Message Boards  
Social Networking

 Affordable Care Act

 Sign Up for eNews

### Community Health Data

See how your area compares to the state and the national target.

[View](#)

Filter by Priority:  [Indicator Map](#)

**LEARNING CENTER**

 Depression  Substance Use  PTSD  Grief / Grieving  Stress

Welcome to Nevada's Network of Care for Public Health Web site, a resource for individuals, families and professionals concerned with Nevadan's health and well-being. This Web site enables the Nevada Division of Public and Behavioral Health to quickly distribute vital health information to individuals and families at the ground level; maximizes the value of local, state and national health data to determine needs and support consumers and communities; equips policy makers and consumers to analyze integrated sets of data and bring complex community-health issues into focus; integrates NACCHO's Model Practices and CDC interventions with each Health Indicator to spur positive change; offers statewide, interactive geo-mapping of all Health Indicators by county; and, keeps the

**County Health Rankings**  
Mobilizing Action Toward Community Health

**NATIONWIDE NEWS**

**MICHIGAN AMONG STATES WITH PISTACHIO SALMONELLA CASES**  
3/10/2016  
[Read Article »](#)

**DRUG OVERDOSE DEATHS SURGE AMONG YOUNG WOMEN, PITT STUDY SHOWS**  
3/10/2016  
[Read Article »](#)

[news archive](#)

**WELLNESS RECOVERY ACTION PLANNING (WRAP)** [▶](#)

**SEARCH CLINICAL TRIALS** [▶](#)

Choose an indicator to see the full list.



# Categories

- Chronic Disease and Conditions
- Heart Disease and Stroke
- Demographics
- Health Behaviors
- Health Care
- Health Care Resources
- Health Outcomes
- Health Risk Factors
- Infectious Disease
- Injury and Violence
- Maternal and Infant Health
- Mental Health and Substance Use
- Occupational Health and Safety
- Oral Health
- Physical Environment
- Population
- Prevention Through Healthcare
- Social Determinants of Health
- Women's Health



# Example – Heart Disease Deaths



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Chronic Disease and Conditions

Demographics

Health Behaviors

Health Care

Health Care Resources

Health Outcomes

Health Risk Factors

Infectious Disease

Injury and Violence

Maternal and Infant Health

Mental Health and Substance Abuse

Oral Health

Population

Prevention Through Healthcare

Social Determinants of Health

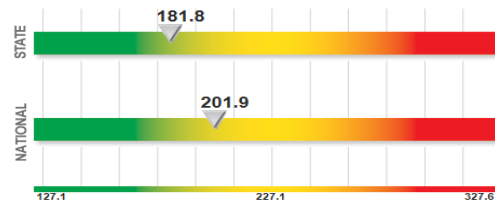
Women's Health

## Public Health Assessment and Wellness

[All data >](#)

### Heart Disease Deaths (Per 100,000) Nevada

Measurement Period: 2007-2013



[learn more about the color range](#)

Heart disease death rate

#### Numerator

Number of persons with heart disease as the underlying cause of death.

#### Population

All persons

2007-2013 - DIMENSIONS >

HISTORICAL DATA >

INTERVENTIONS >

METHODOLOGY >

REFERENCES >

Data Source



RELATED INDICATORS >

MODEL PRACTICES (797) >

[Greater Kansas City Food Handler Training Reciprocity Agreement \(2014\)](#)

[Los Angeles County Health Survey \(2012\)](#)

[Tri-County Chronic Disease Management program \(2013\)](#)

[REACH \(Racial and Ethnic Approaches to Community Health\) 2010: The Genesee County \(Michigan\) Infant Mortality Reduction Initiative \(2008\)](#)

#### Related Content

COUNTY INDICATORS (1) >

LINKS / SUPPORT & ADVOCACY (10) >



# Indicator Interventions

**INTERVENTIONS**

- [Behavioral Counseling in Primary Care to Promote a Healthy Diet](#)
- [Screening for High Blood Pressure](#)
- [Screening for Lipid Disorders in Adults](#)
- [Screening for Lipid Disorders in Adults](#)
- [Screening for Lipid Disorders in Adults](#)
- [Screening for Lipid Disorders in Adults](#)
- [Healthy Youth! Nutrition](#)
- [Dietary Guidelines for Americans 2005](#)
- [Obesity Prevention and Control: Technology-Supported Multicomponent Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss](#)
- [Worksite Programs to Control Overweight and Obesity](#)
- [Behavioral and Social Approaches to Increase Physical Activity: Social Support Interventions in Community Settings](#)
- [Behavioral and Social Approaches to Increase Physical Activity: Individually-adapted Health Behavior Change Programs](#)
- [Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-based Physical Education](#)
- [Campaigns and Informational Approaches to Increase Physical Activity: Community-wide Campaigns](#)
- [Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies & Practices](#)
- [Environmental and Policy Approaches to Increase Physical Activity: Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities](#)
- [Environmental and Policy Approaches to Increase Physical Activity: Point-of-decision Prompts to Encourage Use of Stairs](#)
- [Environmental and Policy Approaches to Increase Physical Activity: Street Scale Urban Design Land Use Policies & Practices](#)
- [Behavioral and Social Approaches to Increase Physical Activity: Social Support Interventions in Community Settings](#)

**METHODOLOGY**

**REFERENCES**

**The Guide to Community Preventive Services**  
**THE COMMUNITY GUIDE**  
What Works to Promote Health

Community Preventive Services Task Force

Home Task Force Findings Topics Use The Community Guide Methods Resources News About Us

Home » Topics » Obesity » Interventions in Community Settings » Obesity Prevention and Control: Worksite Programs

## Obesity Prevention and Control: Worksite Programs

**Obesity**

**Provider-Oriented Interventions in Community Settings**

- Summary of Findings
- Behavioral Interventions to Reduce Screen Time
- Technology-Supported Interventions
- Worksite Programs
- School-Based Programs
- Supportive Materials
- Archived Reviews

**Publications**

Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.

### Summary of Task Force Recommendations and Findings

The Community Preventive Services Task Force recommends worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees.

### About the Intervention

- Informational and educational strategies aim to increase knowledge about a healthy diet and physical activity. Examples include:
  - Lectures
  - Written materials (provided in print or online)
  - Educational software
- Behavioral and social strategies target the thoughts (e.g., awareness, self-efficacy) and social factors that effect behavior changes. Examples include:
  - Individual or group behavioral counseling
  - Skill-building activities such as cue control
  - Rewards or reinforcement
  - Inclusion of co-workers or family members to build support systems
- Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures. Examples of this include:
  - Improving access to healthy foods (e.g. changing cafeteria options, vending machine content)
  - Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise)
- Policy strategies may also change rules and procedures for employees such as health insurance benefits or costs or money for health club membership.
- Worksite weight control strategies may occur separately or as part of a comprehensive worksite wellness program that addresses several health issues (e.g., smoking cessation, stress management, cholesterol reduction).

### Results from the Systematic Review

Forty-seven studies qualified for the review and included three outcome measures: body mass

**Get Email Updates**  
Submit your email address to get updates on The Community Guide topics of interest.

**Find Research-Tested Intervention Programs (RTIPs) that use this intervention**

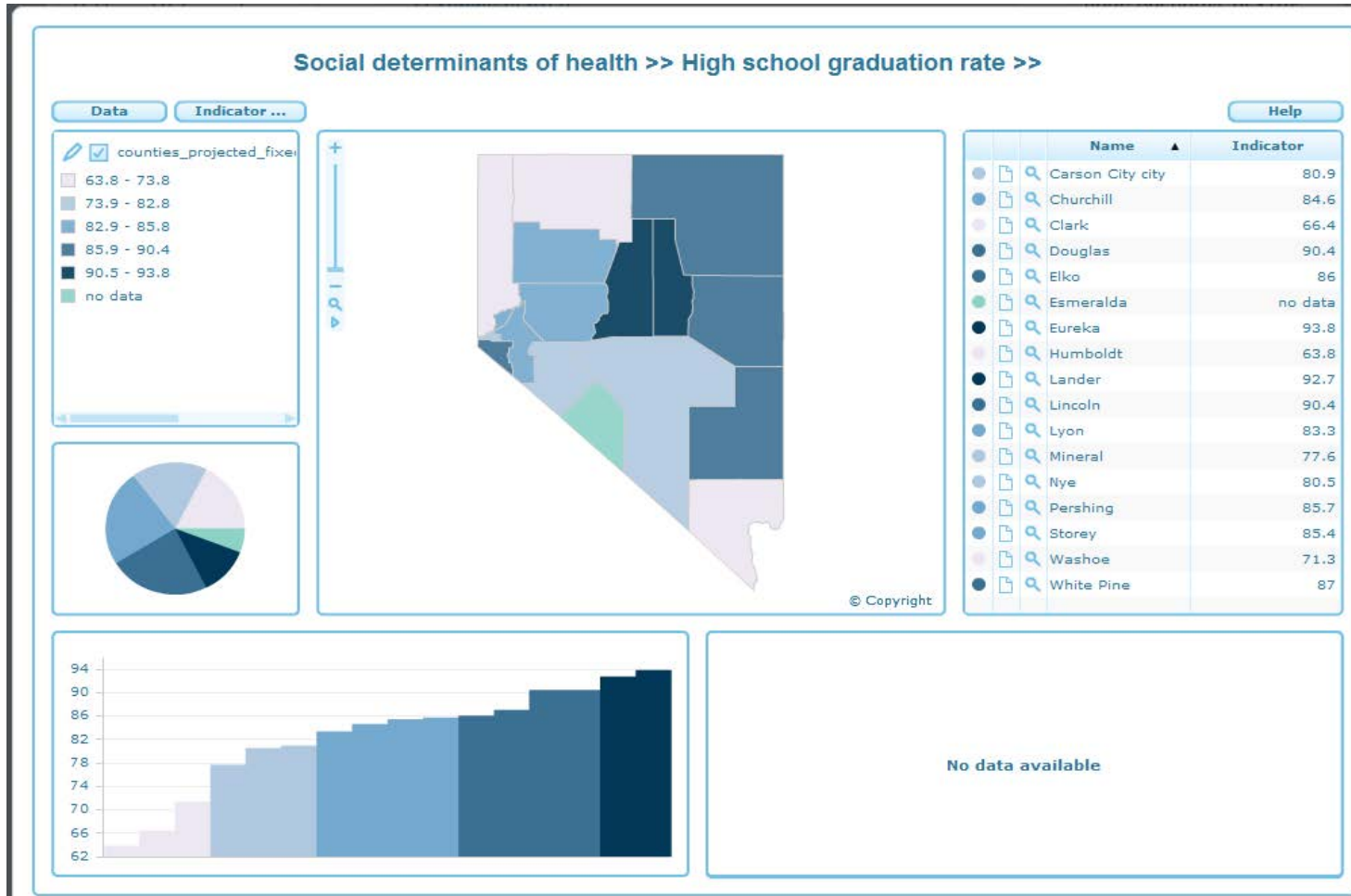
**Partners**

**Contact Us**

- Email
- Address



# Interactive Geo-mapping





# NACCHO Model Practices

## Public Health Assessment and Wellness

### Model Practices

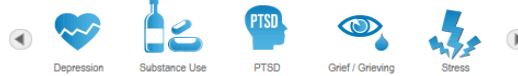
Our Model Practices database is provided and maintained by the National Association of City and County Health Officials (NACCHO). The database includes Model and Promising Practices. Model Practices meet the following criteria: LHD role, collaboration, innovation, responsiveness and evaluation. Promising Practices meet the following criteria: LHD role, collaboration, innovation and responsiveness, in addition to some qualitative and quantitative evidence that the practice improves health outcomes. A Promising Practice exhibits the potential to become a Model Practice.

Filter By: Keyword: <input type="text"/> State: All ▼ Type: All ▼ Year: All ▼ Filter Results: 797					
Year	Program Name	Organization	State	Type	Categories
2008	<a href="#">Sitka Health Summit: Working Together for a Healthier Sitka</a>	Sitka Public Health Center	AK	Promising	<a href="#">Community Assessment</a>
2007	<a href="#">POWER Teen Clinic</a>	Municipality of Anchorage/Department of Health and Human Services	AK	Promising	
2011	<a href="#">Clean Sweep Program</a>	Jefferson County Department of Health/Alabama Public Health Area 4	AL	Model	<a href="#">Community Involvement</a>
2011	<a href="#">Establishing a More Livable Community Through Community Collaboration</a>	Jefferson County Department of Health/Alabama Public Health Area 4	AL	Model	<a href="#">Environmental Public Health Tracking</a>
2008	<a href="#">Health Officers Award of Excellence</a>	Jefferson County Department of Health/Alabama Public Health Area 4	AL	Promising	<a href="#">Food Safety</a>
2007	<a href="#">Smokefree food establishments in Jefferson County, AL</a>	Jefferson County Department of Health/Alabama Public Health Area 4	AL	Model	<a href="#">Adolescent Health</a>



# Learning Center

## LEARNING CENTER



## Public Health Assessment and Wellness

Library » Learning Center - Smoke Free

### Getting Healthy - Smoke Free

When you're craving tobacco, it's hard to focus on quitting. Preparing yourself before you quit can help. Before you quit, get ready for a life without nicotine.

The categories below can help you find the information you want.

- ▶ GET THE FACTS
- ▶ TRACKING YOUR PROGRESS
- ▶ HOW DO YOU STACK UP
- ▶ QUICK TIPS FOR SUCCESS
- ▶ TAKING ACTION
- ▶ MEDICATIONS
- ▶ PERSONAL STORIES
- ▶ SUPPORT GROUPS
- ▶ MAKING THE RIGHT DECISIONS

## Public Health Assessment and Wellness

[Add To Favorites in PHR](#)

### Quitting Smoking: Getting Support

#### Introduction

You've made a big decision. You're going to quit smoking.

Quitting is hard, and you probably know this. Maybe you've quit before. If so, that's normal. Most people quit many times.

What can you do to make it more likely that you'll kick the habit for good?

One important part of quitting smoking is getting help from those around you. Your family, friends, coworkers, and community groups all can help you.

The following information also applies if you use other tobacco products, such as chew or snuff.

- Tell people that you're trying to quit. Don't hide your attempt because you're afraid people will see you fail. Most people know how hard it is to quit smoking and that many smokers have to try several times before they succeed.
- Support can help you quit smoking, and experts recommend getting support from friends, family, and coworkers. Former smokers can often offer advice and inspiration.
- Support comes in many forms. It can be positive words and actions, helpful tips, or gentle reminders to stay on track.

#### How can your family and friends help you?

Before anybody can help you quit smoking, you have to ask for help. Many people are wary of helping. They may feel that asking how you are doing is the same as nagging you and that this may make it harder for you to quit.

Tell people that you're quitting and that you want their support. Make clear

## Related Content

### LIBRARY (26)

- [Smoking Triggers](#)
- [Smoking: Problems With Pregnancy](#)
- [Track Your Smoking](#)
- [Smoking Fewer Cigarettes](#)
- [Quit-Smoking Programs](#)
- [Comparing Stop-Smoking Medicines](#)
- [Smoking and Stroke Risk](#)
- [Ned's Story: Quitting Smoking](#)

### DECISION POINTS (1)

### TAKE ACTION (4)

### TESTS, SURGERIES, AND TREATMENTS (1)

### MEDICATIONS (10)

[Bupropion \(Zyban\) for Quitting Smoking](#)  
Discusses bupropion (Zyban or Wellbutrin), medicine to help you quit smoking by reducing your craving for tobacco. Covers how well it works and side effects. Also covers risks related to taking bupropion.

[varenicline](#)  
Varenicline is a smoking cessation medicine. It is used together with behavior modification and counseling.

### COUNTY INDICATORS (11)

### LINKS / SUPPORT & ADVOCACY (8)

### FORUMS (12)





# Personal Health Record

- Use the Personal Health Record (PHR) to organize and store important medical and healthcare-related information. Create folders for yourself, family members, or others you care for.
- The information placed here is stored on a secure, Verisign-encrypted server, the same type of security used in online banking. Unlike the medical files you may keep at home, your Network of Care PHR is available whenever and wherever you need it.



# Legislative Resource

- Search for or track state or federal bills
- Find your elected officials
- Voter registration
- Nevada Legislative Calendar
- Nevada Legislative Process – Making Law 101



# Contact Information

## **Julia Peek, MHA**

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Department of Health and Human Services

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775-684-4192

Attachment for Agenda Item #11



United States Department of Agriculture  
Rural Development  
Nevada State Office

April 11, 2016

**TO:** First Lady Kathleen Sandoval, Chair and  
Members, Governor's Council on Food Security

**FROM:** Sarah Adler, State Director, USDA Rural Development and  
Member, Governor's Council on Food Security

**SUBJECT:** Key Points - Nevada Tribes and Access of FNS Programs

**Context:** The Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) is the entity charged with administering the Supplemental Nutrition Assistance Program (SNAP) as well as a range of Specialty Nutrition Programs designed to enhance food availability and improve nutrition access, including Women, Infants, and Children (WIC), Summer Meals, and the Food Distribution Program on Indian Reservations (FDPIR or Tribal Commodities). Most of these FNS programs are delivered through the State of Nevada; the Inter-Tribal Council of Nevada (ITCN) delivers the WIC program for tribes.

**Background:** For the past several years, USDA Rural Development has had the opportunity to participate in an outreach and education (grant-funded) program operated by Cooperative Extension known as Beyond the Hub (BTH). Through BTH an initial survey and assessment of hunger, nutrition needs, and utilization of FNS programs was conducted in 2012-3 among nine tribes. That analysis brought about the realization that despite willingness on the part of FNS and of the State of Nevada, many tribes were accessing only a limited to moderate number of potential programs. It also found great interest existed in nutrition education, and in being able to grow fresh fruits and vegetables.

**FNS Tribal Meeting and Key Points:** On March 22, 2016 a day-long meeting was held at the FNS Western Regional Office in San Francisco. In preparation for the meeting another survey was conducted and a matrix was created showing by Nevada tribe utilization (or not) of FNS programs. Present at the meeting or during the morning-long teleconference were staff members from multiple tribes, ITCN, State of Nevada Departments of Agriculture and DWSS, Food Bank of Northern Nevada and USDA Rural Development as well as sixteen members of WRO/FNS (most present either morning or afternoon). The purpose of the meeting was to present to FNS needs, successes, and challenges related to hunger, nutrition, and accessing FNS programs, as well as to discuss potential approaches. The intense commitment to meeting preparation and participation by all parties is greatly appreciated.

**Key points:**

- Hunger is an issue for many tribal members; noted was the concern over elders and weekend hunger
- More access to fresh fruits and vegetables/nutritious food is a top goal
- Willingness on the part of FNS and State of Nevada is recognized and appreciated
- Barriers to accessing programs are many:
  - Insufficient reimbursement to cover costs of accessing food and administering programs (no reimbursement factor to compensate for distance or small scale beyond small 'rural' rate booster)
  - Lack of start-up funds for reimbursable programs

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- indirect cost rate recovery (e.g. To ITCN and tribes) is limited to 10% which does not cover costs of accounting, auditing, etc. associated with program administration
  - too much 'different', not enough 'same', meaning different FNS programs have different methods of eligibility determination, of eligible recipients, nutrition requirements/meal plans, kitchen requirements, reimbursement rates, etc.
  - "turfism"
- Knowing how to communicate with cultural competence at a tribal level is critical, "They do not care what you know unless they know that you care".
  - lack of staff at the tribal level, and turnover at State and tribal levels make it challenging to attain successful operations
  - Bright spot: it was noted by the Youth Center Director for Walker River Paiute Tribe that the first year of Summer Meals and of CACFP were each very challenging, but once past that year it was easier and the availability and quality of the food spurred large increase in enrollment in her programs
  - There is a desire for nutrition education, but access to it is broken up among a variety of FNS programs, and comes in small doses (few funds available)

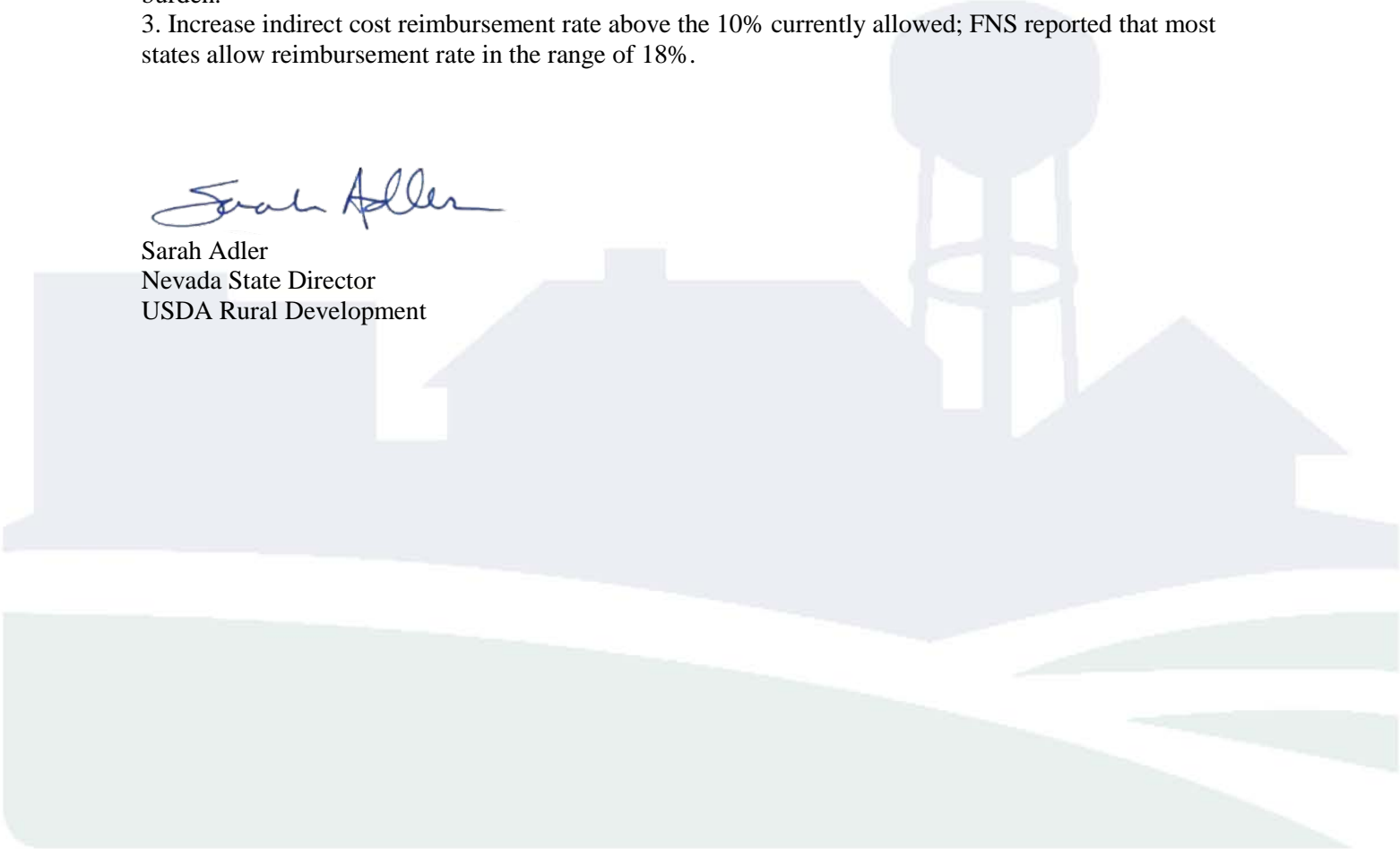
**Potential/Desired Next Steps:**

All parties expressed willingness to improve and increase tribes' access to FNS programs. Primary among the next steps:

1. Convening a meeting among tribes, their elder nutrition programs, and Food Bank of Northern Nevada (FBNN) to invite tribes to utilize FBNN as a source of food for their elder nutrition programs and for tribes to work through an eligible partner (such as a church) to establish a food pantry.
2. Convening a meeting in Nevada, with and at one or more 'Guinea pig' tribes, of FNS, State of Nevada, and multiple tribal departments to examine 'same' versus 'different', with the goal of finding acceptable (or as was stated creativity within legal bounds) ways of smoothing and streamlining program requirements and administration approaches so that more FNS programs can be accessed at lower cost/administrative burden.
3. Increase indirect cost reimbursement rate above the 10% currently allowed; FNS reported that most states allow reimbursement rate in the range of 18%.



Sarah Adler  
Nevada State Director  
USDA Rural Development



Attachment for Agenda Item #13

GCFE Potential Policy Priorities  
Nevada State Legislature 2017

*Child Nutrition Programs*

- 1) Continue the momentum in school breakfast participation and leverage those successes to further our efforts in ending childhood hunger:
  - State match support for Year 3 of Three Square's SIF grant
  - Encourage districts to implement breakfast-after-the-bell in schools with Free or Reduced Lunch (FRL) rates between 60-70% (<40 schools in CCSD)
  - Formally eliminate the "reduced price" category in Nevada as applied to the National School Breakfast and Lunch Program's Free and *Reduced Price* meals
- 2) Build leader awareness and support for meals served in summer (out-of-school) camps
  - Encourage meals during out-of-school time programming exceeding 3 hours

*SNAP*

- 3) Increase opportunities for dual enrollment along eligible households
  - SNAP application assistance at WIC clinics
- 4) Protect SNAP benefits for vulnerable populations
  - Support DWSS's priority in SNAP employment and training programs in Nevada to capture new federal funds for workforce development.
    - o Increase awareness that workforce development/job training programs represent exemptions to work requirements for SNAP recipients subject to ABAWD's in 2017.

Emerging policy priorities

*Managed Care*

- 5) Managed care for Medicaid/Medicare will have potentially positive and negative consequences related to food insecure clients:
  - a. May increase number of food insecure persons receiving
    - i. Physician prescribed/reimbursable home delivered groceries/meals
    - ii. Transportation to grocery stores
  - b. May eliminate
    - i. Waiver programs (where the state makes the decision and not the physician)

**Advocacy Strategies**

- GCFE Chair appointed "task" to further explore Managed Care proposed changes and its potential impact on food insecure persons (primarily seniors and disabled persons)/existing waiver programs, and report back to the Chair at the next GCFE meeting;
- GCFE endorsed SNAP Experience (1 week) in late February or early March to raise awareness of ABAWD's and the impact on food insecurity and demand on food pantries and workforce development programs;
- Work in concert with allied community and state partners: Children's Advocacy Alliance, Nevada Department of Health and Human Services, Nevada Department of Agriculture, Southern Nevada Forum, Nevada Council on Aging, etc. to build stronger, collaborative messages on these issues.