



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Administrative Office
3416 Goni Rd, Ste D132
Carson City, NV 89502

(775) 687-4210 • Fax (775) 687-0576
adsd@adsd.nv.gov

RICHARD WHITLEY
Director

JANE GRUNER
Administrator

BRIAN SANDOVAL
Governor

MEETING NOTICE AND AGENDA

Name of Organization: Nevada Commission on Services for Persons with Disabilities (CSPD)

Date and Time of Meeting: May 12, 2016
9:30 a.m.

Location: Nevada Legislative Council Bureau
401 S. Carson Street, Room 3137
Carson City, NV 89701

Video Conference Location: Grant Sawyer State Office Building
555 E. Washington Ave. Room 4412
Las Vegas, NV 89101

To join this meeting by phone dial 1-888-251-2909, then enter Access code 8985078 when prompted.

DRAFT Minutes

Members present: Brian Patchett, Jon Sasser, Mary Bryant, Karen Taycher, Jim Osti, Nicole Schomberg, Shelley Hendren

Guests: Shannon Sprout, Jennifer Frischmann, Charles Duarte, Sandra Stamates, Connie McMullen, Lisa Bonie, Nick Easter, Lauri Fallen, Eric Dewitt-Smith, Wing Butler (interpreter), Rod Voris (interpreter), Sherry Manning, Teresa Morez, Dan Dinnel, Whitney Hobbs (interpreter), Arthur Richmond (interpreter)

Staff: Jane Gruner, Rique Robb, Betty Hammond, Desiree Bennett

I. Welcome and Introductions

Brian Patchett, Commission Chairperson

- II. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board but no action may be taken. The matter may be placed on a future agenda for action)

Ms. Manning commented that she received an email from Karen Phlipppo, Program Director for the Institute for Community Inclusion. she was assigned to the Committee for technical assistance on moving Nevada forward. Her comments were read into the record as follows: "The CSPD has a very broad mandate to elevate employment policy, it will be essential to those who are interested in being a member of the CSPD workgroup to be officially appointed quickly so that the CSPD will have the additional expertise on board to establish employment as a priority and take appropriate action to ensure that new policies are enacted".

- III. **Approval of Minutes from the February 11, 2016 Meeting** (For Possible Action)
Brian Patchett, Commission Chairperson

Ms. Bryant made a motion to accept the meeting minutes from February 11, 2016. Mr. Sasser seconded the motion. Motion passed.

- IV. **Presentation and Possible Discussion on Toxic Encephalopathy Including: Signs/Symptoms, Treatment, Accommodations and Prevention.**
Angel De Fazio, President/Executive Director, BSAT

Ms. De Fazio, Executive Director of the National Toxic Encephalopathy Foundation, gave a presentation on Signs/Symptoms, Treatment, Accommodations and Prevention of Toxic Encephalopathy. (Attachment A) Ms. De Fazio asked the Commission to recognize Toxic Encephalopathy as a disability and to acknowledge accommodations needed for individuals with the disability. A reasonable accommodation would be allowing individuals to call in to meetings by phone and to make all public buildings where public meetings are held, fragrance free.

Ms. Gruner stated that ADSD has made the decision to place language for a fragrance free environment for all Boards and Commission meetings on all agendas.

- V. **Discussion and Follow up on Nevada Medicaid Managed Care Proposals and The Division of Health Care Financing Policy Autism Services Funding, Possible Recommendations Made by the Commission**(For Possible Action)
Jane Gruner, Administrator, ADSD
Jennifer Frischmann, DHCFP

Ms. Frischmann stated that Division of Health Care Financing Policy (DHCFP) has chosen a vendor to help with the expansion of managed care. The DHCFP in conjunction with Aging and Disability Services (ADSD) and Public and Behavioral Health (PBH) are carrying out an in depth analysis of moving long term services and supports into managed care. Neither division wants to move too quickly and have completed statewide town hall meetings to receive feedback from the community. The Division of Health Care Finance and Policy is about to release a Request for Proposal (RFP) to procure current managed care contracts and will be available for public comments in July.

Mr. Sasser stated that kids who are in foster care have historically been a Fee for Service population. He asked if it is under consideration if that population will go under managed care. Ms. Frischmann stated that it is under consideration, but continuity in care is important. She added that a lot of the long term support services individuals whom DHCFP supports are also dual eligible through Medicare and Medicaid.

- VI. Update on Nevada Olmstead
Jane Gruner, ADSD Administrator

Item VI was discussed under item VII.

- VII. Update on Caseload Evaluation Organization Numbers, Discussion and Possible Recommendations from Commission (For Possible Action)
Jane Gruner, ADSD Administrator

Ms. Sprout was asked to follow up with the Commission on some statistics regarding the Autism Treatment program. She stated that DHCFP implemented a policy on January 1, 2016 for applied behavior analysis with Medicaid, which was pending CMS approval. While approval was pending, DHCFP built the policy and were enrolling providers so they could perform needed services, however they were unable to get paid until CMS gave the approval. Typically CMS takes around 90 days for authorization. Medicaid has 20 group providers, 20 payroll analysts, 64 registered behavioral technicians, 3 psychologists and 2 assistant payroll analysts enrolled. There has been continued growth every month in provider enrollment. There has been a continued growth of Registered Behavioral Technicians in Nevada and of provider enrollment.

Ms. Gruner clarified that if a child has Medicaid and their provider has selected not to become a Medicaid provider, there will be a process for transitioning that child to a different provider. Certain providers are not interested in being enrolled in Medicaid due to the financial cost of hiring individuals.

Mr. Patchett commented that becoming a Medicaid provider has been a process and hopes there will be no negative impact on the next budget. There has been a learning curve for providers on how to bring people in and have them get their RBT certification. It is a priority to determine what the best process is to get them through that certification.

Ms. Gruner read through the updated caseload evaluation numbers from ADSD and answered questions from the Commission (<http://adsd.nv.gov/Boards/CSPD/CSPDAgendas/>).

Ms. Taycher commented that it is important to look at the quality of care and asked if ADSD would be able to present information the agency collects on qualitative data at the next meeting.

Ms. Gruner stated that ADSD has the proposal for the Strategic Planning and Accountability Committee and is looking for representation from the CSPD. Mr. Patchett appointed himself, Karen Taycher and Jon Sasser to represent the CSPD on that subcommittee.

VIII. Report from the Subcommittee on Legislative Issues, Discussion and Possible Recommendations from Commission (For Possible Action)

- List of Recommendations for Interim Committees
 - Department and Division Proposed Budget
 - Update on Department of Justice Pending Complaint on Representation for People with Disabilities and Guardianship
- Jon Sasser, Subcommittee Chair

The Interim Committee on Seniors, Veterans and Adults with Special Needs is Chaired by Senator Hardy. The committee discussed Medicaid Managed Care and the effects on special populations.

Other deaf and hard of hearing issues, such as captioning at the Legislature, were also brought up to the committee to be added to their June 13th meeting agenda.

The next scheduled CSPD Subcommittee on Legislative issues is scheduled for June 9th. If the Commission would like to ask something of the interim committees, there will need to be discussions about it at the next Legislative Subcommittee meeting in time for their work session meetings. ADSD staff will research which support letters to send or resend to appropriate committees and agencies.

The Interim Health Care Committee, Chaired by Senator Oscarson, had a presentation from Nevada Medicaid on Managed Care. Members from CSPD were able to testify during public comment.

Mr. Sasser stated that agencies have been instructed to prepare a flat line and minus 5% budget going forward for the next two years. There is no room for enhancements except for some Olmstead and other legal mandate exceptions.

Mr. Sasser followed up with a previous discussion the Commission had regarding the Americans with Disabilities Act (ADA) ruling that states the necessity of having an attorney to represent adults with intellectual disabilities in guardianship proceedings. There is a potential for filing a complaint if there is a violation of the ADA. Mr. Sasser made a motion that the CSPD send a letter to the Guardianship Commission pointing out the special needs of adults with intellectual disabilities during the guardianship process and call to their attention the ruling, asking that

they address it in their recommendations. Ms. Bryant seconded the motion. Motion passed.

- IX. Presentation from the National Alliance on Mental Illness (NAMI) with Possible Recommendations from the Commission (For Possible Action)
- Update on NAMI Statewide
 - Impact on Mental Health Parity and the ACA on insurance Coverage for Persons with Behavioral Health Issues
 - Medicaid Expansion Impact on Services
 - Update on Educational Programs and Building Up the Southern Nevada Chapter
- Charles Duarte, CEO, Community Health Alliance

Sandra Stamates, President of the Board of Directors, NAMI, presented on the history programs and future of the National Alliance on Mental Illness. (Attachment B).

Ms. Bryant asked how Community Health Alliance (CHA) is researching how Medicaid Managed Care is affecting people. Mr. Duarte explained that CHA has a limited amount of data collected through only the individuals they serve. CHA has discussed policy priorities and have asked questions in legislative hearings, meetings with Department Agencies, meetings with the Director of DHHS and town halls on the expansion of Medicaid managed care. Mr. Duarte has received a report from Jane Gruner, ADSD, on Access to Care but mental health was not included.

Mr. Duarte discussed a few major concerns regarding Medicaid Managed Care:

- Community Health Alliance has not seen a community health worker or care coordinator in their offices from any of the managed care organizations at all. It has not been effective care management but more effective cost management. Both NAMI and CHA have discussed possible solutions in developing effective cost effective systems of care for people.

Ms. Stamates commented that she has been on a recovery transformation implementation team with the Department of Veterans Affairs (VA) for three years. She currently works with the local recovery coordinator in Reno. They began teaching family to family at the VA hospital in September 2013 and introduced the NAMI Homefront program in 2015. The program serves veterans or service member families. They have also partnered with Army One Source that looks particularly at women's issues in the military.

- X. Presentation on the Healthy Southern Nevada Website with Possible Recommendations from the Commission (For Possible Action)
- Jim Osti, Commission Member

Mr. Osti presented and answered questions from the Commission on the website on Healthy Southern Nevada that he manages for the Health District.
<http://www.healthysouthernnevada.org/>

- XI. Presentation on Proposal for Creating a Nevada Disability Compendium with Possible Recommendations from the Commission (For Possible Action)
Jim Osti, Commission Member

Mr. Osti presented the possibility of implementing a Disability Report Compendium for the state of Nevada.

A compendium is a web based tool that gathers statistics from a variety of agencies, both nationally and locally and places them in one location (Attachment D). Mr. Osti made a recommendation that the CSPD manage the Compendium. It will give the Commission the statistics it needs for legislative issues and advocacy. The Commission could publish the report with assistance from identified partners. Mr. Osti volunteered to chair a subcommittee to work with community partners in developing a compendium for Nevada. Ms. Bryant and Mr. Patchett also volunteered to be on the subcommittee. The CSPD will discuss issues of management and staffing requirements with Aging and Disability Services Division.

- XII. Report from the Subcommittee on Communication Services, Discussion and Possible Recommendations From Commission (For Possible Action)

- Report on Captioning
Betty Hammond, Social Services Program Specialist, ADSD

Ms. Hammond updated the Commission on recent activities of the Subcommittee on Communication Services and the Communication Access Services Program.

- Evaluation of RFP applications for CAS and will present an update at the next CSPD meeting.
- ADSD's interpreter registry is live.
- The recently vacant Program Specialist 2 position will be filled soon.
- SOCS is working with Social Entrepreneurs Inc. to develop their Strategic Plan.

- XIII. Update with Possible Recommendations on the Governor's Taskforce on Integrated Employment (For Possible Action)
Brian Patchett, Commission Chairperson
Shelley Hendren, Task Force Co-Chairperson

Mr. Patchett stated that ADSD and the DD Council were able to hire a facilitator for all of the Taskforce meetings. Ms. Bryant made a motion to appoint the following individuals as members of the Taskforce on Integrated Employment. Mr. Sasser seconded the motion. Motion passed.

Brian Patchett, co-chair (south)
Shelley Hendren, co-chair (north)
Mary Bryant (north)
Sherry Manning (north)
Rosie Melarky (north)

Jack Mayes (statewide)
Tiffany Lewis (north)
Kenny Rodriguez (south)
Josh Baker (south)
Jim Osti (south)
Robin Renshaw (south)
Catherine Whitter (north)
Bill Hammargren (rural)
1 individual with disabilities from the north
1 individual with disabilities from the rural
2 individuals with disabilities from the south

- XIV. Presentation from Assistive Technology Council on Status of State Website Initiative and Possible Recommendations from the Commission (For Possible Action)
Scott Youngs, NCED
George Mckinlay, UCED

Mr. Youngs stated that there have been many discussions with the Nevada Assistive Technology Council about state website accessibility for individuals who are blind or low vision. The Council developed a State Website Accessibility Taskforce to explore and research accessibility issues within Nevada. The AT Council and the SWAT Committee has decided to write a letter to the Governor's office. Mr. Mckinlay read into the record the letter developed by the Taskforce (Attachment C).

Ms. Taycher made a motion to support the letter from the Assistive Technology Council and the State Website Accessibility Taskforce through letter of support to the Governor's office. Ms. Bryant seconded the motion. Motion passed.

- XV. Discussion and Possible Determination of Issues and Agenda Items to be Considered or Deliberated at the Next Meeting (For Possible Action)
Brian Patchett, Commission Chairperson

1. Update on Communication Access Program and recent Request for Proposal (RFP).
2. Caseload Statistics and update from Jane on quality of care information is collected.
3. Integrated Employment update
4. Legislative Subcommittee update
5. Report and update on Disability Compendium
6. CSPD membership and recruitment

- XVI. Confirm Dates for Future Meeting (For Possible Action)
Brian Patchett, Commission Chairperson

The next CSPD meeting is scheduled for August 11, 2016

- XVII. **Public Comment (May Include General Announcements by Commissioners)** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board but no action may be taken. The matter may be placed on a future agenda for action)

Ms. Bryant commented that this week there will be a Fake College Nevada Strategic Planning for post-secondary education and for students with intellectual disabilities. It will be held at the University of Nevada, Reno. This meeting was Ms. Bryant's last meeting; she expressed interest in staying a member of the CSPD Legislative Subcommittee and on the Taskforce on Integrated Employment Committee. ADSD will conduct research on the length of time a board member must take a break before being reappointed to the Commission.

- XVIII. **Adjournment**
Brian Patchett, Commission Chairperson

Meeting adjourned at 2:00 pm.

Commission on Services for Persons with Disabilities Members

Brian Patchett (Chair), Mary Bryant (Co-Chair), Gary Olsen, Jon Sasser, Karen Taycher, Nicole Schomberg, Shelley Hendren, James Osti, David Daviton

NOTE: Agenda items may be taken out of order, combined for consideration, and/ or removed from the agenda at the Chairperson's discretion. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

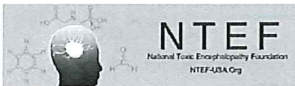
NOTE: We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Desiree Bennett at (775) 687-0586 as soon as possible and at least five days in advance of the meeting. If you wish, you may e-mail her at dabennett@adsd.nv.gov. Supporting materials for this meeting are available at: 3416 Goni Rd, D-132, Carson City, NV 89706 or by contacting Desiree Bennett (775) 687-0586 or by email at dabennett@adsd.nv.gov

Agenda Posted at the Following Locations:

1. Aging and Disability Services Division, Carson City Office, 3416 Goni Road, Suite D-132, Carson City, NV 89706
2. Aging and Disability Services Division, Las Vegas Office, 1860 East Sahara Avenue, Las Vegas, NV 89104
3. Aging and Disability Services Division, Reno Office, 445 Apple Street, Suite 104, Reno, NV 89502
4. Aging and Disability Services Division, Elko Office, 1010 Ruby Vista Drive, Suite 104, Elko, NV 89801
5. Nevada Community Enrichment Program, 6375 West Charleston Boulevard, Ste. L200 Las Vegas, NV 89146
6. Southern Nevada Center for Independent Living, 6039 El Dora Street H-8, Las Vegas, NV 89101
7. Disability Resource Center, So. E. Greg St., Suite 102 Sparks, NV 89431
8. Nevada State Library and Archives, 100 North Stewart Street, Carson City, NV 89706
9. Desert Regional Center, 1391 South Jones Boulevard, Las Vegas, NV 89146
10. Sierra Regional Center, 605 South 21st Street, Reno, NV 89431
11. Rural Regional Center, 1665 Old Hot Springs Road, Carson City, NV 89706
12. Northern Nevada Center for Independent Living, 999 Pyramid Way, Sparks, NV 89431
13. Dept. of Health and Human Services, 4126 Technology Way, Carson City, NV 89706
14. Early Intervention Services, 2667 Enterprise Road, Reno, NV 89512

Notice of this meeting was posted on the Internet at: <http://www.adsd.nv.gov/> and <https://notice.nv.gov>

Attachment A



NTEF
National Toxic Encephalopathy Foundation
NTEF-USA.Org

Toxic Encephalopathy

Nevada Department of Health and Human Services
Commission on Services for Persons with Disabilities (CSPD)
May 12, 2016

Angel De Fazio, BSAT, President
PO Box 29194
Las Vegas, NV 89126
(702) 490-9677
Angel@NTEF-USA.Org

1

Overview 1/2

- Definition
- Types
- Causation
- Same Causation-Different Name
- Signs/Symptoms
- Prevalence
- Diagnosis
- Treatment/Prognosis
- Barriers
- Accommodating Benefits Everyone

2

Overview 2/2

- Centers for Disease Control
- U.S. Department of Health & Human Services
- U.S. Census Bureau
- U.S. Department of Justice
- U.S. Access Board
- American Lung Association

3

What is Encephalopathy?

National Institute of Neurological Disorders and Stroke, a division of the National Institutes of Health, definition:

- Disease of the brain that alters brain function or structure
- Infectious agent (bacteria, virus or prion)
- Metabolic or mitochondrial dysfunction
- Brain tumor or increased pressure in the skull
- Prolonged exposure to toxic elements (including solvents, drugs, radiation, paints, industrial chemicals and certain metals)
- Chronic progressive trauma
- Poor nutrition
- Lack of oxygen or blood flow to the brain

4

What is Neuro-toxicity?

- Exposure to natural or manmade toxic substances (neurotoxicants) alters the normal activity of the nervous system
- Disrupts or even kills neurons---key cells that transmit and process signals in the brain and other parts of the nervous system
- Exposure to substances used in chemotherapy, radiation treatment, drug therapies, and organ transplants
- Heavy metals such as lead and mercury
- Certain foods and food additives
- Pesticides
- Industrial and/or cleaning solvents
- Cosmetics and artificial or man-made fragrances
- Some naturally occurring substances
- Symptoms may appear immediately or be delayed

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Types of Encephalopathy 1/2

Chronic traumatic- multiple traumas or injuries to the brain
Encephalomyopathy- A combination of encephalopathy and myopathy (skeletal muscles, cell structure and metabolism)
Glycine- a genetic condition, high levels of glycine (an amino acid)
Hashimoto's- a rare effect autoimmune disease, attacks the thyroid gland
Hepatic- liver disease
Hypertensive- very high blood pressure
Hypoxic ischemic- not enough oxygen
Infectious- Infections from bacteria, viruses, and fungi, inflammation of the brain tissue or of the meninges (meningitis)
Lyme- Lyme disease
Mitochondrial- dysfunction of mitochondrial DNA

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Types of Encephalopathy 2/2

Neonatal- An obstetric form; lack of oxygen in blood flow to brain tissue of the fetus during labor or delivery

Salmonella- food poisoning (especially out of peanuts and rotten meat) permanent brain damage and nervous system disorders

Static- lack of oxygen

Structural- Head trauma

Toxic- chemicals, often resulting in permanent brain damage

Toxic metabolic- infections, toxins, or organ failure, abnormalities of the water, electrolytes, vitamins, and other chemicals

Transmissible spongiform- prion diseases, kuru, and Creutzfeldt-Jakob

Uremic- kidney failure

Wernicke- vitamin B1 deficiency

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ICD Codes

2016 ICD-10-CM Diagnosis Code G92

Toxic encephalitis

Toxic metabolic encephalopathy

Approximate Synonyms:

Encephalopathy, toxic

Inflammation of brain and spinal cord due to toxic substance

Inflammation of spinal cord due to toxin

Toxic encephalitis, toxin unspecified

Toxic encephalomyelitis

Toxic encephalomyelitis, toxin unspecified

Toxic myelitis

Types:

T52 Toxic effect of organic solvents

T53 Toxic effect of halogen derivatives of aliphatic and aromatic hydrocarbons

T59 Toxic effect of other gases, fumes and vapors

T60 Toxic effect of pesticides

8

Causation

Disturbance of normal brain function is caused by:

1. depletion of oxidative energy
2. nutritional deprivation affecting nerves and neurons
3. exposure to foreign material which may be
 - a) exogenous in origin,
 - b) generated within the central nervous system,
 - or
 - c) generated within the body¹
4. Inflammation

¹Jacob Valk and M. S. van der Knaap. *Toxic Encephalopathy*, AJNR 13:747-760, Mar/Apr 1992, 0195-6108/ 92/1302-0747

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Same Causation-Different Names

- ADD/ADHD
- Autism
- Gulf War Syndrome
- Parkinson's
- Alzheimer's

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Signs/Symptoms

- Immediate or delayed onset
- Sensory
- Voice/speech
- Respiratory
- Muscular
- Dermatological
- Neurological

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Neurological

- Insomnia
- Short-term memory loss
- Aphasia
- Executive function and self-regulation skills
- Syncope/consciousness
- Mental clarity/intoxication
- Intelligence decline
- Headaches/Migraines
- Decreased concentration
- Excitability/convulsions
- Motor/sensory disturbances
- Behavioral/psychological changes

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Prevalence

- 30.5% of the general population found scented products on others irritating
- 19.0% reported adverse health effects from air fresheners
- 10.9% reported irritation from scented laundry products vented outside
- Results were nearly twice as high for people with asthma

Source: Caress SM1 and Steinmann AC. "Prevalence of fragrance sensitivity in the American population," J Environ Health, March 2009, PMID: 19326669.

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How We Smell

14

Blood Brain Barrier

15

Diagnosis

Detailed history	DetoxiGenomic® Profile
Neurological work up	Organophosphates Profile - Urine
Chemical/food provocation/neutralization	Oxidative Stress Analysis 2.0 (Blood)
P450 test	Phthalates & Parabens Profile - Urine
Mitochondrial	Toxic Effects CORE
Bisphenol A (BPA) Profile - Urine	Volatile Solvents Profile - Whole Blood
Comprehensive Thyroid Assessment	ImmunoGenomic® Profile
DetoxiGenomic® Profile	

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Treatment/Prognosis

- No cure/treatment
- Primarily symptomatic
- Elimination/avoidance
- Lifestyle modifications
- Natural/organic diet
- Filtered water
- Nutritional supplements
- Counseling, disability acceptance
- Brain/cognitive exercises
- Irreversible
- Exposures increase cognitive decline

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Barriers

- Fragrances/Personal care products
- Air fresheners
- Cleaning products
- Pesticides
- Ozone Generators
- New Buildings/Renovations
- Furniture
- Natural Gas
- Electro-magnetic radiation
- Laundry products

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Accommodations

- Fragrance-free policies
- Telecommute for employment, telephonic participation
- Integrated Pest Management/barrier protocols
- Metal desks and no carpet
- Chemically neutral cleaning supplies
- Non-VOC building materials
- Increased air exchanges
- Identify and remediate all noxious odors (water damage)
- Wired internet
- VOC removal air filters
- Non-VOC furniture or seal furniture to prevent off-gassing

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Accommodating Benefits Everyone

- No advanced knowledge when your system will become overloaded
- Chemicals correlation to infertility, neuro-developmental disorders, thyroid, breast cancer
- Healthier work environments
- Healthier pregnancy
- Respiratory
- Decreased unemployment/disability

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Centers for Disease Control 1/2

Indoor Environmental Quality Policy (June 22, 2009)

Indoor Environmental Quality Guidelines
Appendix A
Section C. Building Occupants

Non-permissible products:
Scented or fragranced products are prohibited at all times in all interior space owned, rented or leased by the CDC. This includes the use of:

- Incense, candles or reed diffusers
- Fragrance-emitting devices of any kind
- Wall-mounted devices, similar to fragrance-emitting devices, that operate automatically or by pushing a button to dispense deodorizers or disinfectants
- Potpourri
- Plug-in or spray air fresheners
- Urinal or toilet blocks
- Other fragranced deodorizer/re-odorizer products

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Centers for Disease Control 2/2

- *Personal care products (e.g., colognes, perfumes, essential oils, scented skin and hair products) should not be applied at or near actual workstations, restrooms or anywhere in CDC owned or leased buildings.*
- *Fragrance is not appropriate for a professional work environment, and the use of some products with fragrance may be detrimental to the health of workers with chemical sensitivities, allergies, asthma, and chronic headaches/migraines.*
- *Employees should avoid using scented detergents and fabric softeners on clothes worn to the office. Many fragrance-free personal care and laundry products are easily available and provide safer alternatives.*

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Department of Health & Human Services

October 10, 2010

Based on CDC policy:

- Identical list of non-permissible products;
- Restricts application of fragranced products at work;
- Exempts fitness centers and day-care centers.

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U.S. Census Bureau

March 2009

- Issued fragrance-free policy
- Implemented language to protect employees and accommodate disabled workers

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U.S. Department of Justice

Civil Rights Division, U.S. Department of Justice
Americans with Disabilities Act Guidelines, July 26, 1991
 Those severely affected by MCS "will satisfy the requirements to be considered disabled under the regulation." *Federal Register*, Vol. 56, No. 144, pp. 35549, 35699.

Department of Housing and Urban Development (April 14, 1992)
 Legal Memorandum recognizing MCS/EI as "handicaps" under the Fair Housing Act entitling reasonable accommodations on a case-by-case basis.

- Excludes allergies
- Extends coverage to those recognized as disabled by Social Security Administration

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U.S. Access Board

1999 - Has training for Board and staff on fragrances
 2000 - Adopts Fragrance-Free Policy for Board Meetings
www.access-board.gov/about/meetings.htm

2000 - Creates committee to examine CS/ES
 2003; 2007 - Contracts with National Institute of Building Sciences to study indoor environmental quality (IEQ) and CS/ES
 2006 - Issues "Indoor Environmental Quality Project Report"
www.access-board.gov/research/ieq

2010 - Opens permanent meeting space designated fragrance-free; all participants refrain from perfume and cologne; unscented personal care products; scent-free cleaning and maintenance (July 2010)

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American Lung Association

- *Improving and maintaining healthy indoor air quality is very important to the lung health of employees with or without chronic lung diseases such as asthma and COPD.*
- *Fragrances can and do affect indoor air quality.*
- *They also represent potential health hazards for employees with allergies and chronic lung diseases.*
- *Exposure to pesticides can cause both short-term and long-term health problems.*

Create a Lung Healthy Work Environment
www.lung.org/our-initiatives/healthy-air/indoor/at-work/guide-to-safe-and-healthy-workplaces/create-a-lung-healthy-work.html

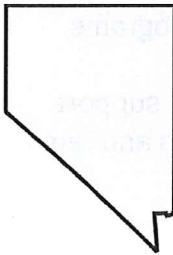
27

Attachment B



CSPD Presentation
May 12, 2016

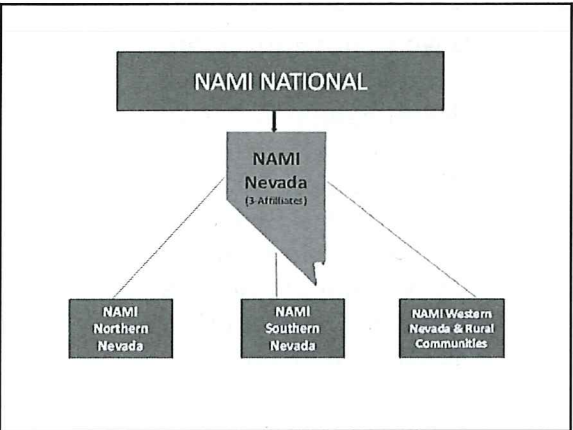
Presented by
Sandra K. Stamates, President
Charles Duarte, Policy Chair



NAMI

National Alliance on Mental Illness

- Founded 1979 in Madison, Wisconsin
- Incorporated in Missouri, now with headquarters in Arlington, Virginia
- NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental health conditions.




NAMI's Vision

NAMI envisions a world where all persons affected by mental illness experience resiliency, recovery and wellness.

Our Collective Beliefs

- Mental illnesses are illnesses like any other
- Stigma is real and has terrible consequences
- Both the individual and the family are essential to the recovery process
- Studies show that education and support for families and people with mental illness make substantial differences in outcomes, recovery and resilience. NAMI programs transform lives.
- With appropriate treatment and services, people can and do recover from mental illness

Education & Support

NAMI	NAMI State Organizations	NAMI Affiliates
<ul style="list-style-type: none"> • Creates curriculum & provides training of trainers for NAMI Signature Programs & Support Groups 	<ul style="list-style-type: none"> • Train NAMI Signature program facilitators & teachers. • Coordinate NAMI Signature programs throughout the state. 	<ul style="list-style-type: none"> • Offer community education about mental illness and NAMI. • Offer NAMI Signature Programs and Support Groups.



NAMI Nevada
National Alliance on Mental Illness

NAMI Signature Programs

Peer education and support activities for individuals and family members

Why Are NAMI Programs Important in Nevada?

- Mental health is a public health issue.
- NAMI programs dispel myths and reduce stigma around mental illness.
- NAMI programs give tools, skills and resources to people whose lives are affected by mental illness . . . to make their lives better.
- NAMI programs promote recovery and wellness.
- Lives are transformed – no longer alone.

NAMI Programs in Nevada:

- **NAMI Family to Family**
(English & Spanish)
- **NAMI Basics**
(English & Spanish)
- **NAMI Peer to Peer**
- **NAMI Support Groups**
- **NAMI In Our Own Voice**
- **NAMI Homefront**

NAMI Family-to-Family
National Alliance on Mental Illness


- Listed in the National Registry of Evidence-based Programs and Practices (NREPP)
- 12 session course for family members, spouses and partners of individuals with mental illness.
- The course is taught by trained family members and is free to participants.
- Over 350,000 family members have graduated from this national program.
- The course is taught in Spanish in Nevada.

NAMI Basics
National Alliance on Mental Illness

Six session education program, based on Family-to-Family, for parents and other family caregivers of children and adolescents living with mental health conditions.


NAMI Homefront
National Alliance on Mental Illness

Six-session education program, based on Family-to-Family, taught for and by families of military Service Members and Veterans living with mental health conditions.




NAMI Peer-to-Peer
National Alliance on Mental Illness

NAMI Peer-to-Peer is a unique, 10-session experiential learning program for people with mental illness who are interested in establishing and maintaining their wellness and recovery.




NAMI In Our Own Voice
National Alliance on Mental Illness

Public education presentation given by 2 trained presenters living in recovery with mental illness.




NAMI Connection
National Alliance on Mental Illness RECOVERY SUPPORT GROUP

Support groups for people whose lives are affected by mental illness, where people learn from each others' experiences, share coping strategies, and offer each other encouragement and understanding



NAMI Family Support Group
National Alliance on Mental Illness



NAMI Nevada
National Alliance on Mental Illness

NAMI Nevada is exploring starting a Support Group to focus on senior depression.

- As of July 1, 2014 – 14.2% of Nevada population is 65 or older
- The highest suicide rate in the USA in 2014 (19.3%) was in people 85 and older, especially white males
- Nevada ranked 8th in suicide rate in 2014
- Suicide is the 8th leading cause of death in Nevada

NAMI Programs We Plan to Bring to Nevada



NAMI On Campus
National Alliance on Mental Illness



NAMI Ending the Silence
National Alliance on Mental Illness



NAMI Parents & Teachers As Allies
National Alliance on Mental Illness



NAMI Provider Education
National Alliance on Mental Illness



NAMI Southern Nevada
National Alliance on Mental Illness

- New Board of Directors installed on January 28, 2016
- Engaged and enthusiastic leadership
- New Web site
- Facebook Page
- NAMI Signature programs being taught in Las Vegas
 - NAMI Basics - January to February
 - NAMI Family-to-Family – April 2 – May 7
 - Two Support Groups held weekly on the campus of SNAMHS on Tuesday evenings
 - Teacher training to train teachers for Family-to-Family will be held in Las Vegas on June 4 & 5



NAMI Nevada
National Alliance on Mental Illness

Policy Initiatives

- Improving Access to Care
- Compliance with the Mental Health Parity & Addictions Equity Act
- Reducing Criminalization



Advocacy Concerns

- Medicaid Managed Care Expansion to Aged, Blind and Disabled and Rural Nevada
 - Transparency in Medicaid Performance and Cost Data
 - Compliance Status of MHPAEA
- Implementation of Medicaid Supportive Housing and Employment Services under Section 1915(i)
- Homelessness Initiative



Questions?

Contact Information:

Sandy Stamates, President
NAMI Nevada
680 S. Rock Blvd.
Reno, NV 89502
Email: president@naminvada.org
PH: 775-336-3090

FINAL DRAFT, REGARDING EQUAL ACCESS TO STATE WEB SITES AND OTHER WEB BASED PROGRAMS AND SERVICES.

Pending AT Council Approval on May 20, 2016

On behalf of the Statewide Assistive Technology Council (AT Council), its members and consumers with disabilities; we are writing to inform you of an important issue that has a desperate impact on the lives of Nevadan's with disabilities. After years of discussion, research and feedback regarding the state offered web based programs and services, as well as other types of information and communication technologies, we insist that people with disabilities should expect to be able to utilize the same convenient user-friendly accessible technologies their family, friends and co-workers are already using.

There are clear benefits for both state entities and to citizens when services are offered electronically. Therefore, it is essential such services be accessible and based on universal design principles—so that people with disabilities can use their existing accessible technologies to utilize these services.

We respectfully request that all websites; electronic information and other communication technology services; offered by the State of Nevada conform to the widely adopted web accessibility standards (WCAG 2.0 AA) at a minimum

Furthermore, to ensure existing and new services can meet accessibility and usability standards we urge the State of Nevada to formalize accessibility within the procurement process. The National Association of State Chief Information Officers (NASCIO) developed the Policy Driven Adoption for Accessibility process that ensures accessibility is integral in the consideration process. We urge its adoption.

Formal recognition of accessibility standards combined with procurement policies incorporating accessibility will have a significant and positive impact on accessibility and usability for all citizens of Nevada. The AT Council on behalf of the assistive technology users in the State of Nevada, are looking forward to collaborating with you for a solution.

Attachment D

Implementing a Disability Report Compendium for the State of Nevada

James "Jim" Osti, BSN, MPH
 Commission on Services to Persons with Disabilities
 (Commission Member)

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What is a Disability Compendium?

- "The **Annual Disability Statistics Compendium** is a web-based tool that pools disability statistics published by various agencies together in one place. When working on legislative and other matters relating to persons with disabilities, the Compendium will make finding and using disability statistics easier."
- <http://disabilitycompendium.org/>

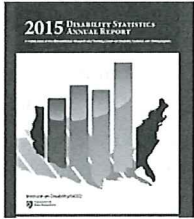
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Why do we want a Nevada Disability Report Compendium?

- "Policymakers, program administrators, service providers, researchers, advocates for people with disabilities, and people with disabilities and their families need accessible, valid data/statistics to support their decisions related to policy improvements, program administration, service delivery, protection of civil rights, and major life activities."
- <http://disabilitycompendium.org/>

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Where do we start? United States Disability Statistics



http://www.disabilitycompendium.org/docs/default-source/2015-compendium/annualreport_2015_final.pdf

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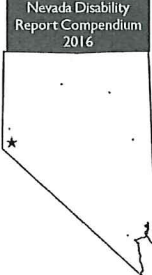
What do we want to do as a state?



http://iod.unh.edu/pdf/FactsandFigures_2015_final.pdf


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Who will "Own" our NV State Compendium?



Each person who helps author the compendium, uses the compendium, and/or cites the compendium for improved service delivery, policy and funding improvements, and/or program administration, whether disabled or not, will be the owner of the Nevada State Disability Compendium .


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What will go in our “Compendium”?

- A Definition of Disability
- Population Statistics
- National Disability Statistics
- State Disability Statistics (YR 2?)
- Comparison to Neighboring States (YR 3?)
- A Word of Caution: The more we try to do the more likely it is that we will fail.


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What are the Sources of our State Statistics?

- The CSPD
- Published Disability Reports
- UNR
- UNLV
- DETR
- RTC
- Dept of Education

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Who will “Manage” the NV Compendium?

- The recommendation is that the Commission will establish a permanent subcommittee to oversee the development and continuation of the NV Disability Compendium.
- CSPD will publish the report with assistance from identified partners.

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When do we Start?

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