



**Nevada Lifespan Respite Care Coalition
Board of Directors Meeting Minutes
Tuesday
5/18/21
9:00AM-10:00AM**

- The mission of the Nevada Lifespan Respite Care Coalition is to support caregivers in our community by promoting awareness and access to, as well as coordination and advocacy for, respite services in Nevada throughout the lifespan.

Join Zoom Meeting

<https://zoom.us/j/94022159263>

Meeting ID: 940 2215 9263

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Meeting ID: 940 2215 9263

Find your local number: <https://zoom.us/u/aSdYONXfO>

Meeting started at 9:05 a.m.

1. Introductions

Board Members

Present: Cheryl Dinnell, David Nichols, Tracie Pistone, Kathy Doyle, Riley Franco, Korine Viehweg. Guest Barry Gold. Not present Cimi Neal, Maricela Gutierrez

2. Approval of Minutes

David Nichols, President

a. 1/19/21 Minutes

Minutes from January accepted by Tracie Pistone and seconded by Kathy Doyle. Motion passed.

3. Legislative Updates

Barry Gold, Guest

a. Legislative Advocacy Guidance

Cheryl Dinnell, Ex. Director

Barry Gold gave a brief update: Last Friday, May 14th was the second committee passage. Now they must pass the House – this Friday. Floor sessions are going on now, listening to bills, committee meetings are being canceled - they are doing fiscal meetings, etc. There is more

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money than anticipated so they are going back in and adding back things that were originally cut. Waiting list are being cut for Medicaid and the ASD budget. This is both for staffing and the programs.

AB35 – Healthy Nevada Funds approved. Moving age down to 60 from 65 yrs old.

AB76 – Enabling the Veteran’s Administration to open an Adult Day Care. Not funded yet, but that they can open it.

RX Bill – enable the pharmacy to use instructions in the language of choice/preference for the patient – on Senate floor – should pass.

AB190 – Family Sick Leave bill – on the Senate Floor today – passed unanimously on the Senate Committee. Needs only 11 votes to pass. This is the bill that would allow people that already get PTO to be able to use it for care of an immediate family member.

AB216 – Alzheimer’s Bill – can pay for services for younger people through Medicare - going to Senate Health and Human Services. Fiscal Note was removed

AB217 – Unlicensed staff in certain facilities that take care of children and disabled adults need specific training. The training will be through free on-line type of stuff to negate any fees. Going to the Governor.

AB344 – Hospital Transition Bill – sets up a program, if there is funding, to help people through discharge planning – mainly those with Dementia – to get help when they go home.

SB5 - on the Assembly Floor – says that telehealth can be audio only since not everyone has visual.

SB56 – Telehealth/ mental health and data on telehealth usage and results.

SB171 – PBM’s cannot require you to get your medicine by mail – must be one alternate way to get it -still has a long way to go.

SB340 – Personal Care worker bill – will set up a board – considered a union bill for wage increases – still very controversial but probably will pass.

RX Transparency Bill – NV is first in Country to pass a bill that the drug companies must report why they are increasing drug prices for all drugs that are going up more than 10% or for drugs over \$40/dose.

SB420 – public options bill – if applying for a Medicaid managed care contract, there must also be a public option program that can be sold on the Exchange and the private market. Must be affordable healthcare as well. Very contentious bill – AARP does support it because it is another form of affordable healthcare.

Barry went on to say that they may not do bill signing due to Covid-19, but they may be doing them virtually.

Chery Dinnell went over what the BOD can and cannot do regarding Legislative support. The Board can take a position, but we cannot ask you to do something. The document will be attached to the minutes. This is to help us put a policy in place. We as a board will review the document and then vote on it next month.

4. New Business:

Cheryl Dinnell, Ex. Director

a. ACL Enhancement Grant

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Cheryl Dinnell went over the Enhancement Grant, it is a discretionary grant, but it is a good one to go for. The main issues with Grant applications are the match. This is a five-year grant. This would overlap the Lifespan Respite grant we currently have. This one would be to target recruitment - support volunteerism through stipends or student internships, etc. There are a couple of other grants that we may go after as well. The match really does hamper us. David asked a question about conflict of interest and how that would work. Cheryl responded that there a couple of ways to go about it, one would be to possibly collaborate with the NLRCC or another is to recuse from any voting. Riley wanted to clarify what the amount of matching would be – Cheryl gave an example explanation. Cory asked if the match could be in-kind as well as cash. Cheryl did say it could. Tracey Pistone asked what in-kind was. That was explained.

- b. Community Care Corp Grant – Consider if ACL grant does not move forward
- 5. Old Business Cheryl Dinnell, Ex. Director
 - a. Advisory Board Transition Plan
 - i. Board Bylaws –

Cheryl Dinnell went over the By-Laws, we are getting ready to put it to vote, but she wanted to know how we felt on SB340 first. Korine said that she felt it was different, so we did want to add someone that is a direct service worker representation. Cheryl asked if we did want to keep the board with an odd number, so we had a better way to pass things. Korine asked if we should increase or decrease. We discussed this. We did vote that it should be added. We also agreed that maybe we should add 2 people from that service. A suggested revision will be made and reviewed until the next meeting for vote.

- ii. Next Steps
- b. Social Media Campaign Cheryl Dinnell, Cory Lutz, David Nichols
 - i. Dragonfly Media
 - ii. ADSD Social Media Strategic Plan

Cheryl went over the items we have for the social media package. We will have to pass a high bar to show the State why we should have our own Social Media items and not be grouped into the States social media. The page Cheryl showed will be added to the minutes as well. Through Dragonfly we have search campaigns with a banner type of thing. We also have display ads. Our State agency is going through their own review of their website, NevadaCareConnection.org. There are tours to explore new site and give feedback. Cory will send that invitation out again. Riley suggested that we do 30-60 second clips for videos.

- 6. Adjourn
 - a. Next Meeting Date - **Tuesday, JUNE 15, 2021** at 9:00 am

The meeting adjourned at 10:02 a.m.

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Legislative Advocacy

An ADSD-supported Advisory Board is subject to heightened restrictions on advocacy activities and is recommended to remain as neutral as possible to specific legislation but show “leanings” in letters of support or through other legislative activities when awareness of needs and possible solutions are conveyed to a legislative body or government officials. Avoid lobbying.

Direct lobbying attempts to influence a legislative body through communication with a member or employee of a legislative body, or with a government official who participates in formulating legislation.

Grassroots lobbying attempts to influence legislation by attempting to affect the opinion of the public with respect to the legislation and encouraging the audience to take action with respect to the legislation. Key elements of grassroots lobbying may include:

- Referring to specific legislation;
- Reflecting or stating a point of view on the legislation’s merits; and
- Encouraging the general public to contact legislators.

Both direct lobbying and grassroots lobbying communications
refer to or reflect a view on legislation.

Some activities that **may seem like lobbying but are not** include the following:

- Meeting with a legislator or staffer to introduce yourself and educate the legislator about your community, but *not expressing a view* about any legislation.
- Educating the public about the consequences of proposed legislation or ballot initiatives by providing research, analysis, and commentary, but *not urging the public to contact* their legislators about it or to vote a particular way.
- Contacting elected officials or the executive branch about *proposed regulations* (these are a government agency’s plans to address a problem or achieve a goal).

There are many activities an advisory board can do when it comes to advocating for an issue. But there are also important limits, and it is critical to know what is and is not allowed.

Activities	Permitted	Not Permitted
Conduct public education and training sessions about participation in the political process	✓	
Encourage members and non-members to write letters	✓	

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Meet with/speak with policymakers about legislation	✓
Testify at public hearings	✓
Provide research, analysis, and commentary	✓
Publicly endorse or oppose specific legislation	✓
Invite a policymaker to visit	✓
Raise funds for candidates	X
Make campaign contributions, either cash or in kind	X
Publicly support or oppose candidates	X
Post partisan political messages on Facebook, Twitter, Tumblr, or other social media sites	X
Connect organization's criticism of public official to voting in an election	X
During an election, compare organization's issue position with that of a candidate	X

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Lifespan Respite Program -State Program Enhancement Grants

HHS-2021-ACL-AOA-LRLI-0045-05.21.2021

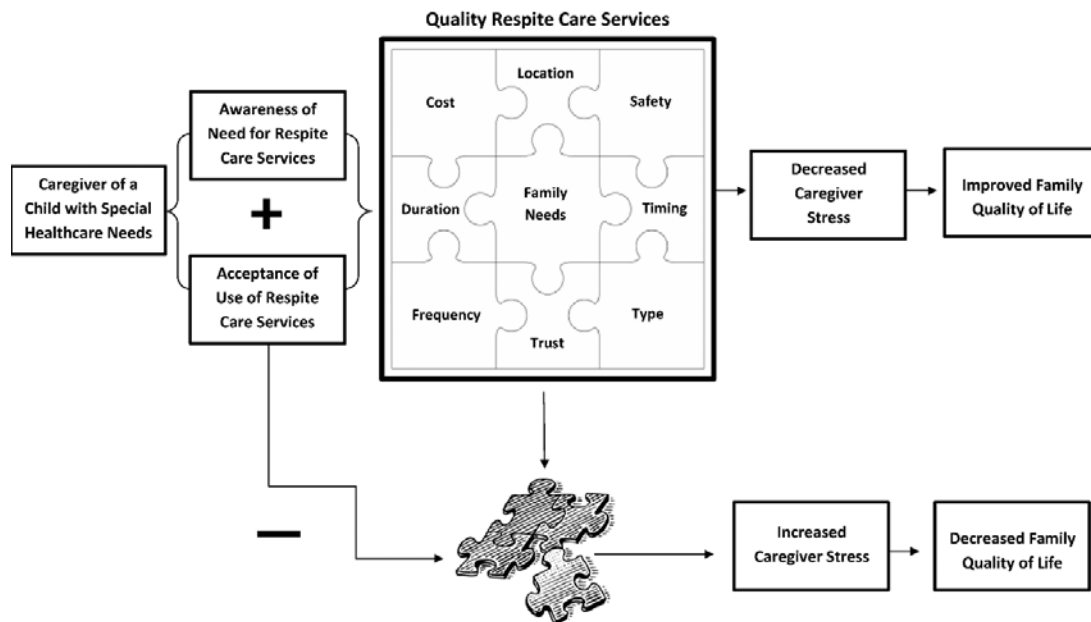
Recruitment of respite workers was a barrier to accessing respite under the self-directed respite model, Respite Rx. Family caregivers without family or friends to approach about respite work had to find a provider agency or hire a person unknown to them. Recruiting a respite worker was overwhelming and time-intensive, delayed access to respite, and had disappointing results. Helping caregivers find respite workers is a focus for continued systems development.

COVID-19 created additional barriers as caregivers retreated from respite programs in congregate settings and limited access to their homes. Respite Rx saw that trusting relationships between people who needed each other, with infection controls considered, allowed respite to continue for 48% of participants amidst COVID restrictions.

The goals and objectives are to:

1. Establish a stipend program among community partners to expand the pool of volunteer respite workers who also gain employable skills, work experience, and service opportunities. Volunteer recruitment efforts would target underserved communities statewide.
2. Establish online training curriculum for infection control and emergency procedures and utilizing decision-making tools to help caregiver families safely receive respite services, augmenting training resources currently available and in development.
3. Schedule virtual and in-person events with community partners to bring caregivers and stipend recipients together, both agreeing to a measured approach of mutual support that would reduce fears, remove barriers to respite, apply innovative technology approaches, and create positive outcomes, especially for those most impacted by COVID.
4. Inform policy through strength-based measurements of caregiver outcomes, such as resilience, goal attainment, and social health, and quality measures of trusting relationships, safety, and acceptance of respite.

The Concept of Respite Care



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