



DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION
Helping people. It's who we are and what we do.



Draft Minutes

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

Date and Time of Meeting: Thursday, February 10, 2022
9:00AM

Place of Meeting: Virtual: Zoom
[Zoom Meeting Link](#)
Meeting ID: 890 9476 3533
Passcode: 257583

Audio Only Option
1-669-900-6833 (San Jose)

CART will be accessible by following this link:
[Caption Link](#)

Meeting Materials can be found here: [CSPD \(nv.gov\)](#)

NOTE: Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

Minutes of this meeting will be produced in summary format. Please provide the Commission administrative support with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.

1. Roll Call & Opening Statement: Diane Thorkildson, Chair

- Members: Stacy Alaribe, Pam Berek, Charlene Frost, Mechelle Merrill, Ophelia Simmons, Dian Thorkildson, Regina Daniel, Cindi Swanson, Ilia Sandez, Pam Phillips
- Guests: Steven Cohen, Robin Kincaid, Dora Martinez, Linda Anderson, Cheyenne Pasquale, Jeff Duncan, Marcia O'Malley, Randall Owen, Lisa Bonie, Lex Owen, Wendy Thornley, Adrienne Navarro, Farren Epstein, Crystal Wren, Lauren Crutcher, Dawn Lyons, Rique Robb, Jack Mayes, Lakesha Thomas, Becky Van Auken (Captioner)
- Staff: Lorraine Belt-Dolan

2. **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. Comments will be limited to five minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)
- Lisa Bonie spoke about an opportunity for a high school student and guardian from each the rural and urban areas to go to a conference in Washington DC to learn about disability rights at the National Council on Independent Living conference in July.

3. **Presentation and Discussion about various models of disability:**
Randall Owen, PhD, Director, Nevada Center for Excellence in Disabilities

- Dr. Randall Owen is the director of the Nevada Center for Excellence in Disabilities, and he is going to give us a presentation as requested by commission members on the various models of disability.
- There is a PowerPoint presentation that is posted in the meeting materials that can be accessed here: [Home \(nv.gov\)](http://Home.nv.gov)
- So why does it matter about disability models? This is the way of understanding disability, it provides a reference for us as society for how we think about the programs, services, laws, regulations, and different structures that we have for people with disabilities and their families.
- 500 to 100 years ago, disability was seen as an immoral thing as a punishment by God, people with disabilities were really segregated from society and relegated to a life of poverty. People saw the church and religion and different charities as the only responses to disability. There was no effort made to empower or accommodate them. People with disabilities were not allowed to be out in society. This is the Pity or morality model of disability.
- We still see some of that today when you think about things like the telethons that are one. They are rooted in the pity model that the only way to help people with that disorder is around providing charity to them. You can also see the remnants of this when you think about Social Security and the traps that people fall in. Once you're on Social Security, it's hard to get off and a lot of people think of it as a charity, it's not there to empower people.
- There are two models that most people talk about they are the medical model and social models. We'll talk about the medical model first.
- They see disability as an individual problem, located in a person's body, most people get a diagnosis, and the response is that a diagnosis means you can be treated or cured.
- When talking about the medical model when it comes to preventing things there may be a lot that people don't think should be prevented like prenatal testing there's no reason to prevent things like Down's Syndrome from happening in society. But there's a line because there are some things that can be prevented and should be prevented and others that shouldn't.
- It's pretty reductionist to only think about people in terms of their medical diagnosis, people are much more than their diagnosis.
- One of the other models is the independent living model. Under this model, the response is that people with disabilities really are their own experts on the needs and services that they have or should be getting when they should treat them as the ultimate expert and not the medical model which puts the expertise in the hands of doctors and medical professionals.
- Some of the language that you see here is stuff around advocacy, rights, self-determination nothing about us without us is a famous phrase within the disability rights movement.
- One of the big critiques of this is that independence is kind of this myth, nobody out there is fully independent. We all have interdependencies. We want to recognize that independence is this thing that's out there for people to be striving for and we want to encourage as much independence as possible, but also realize that independence is probably

never going to be accomplished. An example of this is self-directed supports, so seeing people with disabilities as the experts on what services they should be getting.

- The other main model is the social model. This one doesn't see disability as residing in a person, Disability disables someone through ableist attitudes or physical barriers. Individual bodies do matter, there must be some sort of interaction between the medical and social model for it to work.
- People who truly believe in the social model, they believe that environmental adaptations and accommodations of the individual will remove those barriers in society and make everything equal for everybody.
- The diversity model recognizes disability as just another human difference. People who believe in the diversity model want all the experiences and perspectives of people, including people so they are sought after and included in really all parts of society. If you see words like inclusion, participation, they are probably talking about the diversity model because they want to hear those voices of everybody. A critique of this is when people talk about inclusion, is it really inclusion or is it integration?
- When talking about disability we must talk about race, class, and gender all at the same time. If we really want to see justice, we must pay attention to those intersectional ideas, understand that people with disabilities are multiple things, they have multiple identities and if you hear people talk about power or allyship or solidarity with other movements going on those typically, people are talking about disability justice there.
- Cindi Swanson stated that she sees Nevada as a medical model state and that it doesn't seem to want to respect people with the independent living model and asked Dr. Owens's opinion on that. Dr Owen's agrees but doesn't think it's unique to Nevada. The medical model seems to be the model that's in most policies and services across the United States. Even the ADS is rooted in the medical model. It's based on what your impairments are, qualify by showing different types of functional limitations and there's still a whole medical core to that law. We see the same thing if we talk about IDEA services in schools, you must have a diagnosis to get those things. It would be great if we could move beyond just diagnosis to being seen more holistically and addressing more holistically and that something this commission could raise some important things for legislators to start thinking about and changing some of those laws.

4. Approval of Minutes of the November 4, 2021, meeting: (For Possible Action)

Diane Thorkildson, Chair

- Char Frost made a motion to approve the minutes and Pam Berek seconded, motion carried.

5. Discussion and Update regarding Aging and Disability Service Division (ADSD) Olmstead Planning Survey:

Cheyenne Pasquale, Chief I, Planning, ADSD

- Sent out the survey in December to the Boards and Commission members and based on the responses from the advocacy groups we are regrouping and want to make sure it is a Nevada Olmstead Plan not just an ADSD plan.
- ADSD is working with NSAID to develop a broader survey and send it out to more of the population and this is expected to be released in May with results ready in June.
- Steering committee wants to still have at least one member of each board and commission. To convene soon.
- How many committees/commissions are there that will be included in the Steering Committee. Did we include the Children's Mental Health committee? Will have to get a definitive answer on this. Char feels that it would be important to include this committee and the policy boards.

- Pam Phillips asked why if the ADA recognizes Mental Health why do we not talk about it,

6. Presentation and Discussion regarding Family Navigation Network Services

Marcia O'Malley (Family Resource Specialist, Family Navigations Network)

- There is a PowerPoint presentation that is posted in the meeting materials that can be accessed here: [Home \(nv.gov\)](#)
- We are the Family navigation network which is a project of the NCED (Nevada Center for Excellence in Disabilities)
- We support families of children and youth with special healthcare needs as they are seeking healthcare. Whether it's healthcare information or seeking actual healthcare providers.
- We also provide family centered trainings on healthcare navigation, and how to collaborate with partners. Also help with practicing things like filling out applications for Medicaid and CHIP, information and referrals for community support programs, healthcare, and service providers, helping with family-centered healthcare decision making, helping to understand how to gather all the information they need to make well informed decisions and healthcare transition for youth.
- How to reach them -Here's our website. Unr.edu/NCEDprojects/Family-Navigation-Network, phone #833-427-1673 or email: NCEDfamilynav@UNR.edu or contact Nevada 211.
- They have a resource area on the website where you can ask for assistance for you or a family you are working with.

7. Discussion and Make Recommendations Regarding the Bi-Annual NRS 439 Report: (For Possible Action)

Diane Thorkildson, Chair

- This report is required as a function of CSPD, for the commission to provide recommendations for the distribution of funds under the funds for healthy NV, independent living grants.
- Those recommendations can be in line with what is defined in NRS in terms of priorities or can choose to make recommendations on the level of funding that is allocated from the fund for Healthy Nevada.
- This is due June 30th, the recommendation is that we ask the GMU domestic to make a presentation about how the independent living funding is currently being allocated and make the bulk of the discussion at the next meeting the writing of the letter.
- Cheyenne can send out a list of the GMU grantees that is posted on their website.

8. Discussion and Make Recommendations Regarding the Nevada Vocational Rehabilitation 700-Hour Program and how CSPD can support and promote the program: (For Possible Action)

Diane Thorkildson, Chair

- The commission had asked previously why many people did not make it in the 700-hour program and it looks like many of the clients were self-termination where the individual takes themselves out of the position.
- The most successful seem to be those with physical disabilities because that is least intimidating to the employers, the only time it was seen as an issue was a time when it was going to require building a new doorway on an old building and it was financially not feasible.
- Char Frost made a motion to write a letter to be sent to all the state agency directors and the Governor to promote the successful employment of people with disabilities that state agencies receive training on equity and inclusion, but that we make special note that this needs to come with some dollars so that it's not some unfunded mandate.
- Cindi Swanson seconded the motion and motion carried.

- Diane will get the letter out prior to the next meeting so that we can discuss and approve at that meeting.

9. Review, Discuss and Approval Tentative Agenda Items for May 19, 2022, meeting: (For Possible Action)

Diane Thorkildson, Chair

- Hear from the Grant management unit about their current expenditures in the independent lining grants and discuss and approve the NRS439 reports
- Letter to agency heads and governor related to the 700-hour program
- Discuss the CLEO reports
- Learn more about the welfare program about the adult group care facilities an underused program, presentation by the welfare office.
- The Guinn center who published a report on competitive integrated employment in Nevada would like to present to the commission.
- Olmstead program updates will be a standing agenda item.
- Mental health resources/needs, possibly ask the mental health consortia to come present.

10. 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. Comments will be limited to five minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

- Dora Martinez, representing the Nevada Disability Action Coalition, she doesn't know if she sent the SB222, maybe we could tie that in with the 700-Hour program. It's the diversity equity and inclusion bill that was passed and she presented that with Erik Jimenez last year. She would also like to make sure that the PowerPoint is accessible once posted on the website.
- Steven Cohen – there is a BDR available concerning the 700-Hour Program. If commission members and /or the agencies that would be affected by it, I understand there's some overlap would like to discuss so we can agree.

11. Adjournment: 10:58 AM

Diane Thorkildson, Chair

Accommodation Requests and Meeting Materials:

Note:

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Notice of this meeting was posted at the following Aging and Disability Services Office at 3416 Goni Road, Suite D-132, Carson City, NV. 89706. Notice of this meeting was posted on the Internet through the Nevada Aging and Disability Services Division website at www.adsd.nv.gov and Nevada Public Notices website at www.notice.nv.gov

Supporting public material provided to Commission members for this meeting may be requested from Lorraine Belt-Dolan, Commission Administrative Support, ADSD at (702)486-4307 and is/will be available at the meeting locations and ADSD website at [CSPD \(nv.gov\)](http://CSPD(nv.gov))