



Brian Sandoval
Governor



Richard Whitley
Director

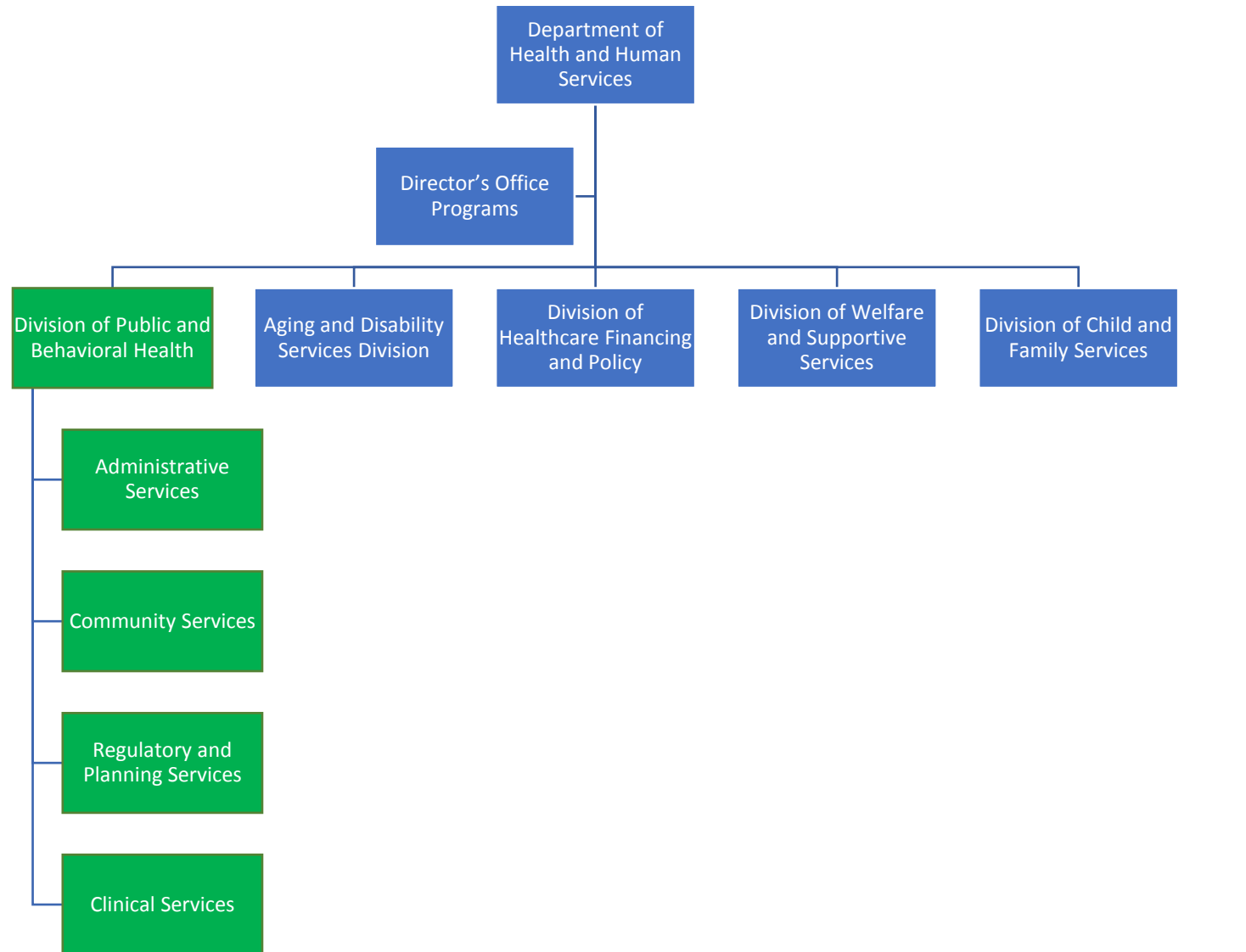
State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health
—
Agency perspective on grant management

Christina Hadwick, Administrative Services Officer III
Julia Peek, MHA, CPM, Deputy Administrator

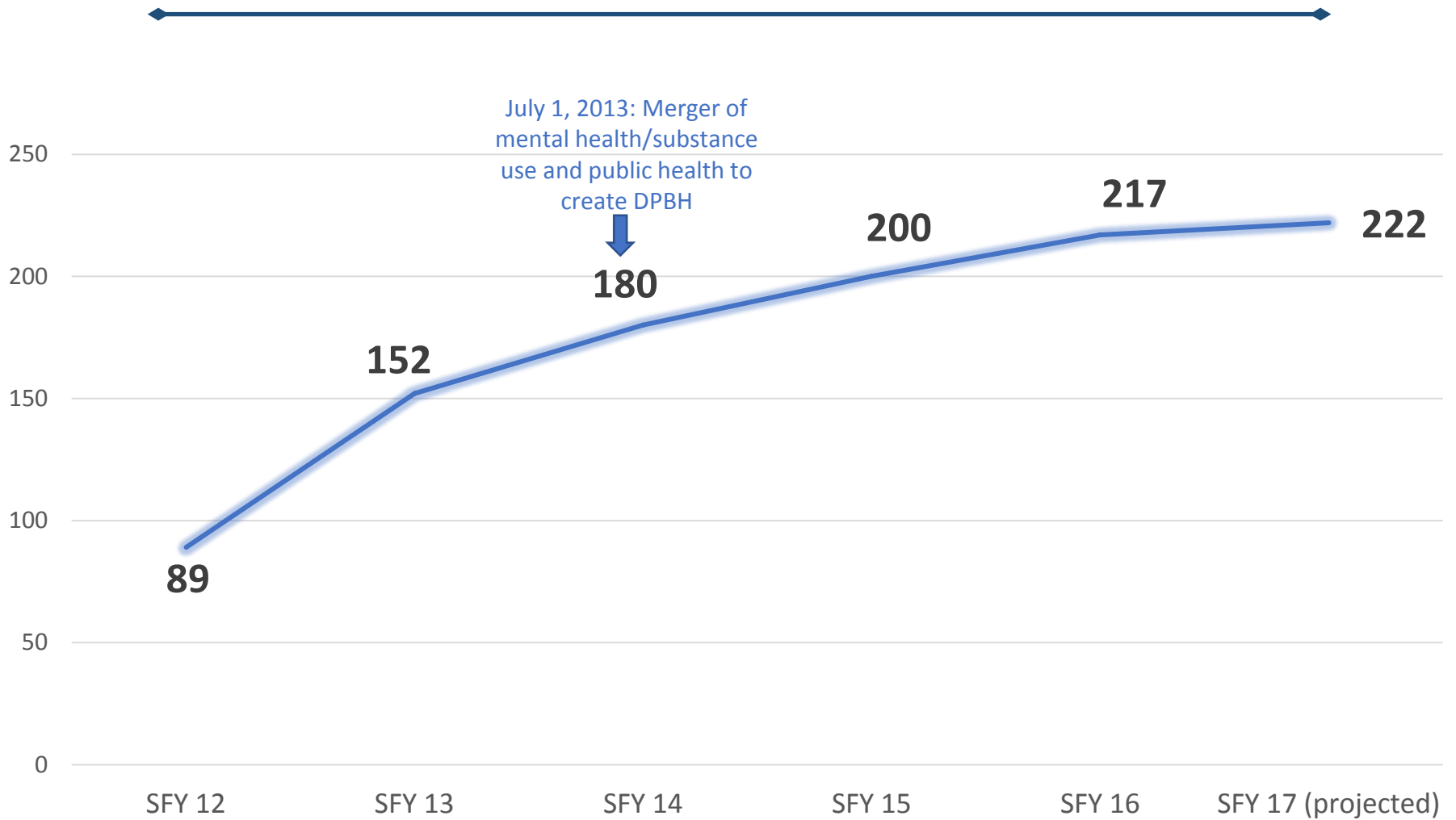
November 1, 2017



DHHS Organization

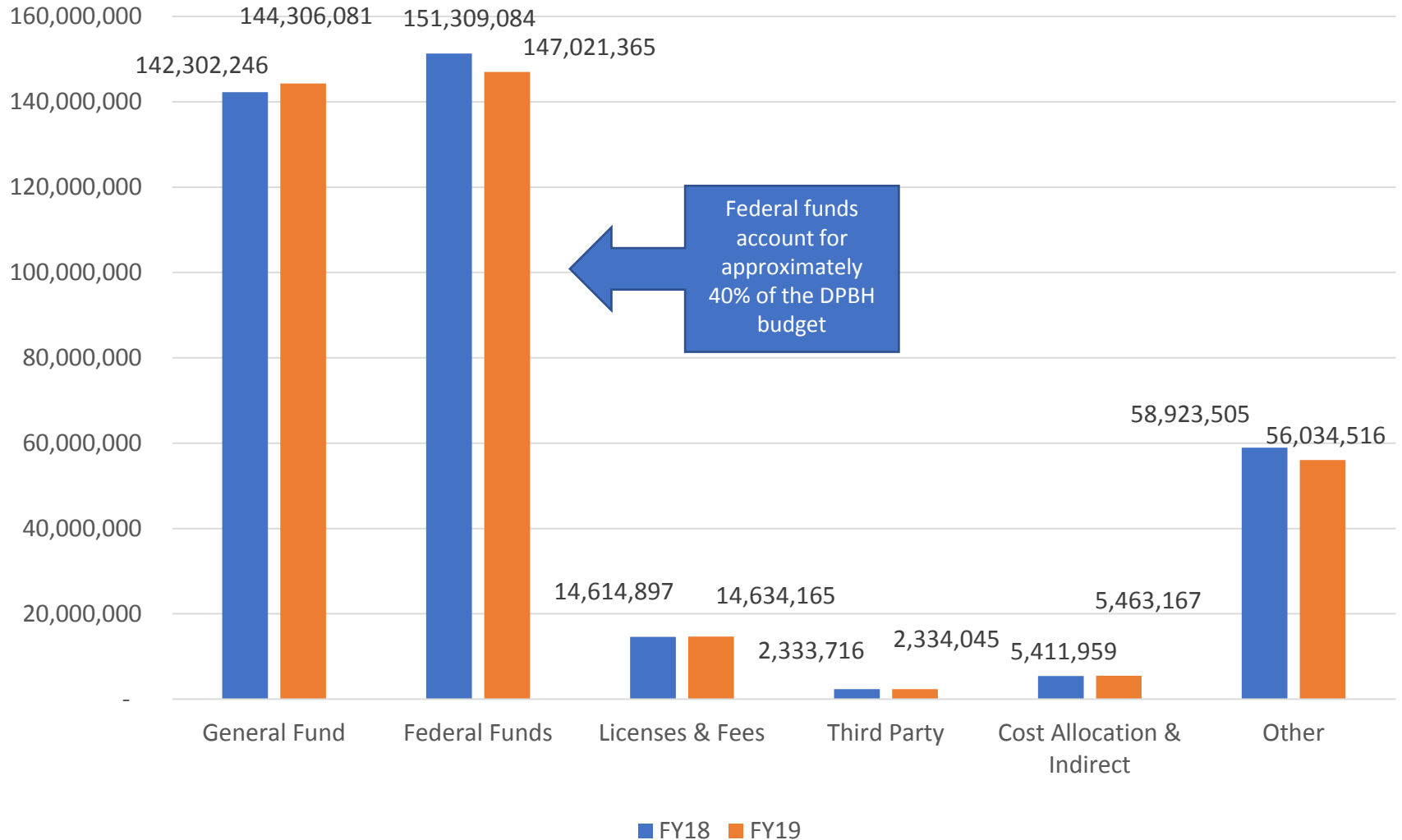


Astonishing Growth in DPBH Grant Awards

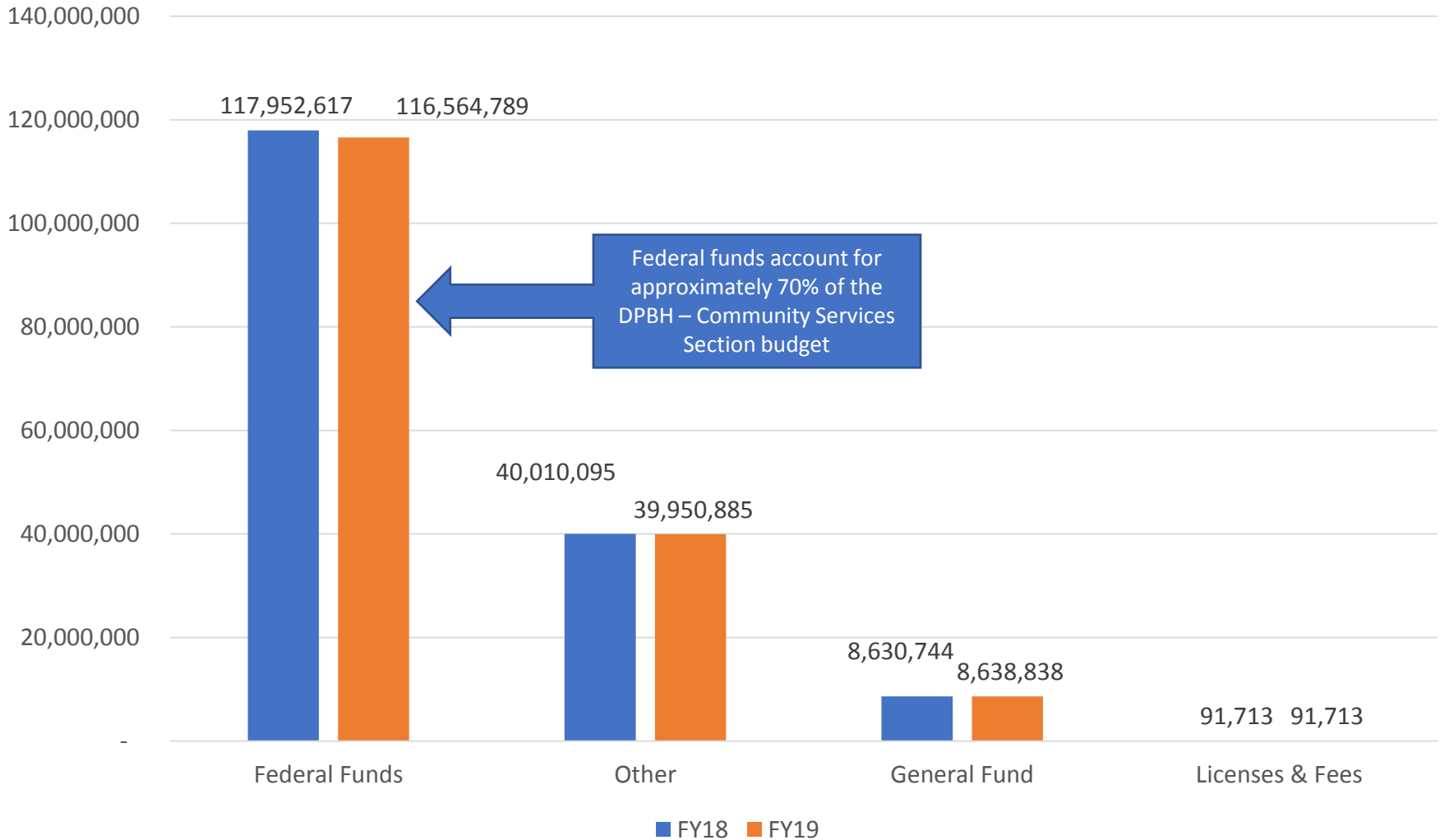


Total awards managed by DPBH by SFY (includes multi-year grants in each year)

Division Funding Sources, SFY 18 and 19



Community Services- SFY 18 and 19



Public Health Spending

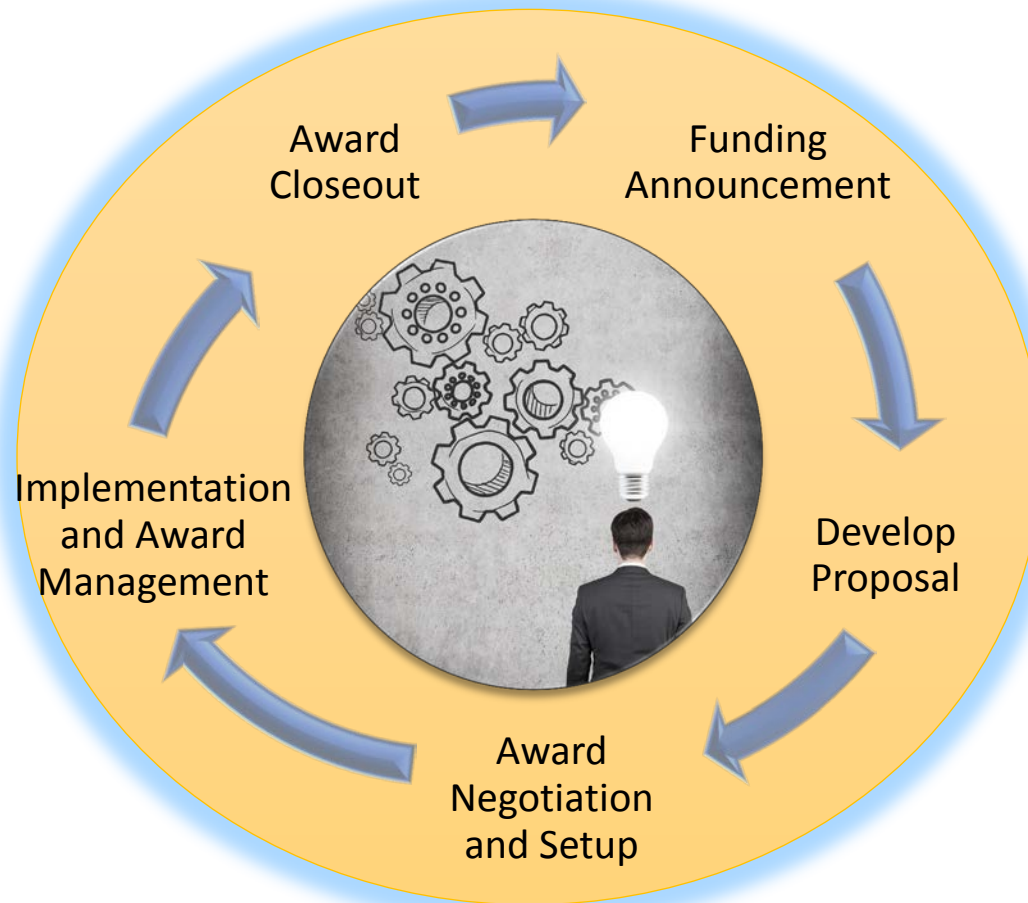
B. STATE INVESTMENT IN PUBLIC HEALTH

| State Public Health Budgets | | | |
|-----------------------------|-----------------|---------------------|--------------------|
| State | FY 2012-2013 | FY 12-13 Per Capita | Per Capita Ranking |
| Hawaii | \$201,873,600 | \$144.99 | 1 |
| New York | \$2,274,228,415 | \$116.21 | 2 |
| Alaska | \$77,143,500 | \$105.47 | 3 |
| District of Columbia | \$65,973,000 | \$104.33 | 4 |
| Idaho | \$143,214,100 | \$89.75 | 5 |
| West Virginia | \$133,181,354 | \$71.78 | 6 |
| North Dakota | \$46,001,508 | \$65.75 | 7 |
| California | \$2,425,696,000 | \$63.76 | 8 |
| Alabama | \$305,929,969 | \$63.44 | 9 |
| Massachusetts | \$367,338,942 | \$55.27 | 10 |
| Wyoming | \$31,330,064 | \$54.35 | 11 |
| Rhode Island | \$52,987,767 | \$50.45 | 12 |
| Arkansas | \$146,786,093 | \$49.77 | 13 |
| New Mexico | \$97,829,500 | \$46.91 | 14 |
| Kentucky | \$189,192,500 | \$43.19 | 15 |
| Tennessee | \$277,696,100 | \$43.01 | 16 |
| Colorado | \$222,275,563 | \$42.85 | 17 |
| Delaware | \$38,601,500 | \$42.09 | 18 |
| Nebraska | \$72,919,516 | \$39.30 | 19 |
| Oklahoma | \$145,154,000 | \$38.05 | 20 |
| Vermont | \$22,310,357 | \$35.64 | 21 |
| Virginia | \$291,330,197 | \$35.59 | 22 |
| Utah | \$95,652,200 | \$33.50 | 23 |
| Washington | \$207,489,500 | \$30.08 | 24 |
| South Dakota | \$24,180,537 | \$29.02 | 25 |
| MEDIAN \$27.49 | | | |
| Connecticut | \$98,689,440 | \$27.49 | 26 |
| New Jersey | \$221,261,000 | \$24.96 | 27 |
| Maryland | \$143,781,785 | \$24.43 | 28 |
| Illinois | \$287,402,900 | \$22.32 | 29 |
| Maine | \$27,046,561 | \$20.35 | 30 |
| Montana | \$19,554,595 | \$19.45 | 31 |
| South Carolina | \$91,847,984 | \$19.44 | 32 |
| Texas | \$503,091,075 | \$19.31 | 33 |
| Michigan | \$186,714,700 | \$18.89 | 34 |
| Florida | \$354,972,558 | \$18.38 | 35 |
| Georgia | \$179,356,456 | \$18.08 | 36 |
| Indiana | \$113,929,495 | \$17.43 | 37 |
| Oregon | \$62,720,932 | \$16.08 | 38 |
| Louisiana | \$73,979,199 | \$16.08 | 38 |
| Iowa | \$48,744,506 | \$15.86 | 40 |
| New Hampshire | \$20,919,806 | \$15.84 | 40 |
| Pennsylvania | \$188,316,000 | \$14.75 | 42 |
| Ohio | \$165,639,694 | \$14.35 | 43 |
| Kansas | \$40,603,359 | \$14.07 | 44 |
| Minnesota | \$71,932,000 | \$13.37 | 45 |
| Wisconsin | \$75,042,700 | \$13.10 | 46 |
| North Carolina | \$121,993,025 | \$12.51 | 47 |
| Mississippi | \$33,117,216 | \$11.09 | 48 |
| Nevada | \$21,657,208 | \$7.85 | 49 |
| Arizona | \$50,003,300 | \$7.63 | 50 |
| Missouri | \$35,292,453 | \$5.86 | 51 |

- Nevada invests \$7.85 per capita (FFY 12/13) – average is \$27.49
- For CDC funds, Nevada gets \$18.69 per capita (2013 FFY) – average is \$18.92.
- For HRSA funds, Nevada gets \$19.59 per capita (2013 FFY) – average is \$21.40
- “State public health spending has remained relatively level since 2010.”

Source: Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) - Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts

Grant Life Cycle



This is what it feels like...



Funding Announcement

- Main Sources of Announcements
 - State Grants Office
 - [Federal Funds Information for States \(FFIS\)](#)
 - Communication from our current funders



Develop Proposals

- Contact the [Office of Grant Procurement, Coordination, and Management](#)
 - Serve as the Single Point of Contact for Nevada (SPOC) for Executive Order 12372 and NRS 232.225.
 - Determine if there are other interested applicants in Nevada.
 - Set up a call to prep for grant with interested applicants; develop grant outline
 - Determine the best approach for the most competitive application
 - Develop timeline for application completion
 - Assign sections of application to individuals



Develop Proposals, cont.

- Challenges

- Multiple applicants want to apply, need to determine what will be the most competitive.

- Solutions

- State Grants Office can provide an objective assessment
 - Review what has been funded in the past
 - Review data to identify areas of most need
 - Assess applicant abilities

- Very short turn-around times

- Solutions

- State Grants Office has a “bank” of applications and we can pull applicable narrative
- Developing templates for budget documents

Award Negotiation and Setup

- If awarded, we often find out a few weeks prior to the start date, if not on or past the start date.
 - This makes us start from behind right out of the gate.
 - We often have to provide a revised budget (for a lower amount) or remove items that were not approved.
 - We need a Notice of Award (NOA) that reflects correct categories so the IFC request is correct. It is often allowable to move 25% within approved categories, but this is not true of state authority.
 - Huge issue with salary savings and delay in start date of activities – forces a need for a carryover the next year.

Implementation

- Interim Finance Committee (IFC)
 - If a grant exceeds \$150,000, required to submit a work program to IFC.
 - This delays the implementation of the project by 2-3 months.
 - For example, if we were awarded a grant that started 10/1/17, we would not receive approval from IFC until December.
 - 15-day work programs are not utilized unless there is an extreme circumstance requiring the grant to be accepted within 15 days.
 - 45-day work programs are not utilized due to the timing with IFC.
 - For example, if we submitted a work program the first week of October for a grant that began on 10/1/17, the scheduled IFC would be 2-3 weeks after the 45-days. Generally, the Governor's Finance Office will not accept 45-day work programs because of this.

Implementation, cont.

- Agencies cannot incur costs prior to IFC approval.
- Delays caused by the IFC approval process can cause unobligated funds at the end of the grant, which can jeopardize future funding. It can also cause no-cost extension requests or requesting to carry forward dollars to the next year of the grant.
- DPBH supports the recommendations set forth in AB 81 to allow agencies to obtain provisional approval of a grant any time after the agency has submitted the application.
- Other considerations that affect the timeline
 - State FTE or temp contractor or MSA for staffing?
 - Complete paperwork, recruitment/offer (this takes months)
 - Subgrant or contract? (if contract, BoE timelines)
 - Do we need to do an RFP? (if so, Purchasing timelines, then BoE)

Award Management

- Site visits/Subaward Monitoring
 - Negotiate subawards
 - Internal review
 - Subawardee processing (in some cases, they cannot sign until they get board approval)
 - Increased tracking to comply with Uniform Guidance, such as subrecipient and monitoring requirements.
- Federal Monitoring
 - Site visits and ongoing meetings/calls
 - Progress reports

Award Management, cont.

- Match and Maintenance of Effort
 - Difficult to meet, especially if State resources are cut.
 - Example: Historically, General Fund dollars were used to meet the MOE requirement for the Ryan White Grant through the purchase of pharmaceuticals. However, an increase in rebate revenue in SFY 2012 caused a Section 7 issue and the agency was required to revert the General Fund dollars. In the 16-17 biennium, the portion of General Fund dollars appropriated to pay for pharmaceuticals was pulled from the program's budget.
 - Section 7 does not allow flexibility to use increased revenue on other activities. Since rebate revenue could be used to meet MOE, General Fund was pulled. If rebate revenues were to decrease and the program could not meet the required MOE, the agency would be required to go to IFC to request additional funds from the Contingency Account.

Award Closeout, cont.

- FFR is also due within 90-days of the grant end date.
- Revising federal reports based on changes in approved indirect rate agreements.
 - To alleviate this, DPBH was approved for a fixed and carry forward rate from HHS in their latest indirect cost rate agreement.
- Program reporting
 - Final progress report
 - Final Invention Statement and Certification
- Sustainability planning???? We are so dependent on federal funds, that the closure of a grant often reflects the closure of a program.

Contact Information

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**Nevada Department of
Health and Human Services**

**DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH**