

## Appendix K: Division Accomplishments from 2008-2012

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The Aging and Disability Services Division (ADSD) accomplished the following outcomes, relevant to its 2008-2012 Goals, Objectives and Strategies. The Goals cited are taken from the Strategic Plan for Senior Services (Strategic Plan), which is Nevada's 10-year plan for senior services. The Strategic Plan for Senior Services was authorized and funded in Assembly Bill 513 from the 2001 Nevada Legislative Session.

**GOAL ONE                      PROVIDE AN EFFICIENT SUPPORT SERVICES DELIVERY SYSTEM TO IMPROVE THE INDEPENDENCE AND DIGNITY OF OLDER NEVADANS.**

**Objective 1: Enable Seniors to remain in their own homes for as long as possible with high quality of life through the provision of home and community based services.**

**Strategy 1: Reduce the incidence of inappropriate or premature institutionalization by expanding community based services.**

- ADSD applied for a number of grants and was awarded: an Alzheimer's Disease Supportive Services Program (ADSSP) – Evidenced Based, Aging and Disability Resource Centers grant, Medicare Improvements for Patients and Providers Act (MIPPA) grant, a Senior Community Services Employment Program (SCSEP) grant under the American Recovery and Reinvestment Act (ARRA), and Title III-C ARRA grant, a Chronic Disease Self Management Program (CDSMP) grant, and two Lifespan Respite grants.
- ADSD conducted annual reviews of its service intake process for community based programs, to ensure the highest need individuals access programs, and to validate appropriate assessments for Level of Care (LOC) were achieved. Now dedicated Intake Specialists make initial contact and face-to-face visits within designated timeframes to evaluate the LOC, service needs, etc.
- Social Work Supervisors review 100 percent of new assessments and reassessments, and findings are reported to Quality Management Team quarterly.

**Strategy 2: Increase collaboration among community based care services funded by Medicaid, state, federal and other funding sources.**

- ADSD was represented at 75 percent of Aging Services Directors' Organization meetings.
- Advocate for Elders met quarterly with the Division's Community Based Care staff to provide community resource information.
- The Division has posted training for Elder Abuse and Nutrition Services information, and has also invited and provided access for Native American tribes to ask questions of the Division's registered dietician, on the interactive site "Ask the Nutritionist" at <http://nvaging.net/logon.asp>.

- The Division meets quarterly at a minimum with the Nevada Division of Health Care Financing and Policy (DHCFP), to discuss policy issues related to CBC.

**Strategy 3: Promote healthy lifestyles resulting in less long-term illness and reduced mortality from preventable chronic disease.**

- ADSD worked closely with Nevada State Health Division staff and other community partners in applying for and being awarded the OAA Title IV Chronic Disease Self Management Program grant. The grant concludes the end of March, 2012, with its goals achieved. This program will be sustained in Nevada, and the Division has already used Title III-D funds to have a contractor work with partners to recruit seniors for the program workshops and secure additional sites.

**Strategy 4: Expand current and add new efforts to divert entry of seniors from hospitals to nursing homes and relocate nursing home residents back to their homes, while adding ways to assure this can happen as soon as possible, pending open care slots.**

- ADSD expanded its General Service Specifications for funded grants, to require that grantees give the highest service priority to frail seniors at risk for institutional care.
- ADSD worked closely with Washoe County Senior Services and other community partners to apply for the Community Living Program grant, which was not funded. However, this was a catalyst for added collaboration.
- For state funded and Medicaid waiver funded community based services, ADSD is limited by the number of slots available.
- Access to waiver services was maintained despite severe budget reductions during the term of the State Plan.
- ADSD continues to meet with DHCFP relevant to the Money Follows the Person effort to divert or relocate seniors from nursing homes back to the community. Nevada was awarded nearly \$10 million for a six-year grant from Centers for Medicare and Medicaid Services (CMS), for the 2011 Money Follows the Person Rebalancing Demonstration Grant. ADSD will work with Medicaid to support this effort with its resources for community based supportive services.
- ADSD successfully applied for a supplemental grant to enhance the roles of ADRC in the above effort, resulting in funding of \$400,000 for two years beginning April, 2012.

**Strategy 5: Increase the availability and use of a variety of assistive and adaptive devices that enhance independence, such as vision and hearing related devices.**

- State statute no longer allows ADSD to provide vision and hearing devices to seniors through its Master Tobacco Settlement Funds Independent Living Grants.
- ADSD provides CapTel phones to seniors statewide through Deaf and Hard of Hearing Advocacy and Resource Center (DHHARC) and provides hearing and vision aides through its Independent Living Program.

## **Objective 2: Strengthen Management Information Systems Capacity.**

**Strategy 1:** Finalize development of Synergy[/Harmony] software system for data collection and management.

- All units of the Division and grantee staff are trained on the Division's Social Assistance Management System (SAMS). Ombudsmen use Ombudsmanager, a separate system to track activities.
- ADSD continues to develop software for data collection and programmatic needs, as data collection and program needs change. The current year budget has funding for these purposes, but the capacity of future budgets is unknown. The Division will request funds for software development.

**Strategy 2:** Develop training website for SAMS.

- The SAMS manual was placed on the Division webpage in February 2009. Video presentations are not yet on the webpage, due to space issues.

**Strategy 3:** Provide grantees and ADSD staff with the training and resources necessary to track services by consistent data entry protocols and quality control procedures.

- ADSD has developed methodologies to monitor and validate grantee data entry.
- Demographic data is monitored quarterly, and statistical units of service are checked monthly. Quality control for entry of unduplicated clients and services units occurs monthly.
- ADSD developed a task force to reduce duplicate entries in the system from 7,000 to less than 100.
- Ongoing grantee training is needed to minimize the number of duplicate entries.

## **Objective 3: Improve access to transportation.**

**Strategy 1:** Strengthen partnerships throughout the regions to create, sustain or improve accessible and reliable transportation for seniors.

- ADSD participates in the Northern Nevada Coalition and the Southern Nevada Transit Coalition. The Nevada Department of Transportation abolished its Advisory Committee on Transit (ACT) in spring 2010, as well as dissolved its Northern and Southern Transit Coalitions. United We Ride has been inactive, however staff continue to receive its newsletter.

**Strategy 2:** Collaborate with Nevada Department of Transportation and local communities to enhance integration between local and regional transportation services.

- See Strategy 1 accomplishment above.

**Objective 4: Advocate for an increase in affordable housing to allow older Nevadans to age in place.**

**Strategy 1: Continue collaboration with Nevada Medicaid, State Housing Division and housing advocates to increase the availability of affordable living.**

- This strategy is ongoing. The Assisted Living grant application is posted, and the funding opportunity is ongoing.
- ADSD is in regular contact with Silver Sky Assisted Living staff, to help ensure access to affordable assisted living for seniors with low income, and to ensure staff having the training to access Independent Living Grant funds.
- A second facility opened in Las Vegas that meets provider qualifications for the Assisted Living waiver as of September 9, 2010, Silver Sky at Deer Springs. This facility has 96 living units and plans for three units for those recipients at 30 percent Area Median Income (AMI), 51 units at 50 percent AMI and the remaining units at 60 percent AMI or higher.

**Strategy 2: Obtain adequate sponsorship and funding for life-sustaining heat and air conditioning repairs to allow seniors to remain in their homes.**

- ADSD, annually and ongoing, grants emergency funds to assist seniors with life sustaining heat and air conditioning repairs and finds programs to perform such repairs. However, the need continues to be greater than available resources.

**Objective 5: Improve the skills and increase resources for family and professional caregivers of Nevada's seniors.**

**Strategy 1: Continue to provide caregiver training for family members and professionals throughout the long term care continuum.**

- ADSD funds caregiver training through the Nevada Geriatric Education Center (NGEC), with at least four caregiver trainings per year. This training occurs in both urban and rural Nevada and is provided for both formal and informal caregivers. (See also Appendix C):
- ADSD also holds annual training for group home providers.

**Strategy 2: Support initiatives to promote and increase a stable and competent workforce, sufficient to meet the growing care needs in Nevada.**

- NGEC training, per Strategy 1.
- ADSD is ready to launch Personal Assistance Services training modules on the ADRC web portal.

**Strategy 3: Continue to improve and maintain a caregiver website containing statewide information on services and supports for caregivers.**

- ADSD funds the Continuum to maintain the Division's ADRC caregiver website.
- The Division maintains another website with Division information that provides service specifications and qualifications, as well as technical assistance.

**Strategy 4:** Continue to improve and address respite care as an essential part of the overall support of seniors and their caregivers.

- ADSD funds organizations in Northern and Southern Nevada, specifically for caregiver respite vouchers.
- ADSD funds a number of other services that include respite care as a component of service in both urban and rural areas of Nevada.

**Objective 6: Ensure participation of all aging network providers in program evaluation (Quality Management) activities, designed to identify service systems improvement areas.**

**Strategy 1:** Define program delivery measures that should be evaluated by all grantees and Division staff, such as visibility, informed choice, consumer focused services, and streamlined access to services.

- ADSD reviews its Service Specifications and assessment tools every two years, and then provides them to grantees for feedback.
- A quarterly self-assessment tool was implemented for Title III-C.
- ADSD grantees are required to develop and implement pre and post performance indicator surveys to assess the benefit of services provided to clients and/or caregivers and quality of services. New clients are asked to complete a pre-survey upon entering the program, with the post-survey given as a follow-up within six (6) months of the first survey.
- ADSD Quality Management meetings are held quarterly to report findings of compliance monitoring for Division contractors providing services. The Community Based Care (CBC) Unit has now implemented site reviews for provider qualifications and to ensure policies are followed to protect health, safety and welfare of service recipients.
- An ADSD CBC social worker reviews Participant Experience Surveys to note and improve on any identified problems.

**Strategy 2:** Identify standardized methods for grantees and Division staff to use, such as key informant interviews and surveys as a means to collect client experience information.

- ADSD grantees undergo a review of Performance Indicators monthly.
- Performance Indicators are updated quarterly, which demonstrate outreach to special populations targeted by the Division.
- Random key informant interviews are conducted by ADSD staff during Program Assessments, and at other times if there is any indication of a service delivery issue.

**Strategy 3:** Devise information gathering tools and train grantees and agency staff to collect outcome information in the Division management information system for quality analysis.

- ADSD's RD Unit had planned to work with the Division's IT Unit staff to implement training and quality analysis for grantees. However, budget constraints have prevented this from being completed.
- The Divisions ADRC is developing a web portal, which will facilitate training.
- ADSD continues to have this as a strategy.

**Strategy 4:** Establish quality evaluation of programming from an outside source, to ensure periodic, impartial evaluation of program outcome data.

- ADSD Disability Services currently has a contract in place for external evaluation of its Independent Living program.
- Medicaid conducts an audit, and the outcome data is reviewed by ADSD staff.
- ADSD has an established grant with UNR Sanford Center on Aging to conduct ADRC program evaluation and quality management.

**GOAL TWO**

**EMPOWER OLDER ADULTS AND THEIR FAMILIES TO MAKE INFORMED DECISIONS ABOUT, AND BE ABLE TO EASILY ACCESS A COMPREHENSIVE ARRAY OF INFORMATION, REFERRAL, INTAKE, ASSESSMENT AND ELIGIBILITY DETERMINATION SERVICES.**

**Objective 1: Continue to expand the Aging and Disability Resource Center (ADRC) pilot project throughout the state to strengthen community-based systems of support through which access to information and services is coordinated.**

**Strategy 1:** Improve and maximize the coordination of ADRC activities with the 2-1-1 system.

- While ADRC has made contact with 2-1-1 staff, progress has been less than anticipated. However, work with the 2-1-1 executive board continues, and ADRC will continue collaborative efforts.

**Strategy 2:** Improve state and local based integrated delivery system.

- The ADRC site monitoring was completed and is ongoing.
- ADSD contracts ongoing independent quality management and program evaluation services with Sanford Center for Aging.
- Completed a five-year strategic plan for ADRC and added four new sites to improve service integrity.

**Strategy 3:** Strengthen the collaboration of the statewide senior services network with the statewide family resource center.

- Funding strategy revised with OAA Title III-E and ILG funds.
- Extensive outreach conducted for new site recruitment.
- Two Family Resource Centers (FRC) were awarded ADRC grants – Ron Wood FRC and East Valley FRC.

**Strategy 4:** Work with senior service network to disseminate accurate information about healthcare options, including long-term care planning options.

- ADSD staff and contractor review the website content biannually to ensure accuracy of information. This is ongoing and enhanced with the ADRC Portal, which will streamline efficiencies.

**Objective 2: Improve health insurance and benefit counseling services provided by the State Health Insurance Assistance Program (SHIP)**

**Strategy 1: Provide ongoing information and assistance to seniors on Medicare and Medicare Part D.**

- SHIP submits an annual grant application with a work plan to CMS. SHIP operates on continuing federal grant for outreach and enrollment activities.
- ADSD applied for and was awarded a Medicare Improvements for Providers and Patients Act grant for outreach to seniors with low income, who may qualify for subsidies for prescription drug costs and Medicare Savings Program for health care costs.
- SHIP attended health fairs and other events, and made contact with thousands of individuals. Annual one-on-one counseling was provided at 33 locations annually.

**Strategy 2: Increase the number of SHIP volunteers statewide.**

- In each year, 2009, 2010 and 2011 SHIP added 46, 38 and 56 new volunteers respectively. In 2011, SHIP had a total of 76 volunteers to counsel clients.
- Due to turnover, the recruitment of volunteers is ongoing. Progress proceeding as planned.
- The new SHIP director also has oversight of ADRC sites for enhanced consolidation of activities and is training the new ADRC project director.
- Collaboration between SHIP, ADRC, LTC Ombudsman and Senior Medicare Patrol (SMP) is in progress to maximize service coordination and volunteer recruitment activities.
- Added SMP during 2011 legislative session. This provides ADSD with the opportunity for staff to cross train volunteers between the provision of SHIP and SMP services, and to streamline the oversight of volunteers for both SMP and SHIP.

**GOAL THREE      PROVIDE ADDITIONAL CHOICES FOR HIGH-RISK INDIVIDUALS**

**Objective 1: Expand outreach to and engagement of high-risk individuals.**

**Strategy 1: Develop outreach activities to targeted groups, including low-income, rural, minority and federally recognized tribes in Nevada.**

- ADSD now requires grantees to have a targeting plan for outreach to high-risk groups and Native American tribes.
- ADSD grantees also sign assurances that specify these populations for high priority outreach activities.

**Strategy 2: Pursue activities to increase access to Native American elders through agency programs and benefits provided under Title III meals programs and Title VII elder abuse programs.**

- ADSD notifies Native American tribes of opportunities for funding, training, and the Division works with the Department of Health and Human Services Tribal Liaison for increased collaboration with the tribes relevant to training and technical assistance.
- ADSD funds some tribes for nutrition services, safe food handling and equipment requests.
- ADSD participates in federal Region IX annual Consultations annual meetings to discuss tribal leader concerns regarding service access barriers and tribal needs. This has provided opportunity to identify ways that ADSD can work more closely with the tribes for problem resolution.

**Strategy 3: Support training in cultural competency.**

- Cultural competency training was provided statewide during an ADSD conference in 2008.
- NGEAC and ADSD staff have provided cultural competency training in 2008 and 2009.

**Objective 2: Improve access for seniors to mental health services and reduce the incidence of senior suicide in Nevada.**

**Strategy 1: Strengthen partnerships with the Nevada Mental Health and Developmental Services Division (MHDS), to promote awareness of mental health issues for older Nevadans and identify and eliminate barriers to services.**

- Due to budget constraints, ADSD is relying on MHDS to manage mental health services for the elderly.

**Strategy 2: Collaborate with the state Office of Suicide Prevention (OSP) to train grantees, providers and the community on identification and intervention of persons at risk of suicide.**

- Suicide prevention training was provided statewide during an ADSD conference in 2008.
- No further external training or conference opportunity has occurred, due to budget constraints. All available funds have been used for service provision.
- OSP has provided in-services at ADSD staff meetings, and has been given opportunity for ADSD to facilitate presentations at senior centers.

**Strategy 3: Advocate for increased resources to expand outreach and crisis intervention services for older Nevadans, experiencing mental health problems, including use of support groups.**

- ADSD ceased mental health service grant funding due to budget constraints, and relies on MHDS to address mental health needs of the elderly.

**Strategy 4: Collaborate with MHDS to identify and secure sustainable funding for the Southern Nevada Mental Health Outreach Program.**

- Funding was not identified, and MHDS discontinued this program.

**Objective 3: Improve services to older persons with dementia, their families and caregivers.**

**Strategy 1:** Continue collaboration with the University of Nevada School of Medicine's Alzheimer's Disease Diagnostic Treatment Centers, the Alzheimer's Association chapters, and the Lou Ruvo Brain Institute scheduled to open.

- ADSD funds grants annually that support programming for clients with dementia and other disorders, and meets quarterly to monitor program progress.
- Ongoing grant applications submitted with partners, Alzheimer's Disease Demonstration Grants to States (ADDGS) Telehealth Program funded in 2011.
- ADSD is continuing operation of CarePro Intervention with the listed partners.

**Strategy 2:** Continue workshops studying barriers for reducing the incidence of out-of-state placements of seniors with dementia and behavioral issues.

- Legal Services Developer planned to work with the existing task force to address this issue, however the task force ceased operation in the first year of the State Plan implementation.
- Resources to continue this effort are not available at this time.

**Strategy 3:** Support efforts to establish a Silver Alert system in Nevada, patterned after the Amber Alert system for children, to help locate lost seniors.

- During the 2009 Nevada Legislative Session, AB 4 was introduced to achieve this system, but the bill died in Committee.
- The 2011 Nevada Session approved a bill for a Silver Alert type system and implementation is ongoing.

**GOAL FOUR**

**EMPOWER OLDER ADULTS TO STAY ACTIVE AND HEALTHY THROUGH EVIDENCED-BASED HEALTH PROMOTION/DISEASE AND DISABILITY PREVENTION PROGRAMS.**

**Objective 1: Increase activity and health of older adults.**

**Strategy 1:** Continue to support physical exercise and resistance training.

- As budgets became increasingly constrained, ADSD reviewed its scope of services and began paring it down to core services that directly prevent nursing home admission.
- ADSD began participating in the Health Care Reform subcommittee meetings, to identify potential grant funding for this and other services.
- The Division developed partnerships, applied for and was awarded a Chronic Disease Self Management Program (CDSMP) ARRA grant.
- The CDSMP grant goals and objectives are achieved and partners are sustaining this program. ADSD has used its most recent OAA Title III-D funding for a Health Promotion Specialist coordinator, to make CDSMP presentations, to recruit seniors to

attend the CDSMP workshops, and to identify sites where partners can continue providing workshops.

**Strategy 2:** Expand medication management programs to improve health benefits and decrease the costs of prescription drugs.

- Medication Management funded through OAA Title III-D.

**Strategy 3:** Support initiatives to increase the availability of health professionals trained in geriatric care.

- ADSD has internships available for students in social work schools; this training is occurring and ongoing.
- The ADSD Community Based Care Unit has supported the 15 social work completed internships statewide: Reno, 4; Carson City, 2; Elko, 1; and Las Vegas, 8.

**Objective 2: Identify and improve the nutritional status of at-risk seniors.**

**Strategy 1:** Continue to promote nutrition education through the distribution of Nutrition Tips and Training, which are used to improve senior health and dietary intakes, with emphasis on the rural areas including Title VI programs.

- ADSD provides its Nutrition Services grantees and Native American tribes with bimonthly distribution of Nutrition Tips and training. This is ongoing.
- ADSD's website has an interactive component "Ask the Nutritionist," that grantees and tribes can use to ask a registered dietician nutrition questions.

**Strategy 2:** Continue to support congregate meal programs, which encourage the socialization and community involvement of seniors who would otherwise remain isolated.

- Title III-C ARRA funds were distributed to Nutrition Services partners in April 2009.
- Support of Nutrition Services is ongoing.

**Strategy 3:** Continue to support homebound meal programs, to ensure the wellbeing of frail seniors.

- Title III-C ARRA funds were distributed to Nutrition Services partners in April 2009.
- Support of Nutrition Services for homebound seniors is ongoing.

**GOAL FIVE**

**PROVIDE AN EFFICIENT SYSTEM TO PROMOTE AND PROTECT THE SAFETY AND RIGHTS OF OLDER NEVADANS.**

**Objective 1: Promote collaborative efforts to prevent the occurrence of abuse, neglect, exploitation and isolation of older Nevadans.**

**Strategy 1:** Reinforce the skills and abilities of the law enforcement community in the identification, investigation and prosecution of elder abuse cases.

- ADSD provides ongoing training for Peace Officer Standards and Training (POST) and has developed a brochure, distributed annually statewide to law enforcement agencies, to promote training.
- ADSD participates on teams developed to collaborate with law enforcement officials and District Attorney representatives in the identification, investigation, and prosecution of elder abuse cases.

**Strategy 2: Continue to improve data collection and analysis of trends for more accurate information and planning.**

- ADSD monitors error reports within the database system monthly to identify trends indicating a need for staff training. Monitoring error reports allows for timely correction and more accurate information.
- ADSD conducts continual analysis of the database system used for the elder abuse program and has considered the possible efficiencies in updating this system as it relates to data collection.

**Strategy 3: Coordinate and collaborate with Clark County Senior Protective Services (CCSPS) to define and streamline duties and responsibilities, and to analyze feasibility of transferring CCSPS to the state.**

- In 2009 a feasibility study was completed which outlined key areas to address in the transition of CCSPS to the state.
- ADSD collaborated with CCSPS as well as other county partners developing and implementing the transition plan.
- Transition of CCSPS to the state was completed July 1, 2010.

**Strategy 4: Work closely with the Attorney General's Office, Senior Protection Unit, to increase law enforcement investigation and prosecution of elder abuse cases.**

- Although 19 cases were sent to the AG's office in the first year of the State Plan, and another 37 cases were referred in the second year, there has been no increase in prosecutions noted.
- ADSD continues periodic contact with the AG's office to discuss programs. The AG's office works on these issues as resources permit.

**Strategy 5: Legal Services Developer will collaborate with law enforcement, Attorney General, State Bar and other appropriate entities on formation of multidisciplinary teams to respond to issues surrounding elder abuse.**

- A Multidisciplinary Team (MDT) began in Washoe County in 2008. Clinical members of the team meet monthly to staff difficult cases and all team members meet every other month to collaborate on issues surrounding elder abuse.
- A Multidisciplinary Team (MDT) began in Carson City in 2010. The team meets quarterly to staff difficult cases and to discuss the prosecution of elder abuse cases.
- ADSD participates on a Seniors and Law Enforcement Together (SALT) team in Clark County. The team meets quarterly with one of the goals being to increase prosecution of elder abuse.

**Strategy 6:** Strengthen the statutorily required Senior Issues Review Team (SIRT) by restructuring goals of a working group to suggest systemic policy changes on service provision.

- Collaborated with partners, reviewed and revised team focus, utilizing AT&T teleconferencing to increase attendance at monthly meetings, and added new team members.
- SIRT meetings are held every other month in the north and the south. Teleconferencing has increased attendance.
- Continuing to develop ways to create systemic policy changes. Continuing to participate in a work group for operational efficiencies. Group has not concentrated on policy development.

**Objective 2: Review guardianship practices to ensure that Nevada's seniors are given the least-restrictive guardianships in the safest manner possible.**

**Strategy 1:** Work with the State Legislature to update guardianship statutes.

- AB 9 passed in the 2009 Legislative Session, creating an Interim Committee on Special Adult Populations, to review guardianship laws and work to achieve suggested changes in the 2011 Legislative Session.
- Recommendations for revising statutes forwarded, resulting in a new law the 2011 Legislative Session requiring background checks on all private professional guardians available for the court. New law also requires all guardians to sign an affidavit that they have read and understood the duties of a guardian. (ref. NRS 159.0595, NRS 159.073(c) and NRS 159.1853(2)).

**Strategy 2:** Provide technical assistance and training to community members, law enforcement, lawyers and guardians to safeguard against guardianship abuses.

- ADSD is providing technical assistance on an ongoing basis.

**Strategy 3:** Work with professional guardians to ensure accountability of their actions.

- This resulted in the accomplishments in Strategy 1, above.

**Strategy 4:** Assist courts in training non-professional guardians in the duties of the guardianship.

- See accomplishments in Strategy 1, above.

**Objective 3: Restructure the ADSD Long-Term Care Ombudsman/Elder Rights Advocate Unit to focus on advocacy and resident rights issues in long-term care settings.**

**Strategy 1:** Ensure all Long-Term Care Ombudsmen receive standardized training and approval of the State Long-Term Care Ombudsman, as qualified to carry out activities on behalf of the program as specified in the Older Americans Act.

- An extensive training program with testing was completed in May 2008.
- All new and existing Elder Rights Specialists are certified through this rigorous training and curriculum.
- Training requirements were established in Nevada Administrative Code in June, 2010.

**Strategy 2: Provide residents with regular and timely access to Ombudsman services.**

- Quarterly visits to nursing facilities are occurring. Non-complaint visits have increased by 97 percent.
- These visits are ongoing.

**Strategy 3: Promote volunteerism by partnering with the Corporation for National and Community Service Programs and other volunteer service organizations.**

- Staff began analyzing the existing resources to develop volunteerism in 2009.
- The 2009 Nevada Legislature revised SB65, which provides authority for utilizing volunteers in Nevada's Ombudsman Program.
- Volunteer training requirements were established in Nevada Administrative Code in 2010.
- The 2011 Legislature approved a budget to support up to 25 volunteers. Recruitment and training has begun.

**Strategy 4: Coordinate development and increase participation in resident and family councils.**

- By 2010, Elder Rights Specialists were involved with 158 resident councils and 59 family councils.
- This effort is ongoing.

**Objective 4: Increase access to legal services and advice for Nevada's seniors.**

**Strategy 1: Provide support and outreach for the Senior Legal Helpline (SLH).**

- By the end of the SLH grant, 2,014 seniors had been helped through the support of AoA funding, and another 1,309 seniors were helped through the support of other funding.
- SLH services have continued since the grant, and are supported by ADSD Independent Living Grant (ILG) funds. Services will continue with a combination of Legal Services Corporation funds and ILG grant funds.

**Strategy 2: Assist in creating cooperation among all legal services providers, including III-B funded services, to improve access for Nevada's seniors.**

- The ADSD Legal Services Developer participates in the Access to Justice Commission activities.
- The SLH and Las Vegas Senior Law Project have worked out collaborative agreements to maximize use of their resources.
- Collaboration continues with ILG funding.