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## Draft Minutes

Name of Organization: Nevada Statewide Independent Living Council (NV SILC)

Date and Time of Meeting: Thursday, October 14, 2021  
1:00 p.m.

This meeting is open to the public and will be held at the following location:

Betty's Village  
Upstairs Conference Room of Community Center  
7755 W Oquendo Rd., Las Vegas, NV 89113

And via video-conference at:

The public may also observe this meeting and provide public comment on Zoom.

### To Join the Zoom Meeting

<https://us02web.zoom.us/j/9299041434?pwd=NmM5Tk1Od3ltRzg1enhRYTU3WDdUZz09>

Meeting ID: 929 904 1434

Password: NVSILC (case sensitive)

+1 253 215 8782 US (Tacoma)

The number provided may incur long-distance telephone carrier charges, and is offered as a regional call-in number, only.

Meeting ID: 929 904 1434

Password: 707401 (if exclusively calling in; if accessing the meeting via both the audio and video feed, please use the above password instead)

Find your local number: <https://us02web.zoom.us/j/9299041434?pwd=NmM5Tk1Od3ltRzg1enhRYTU3WDdUZz09>

Meeting Materials Available at: <https://www.nvsilc.com/meetings/>

1. Welcome, Roll Call and Verification of Posting  
Ace Patrick, Chair

**Members Present:** Ace Patrick, Julie Steinbaugh, Renee Portnell, Mary Evilsizer, Vickie Essner, Jennifer Kane, Kate Osti, Sabra McWhirter, Dee Dee Foremaster, Raquel O'Neill

**Members Excused Absent:** Havander Davis, Cheyenne Pasquale

**Members Unexcused Absent:** Erik Jimenez,

**Guests:** Jeff Duncan, Adrienne Navarro, Nikki Haag, Jack Mayes, Sondra Cosgrove, John Rosenlund, Steven Cohen, Mechelle Merrill, Catherine Nielsen

**CART Provider:** Becky Van Auken  
**Staff:** Dawn Lyons and Wendy Thornley

## 2. Public Comment

Members of the public will be invited to speak; however, no action may be taken on a matter during public comment until the matter itself has been included on an agenda as an item for possible action. Please clearly state and spell your first and last name, if unique or otherwise unfamiliar to the Subcommittee. Public comment may be limited to 3 minutes per person, at the discretion of the chair. Agenda items may be taken out of order, combined or consideration by the public body, and/or pulled or removed from the agenda at any time. Pursuant to NRS 241.020, no action may be taken upon a matter during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.

Catherine Nielsen: Nevada Governor's Council on Developmental Disabilities currently has their Partners in Policy Making class application period open until November 30<sup>th</sup>. Anyone interested, can get more information on their website: [Nevada Governor's Council on developmental disabilities – Experience Based Informed Choice, Inclusion and Equality \(nevadadddcouncil.org\)](http://nevadadddcouncil.org) or contact their office for more information.

Raquel O'Neil: Introduced her students from Blind Connect's Independent Living Training program: Marc Servin, Pedro Navarro, Nora Jordan, Megan Bolton, and Michale Randolph.

## 3. Approval of Meeting Minutes from April 8, 2021, July 7, 2021 & July 8, 2021 **(For Possible Action)**

Ace Patrick, Chair

Julie Steinbaugh motioned to approve all sets of draft minutes.

Raquel O'Neill seconded. Members voted and all draft minutes were approved.

Motion carried.

## 4. Report, Discussion and Make Possible Recommendations Regarding the Youth Action Council **(For Possible Action)**

Marina Holcomb, Youth Leader

Tabled.

## 5. Discussion and Make Recommendations Regarding Pharmaceutical Assistance for Older Adults and Individuals with a Disability **(For Possible Action)**

Jeff Duncan, Unit Chief, ADSD

Adrienne Navarro, Advocacy and Community Services Chief, ADSD

Adrienne Navarro: Discussed the Srx/DRx Program history:

- 1999 Senior Rx program established in statute.
- 2005 Disability Rx program established in statute.
- 2006 Federal Medicare Part D began.
- 2020 Medicare Part D Coverage GAP Closed
  - Program model shifted to a subsidy program.

Program Utilization data was included for the last five SFYs with SFY21 being the most recent. In SFY21, the program had 118 average calls per month, 20 average applications per month and 707 average caseload per month.

AB35, during the 81<sup>st</sup> Legislative Session: That bill ended up combining the statutes, NRS for both the senior and the disability prescription program, they were previously separate within statutes since they had started at different times.

- Combined NRS for Senior and Disability Rx
- Aligned definitions with those in NRS 427A.
- Updated eligibility criteria
- Legislative Concerns
  - High Administrative costs: Pointed out to ADSD during a budgetary closing.
  - ADSD to evaluate the program: ADSD will evaluate and determine whether they can reduce administrative costs.

ADSD Program Proposal: This will deal with the Pharmaceutical Assistance Fund and who this would benefit in the state.

Pharmaceutical Assistance Fund: This is a community-based program designed to assist Nevadans with the cost of their prescription drugs as well as costs for vision, dental and other pharmaceutical needs.

- Community Based Program: Currently, this program is a direct service program through Aging and Disability Services Division.
- Assist Nevadans with cost of prescription drugs: Currently, there is a subsidy towards the Medicare part D premium.
- Assist Nevadans with other costs such as vision, dental, and/or other pharmaceutical needs: If there is increased funding, Nevadans would be helped with other costs such as vision, dental or other pharmaceutical needs.

Pharmaceutical Assistance Fund:

- Benefits:
  - In the community, by the community (subaward): ADSD is looking at sub awarding the funding out to community partners to have the program be in the community.
  - Person-centered approach: This would include assisting with vision and dental being included.
  - Eligibility beyond Medicare beneficiaries: This pharmaceutical assistance fund, which is still developing, would enable a community partner or partners to work with an eligible participant to be able to utilize towards their needs that qualify within the program, whether that is a deductible they are trying to meet for a prescription or co-pay once they have once their deductible has been met so multiple things and more person-centered where they have the option of how to best utilize that funding that's available to them if they do qualify for the program.
- Initial Program: ADSD is hoping to launch the program, on a small scale, early in the next year.
  - January – June 2022: The proposed program launch window.
  - Funding: ADSD is looking to utilize remaining funding.

- Remaining funding in SFY2022: ADSD would run the smaller initial program in line with their subsidy program.
- Projected amount approximately \$85,000 to \$145,000: This would be used for the smaller program.
  - Based on utilization in Q1 and Q2:

Timeline: The following times are projected for the program.

- Advocacy Group Presentations: ADSD has met with advocacy groups including the Commission on Aging, the Nevada Statewide Independent Living Council and will be meeting with the Commission on Services for Persons with Disabilities.
  - Now through November 2021
- Interim Finance Committee: ADSD has submitted information on changing the program for the Interim Finance Committee to review.
  - October 21, 2021
- Full Pharmaceutical Assistance Fund Launch: ADSD goal will be to fully launch the pharmaceutical assistance fund program in July of 2022.
  - July 2022

She gave the contact information for herself and Jeff Duncan.

Dawn Lyons: Likes the direction that the Senior Disability RX program is going. She is concerned and wonders if there's something that can be done to ensure that this does not get sub awarded out to only senior agencies, because then people with disabilities don't know where to find this program and others like it. Is there any way to assure that if a disability agency applies, that they get priority?

Adrienne Navarro: It cannot be assured that they would have priority or not, due to it being a senior and disability prescription program. This will be looked at in the creation of the Notice of Funding Opportunity that would be going out, to make sure there is a focus on the fact that they have purposefully combined the Senior and Disability prescription programs. Through the application process, whoever applies is providing information that will be part of the scoring of how they are going to provide outreach and advertising to the disability community about the services for both those individuals who are aging, as well as individuals with a disability.

Dee Dee Foremaster: Is it possible to award to both the aging as well as the disability programs, maybe splitting it down the middle?

Adrienne Navarro: That's the direction they were moving away from. That was an initiative aligning the NRS and combining it into one program. She hopes that through the Notice of Funding Opportunity, they can require and emphasize, the need for serving both entities. The goal is to have this available statewide to all individuals. This is a kind of pharmaceutical fund for those people in need and the people that qualify are those that are aging or those individuals with a disability along with different criteria, including income.

Jeff Duncan: Jeff Duncan and Adrienne Navarro appreciate that feedback and that's something they will put into the Funding Opportunity to make sure individuals with a disability are

high priority, very similar to the current program, the number of individuals with a disability on the program is far less than the elder adults, so they will definitely take into consideration comments and make sure that's a high priority.

Splitting it down the middle is difficult because the administrative costs of having a couple different partners involved.

They do hope they are able to partner and make sure they serve all populations.

They will take that into consideration.

Adrienne Navarro: We are hoping that what they have done historically with the NRS, and what they are doing moving forward, will actually benefit the disability community.

Historically, the disability prescription program has been funded at a very, very low level with a very low utilization because of that.

By combining them and having all of the funding available, the hope is to increase the number of individuals with a disability that they are able to serve.

Mary Evilsizer: She did notice that there is a possibility of expanding or including vision and dental.

In the Disability community, there seems to be a lack of resources for hearing aids. Southern Nevada Center for Independent Living does have a VA that can provide them.

Care Chest can also provide them, but there are waiting lists with Care Chest. Her recommendation, if it's not too late, would be to consider expanding the program to vision, dental and hearing.

SNCIL has noticed that there's 5.9 percent increase in Social Security which is wonderful, but that is going to affect some individuals' income where they're no longer on Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB).

That might possibly impact a higher usage of the senior RX program.

Adrienne Navarro: ADSD hears the same with the hearing aids and it is a possibility that it is a portion of the NRS that ties with this program as well.

This entire program and the budget account this is with, is funded through the funds for a healthy Nevada, Nevada's tobacco settlement dollars.

The priority within the NRS is for prescription assistance and then the NRS states that if funding is available to be able to expand into the other areas.

Adrienne has heard about the cost of living increase for Social Security and wonders about the impact it might have on individuals who qualify for services based on their level of income.

Kate Osti: Wonders if possibly part of the proposal could include the strategy for approaching outreach and advertisement to both the aging and the disability communities. That could be part of what plans the applicants submit and how they're going to do that.

Adrienne Navarro: That is a fantastic suggestion.

She thinks they could certainly include something like that in our Notice of Funding Opportunity.

Mechelle Merrill: Vocational Rehabilitation can also provide hearing aids if they are needed to achieve employment.

6. Update and Discussion Regarding ASD Olmstead Plan and Survey.  
Nikki Haag, Public Information Officer, ASD  
Cheyenne Pasquale, Chief I, Planning, ASD

Nikki Haag: in 1999, the Supreme Court decision held that people with disabilities have a right to receive state funded supports and services in their communities. It established the Olmstead Act, requiring each state to have their own Olmstead plan.

In 2015 and 2017, Nevada's Aging and Disability Services Division (ADSD), had some strategic planning efforts, but nothing formally had been adopted.

In early 2021, the Commission on Services for Persons with Disabilities (CSPD), a commission within ADSD, requested an update to the state's Olmstead plan.

ADSD has created a survey that will be sent out in early December to all Boards and Commission members and the general public for input. This information will be used to update the Olmstead plan to meet the needs of the communities that ADSD serves.

ADSD's mission is for this plan to ensure that older adults and persons with disabilities have the opportunity to achieve optimal quality of life in the communities of their choice. Questions can be directed to Nikki Haag.

Dawn Lyons: Thanked Nikki Haag for bringing this to the attention of the SILC and Dawn will distribute that survey when she receives it.

7. Report and Discussion Regarding Aging and Disability Services' Independent Living Program.  
John Rosenlund, Director, AT/IL Program

John Rosenlund:

Services are provided statewide through CARE Chest of Sierra Nevada. The program information is from October 1, 2020, through September 30, 2021. This is not the final report for the federal year. A final validation of data will be completed before a final reporting is provided to the NVSILC for its annual federal report (APR). The additional time allows submitting of consumer survey responses and ensuring the reported data is accurate within the consumer service records.

The AT/IL Program is a statewide program that supports an individual's choice to live in their community with the use of Assistive Technology (AT). The program's focus is on removing daily living barriers. The program can help individuals define their Independent Living goals and determine the appropriate Assistive Technology (AT) needed to care for themselves, or receive care, in their homes and their community. The program has resources to provide a variety of AT when no other resources are possible. Individuals that are currently in a care facility, or at high risk of placement in a facility, can be prioritized (if funding is available) for the services that are necessary for them to live independently in the community. It is our intent to make sure each consumer is well informed. We want you to know how the program works and what you can expect. A major goal of ours is to promote the Independent Living Philosophy emphasizing consumer control where people with disabilities are the best experts on their own needs and how to live, work, and take part in their communities. Particularly about services that powerfully affect their day-to-day lives and access to independence.

The report highlights 4 areas. 1. Funding sources and uses. 2. Calls into the program. 3. Consumer services, goals, and closures. 4. Consumer satisfaction and life impact surveys.

The total funding resources for the program cross over into two federal reporting years. There are 3 streams of funding. The service model is one of Independent Living, Assistive Technology, and Purchasing of end AT services. The funding described is on the state fiscal year July 2020 through June 2021 and as funded to the community partner. Total budget was \$1,484,456.68. Note that only the funding is reported on the state's fiscal year. All the service data will be aligned with the federal reporting year.

Federal Part B SILC \$143,789.68 from the NVSILC was budgeted. This consisted of \$38,789.68 from the 2020 NVSILC Part B funding and \$105,000 of the 2021 NV SILC Part B funding. At the end of the state year there was \$61,289.89 of funding that was moved to the programs 2022 budget. The NVSILC's approved support of the program remains \$140,000 per year.

Federal Assistive Technology \$137,650 was budgeted and expended.

State funding specifically for the AT/IL Program \$1,203,017

The funding sources and amounts for the program partners are as follows. These funds are for operational costs such as personnel, fringe, office space, mileage and can include a maximum of 10% for administrative costs. Most of the state funding is used for direct services which are issued by an authorization to vendors and paid upon completion of the service which the consumer must sign off for them to be paid. 23% constitutes the operational costs and 77% for purchase of assistive technology services.

Staff provide direct services to the consumers, assisting them to identify their Independent Living Goals, barriers, solutions, options, resources, and the coordination of services with vendors or other parties involved. There were 5 full time staff statewide. The following shows the budgeted amounts.

The following information is collected from the calls coming into the program. This information can reflect if they are reaching consumers and if the services needed are appropriate to the people they are reaching. Reported information is on the federal year from October 2020 through September 2021.

Statewide call information for program services:

Calls from a potential Consumer	244
Calls from a Consumer's Representative	153
Calls from non-representatives or without authority	50
Calls from an Agency or Organization	19
Calls having mixed criteria	6
Total Calls	472

Program Applicant Information (PIP) provided to 242 people. These are potential consumers that have identified that they want to develop Independent Living Goals and explore options, resources, and solutions.

Only verbal information was provided to 123 of these callers. If the caller did not want to be provided with program information for review and decision making, they would be counted here.

General Information Provided to 96 callers. General program information is provided to either pass onto a potential consumer or for a potential consumer that has not decided to participate yet.

Referrals to Other Resources	1509
Technical Assistance Provided	80
Calls Related to a Transition	10
Calls Related to a Prevention	14

The following is caseload information regarding the consumers either having at least one Independent Living Goal carried over from a previous year or have established at least one Independent Living Goal during the federal reporting year.

Consumer cases carried from the previous year, 194.

Consumers new during the fiscal year, 159.

Total caseload for the year, 353 consumers.

There were 115 Active Consumer Cases as of 9/30/2021. An Active Consumer Case is where resources are available to purchase the assistive technology services with state funding sources.

There were 101 consumers on the Waitlist as of 9/30/2020. The Waitlist consists of any consumer case that does not have resources available to purchase assistive technology services currently. These cases are active with the consumer and the Independent Living Specialist working to find appropriate solutions and make sure all barriers are being addressed and the steps in this plan are being laid out.

As of 9/30/2020, There are 8 cases drafted and/or pending Consumer signature.

During the year there were 24 cases with goals initiated but consumers decided to not move forward and return a signed plan of service.

This section lists the Goals by type as well as the total number set, and the total number met through this report's timeframe:

Communication-81 Goals Set, 30 Goals Met, 39 Goals in progress, 9 closed, unable to contact or withdrawn and 3 closed as passed away

Mobility or Transportation: 147 Goals Set, 34 Goals Met, 92 Goals in progress, 15 closed unable to contact or withdrawn, 4 closed as passed away, and 2 closed as no solution available.

Community Based Living: 220 Goals Set, 94 Goals Met, 100 Goals in progress, 23 closed unable to contact or withdrawn, 3 closed as passed away, and 0 closed as no solution available.

Self-care: 394 Goals Set, 143 Goals Met, 204 Goals in progress, 36 closed unable to contact or withdrawn, 9 closed as passed away, and 2 closed as no solution available.

Information and Access to Technology: 10 Goals Set, 1 Goals Met, 7 Goals in progress, and 2 closed unable to contact or withdrawn.

Other: 2 Goals Set, 1 Goal Met, and 1 Goal in progress.

Goals Prioritized as Relocation	29
Goals Prioritized as Prevention	68



60 consumers had at least one prioritized Goal during the year.

Consumer Goals according to status for all cases open through the reporting period:

Goals Met	303	at	35%
Goals In Progress	442	at	52%
Goals Withdrawn or Unable to Contact	86	at	10%
Goals Passed Away	19	at	2%
Goals Solution not available	4	at	0%
Total Goals Set: 854			

Closure Reason by total and percentage

Closed Goals Met	92	at	68%
Closed Withdrawn	30	at	22%
Closed Died	7	at	5%
Closed Moved or Other	7	at	5%
Total Closed Cases: 136			

Satisfaction and Life Impact Survey Data for this reporting period has a 42% response rate from consumers. The survey is voluntary and mailed to the consumer with a prepaid envelope returned directly to ADSD. The consumer is made aware that they do not have to identify themselves. The survey consists of both satisfaction and life impact questions.

Are you satisfied with our services? Rate the service provided by the staff at CARE Chest or Easter Seals:

Excellent	78%
Very Good	17%
Good	0%
Fair	0%
Poor	6%

Did you have choice and control over the Goals you set and the types of services you received?

A lot of control and choice	73%
Quite a bit of control and choice	14%
A little control and choice	2%
Not enough control and choice	12%

Rate your overall satisfaction with the program: Which of the following best reflects your level of satisfaction with the services you received?

Very Satisfied	88%
Mostly Satisfied	6%
Somewhat Satisfied	4%
Not Satisfied	2%

Rate the services provided by the vendors, building contractors, or businesses that you worked with:

Excellent	67%
Very Good	14%
Good	11%
Fair	6%
Poor	4%

Have the services provided made a positive impact on your life?

Yes 100%

No 0%

Did the services provide impact your life? My overall quality of life:

Improved a lot	65%
Improved quite a bit	29%
Improved a little	7%
Did not change	0%
Not Applicable or No response	0%

My overall Independence related to the goals established:

Improved a lot	56%
Improved quite a bit	16%
Improved a little	0%
Did not change	2%
Not Applicable or No response	11%

My chances of staying OUT of a nursing home:

Improved a lot	56%
Improved quite a bit	16%
Improved a little	0%
Did not change	2%
Not Applicable or No response	26%

How often are the devices or modifications used?

Daily	95%
Weekly	4%
Monthly	0%
At least every 3 months	0%
Not Applicable or No response	2%

My ability to volunteer, be involved in my community, or do leisure activities:

Improved a lot	45%
Improved quite a bit	9%
Improved a little	2%
Did not change	13%
Not Applicable or No response	33%

Do you think the government should continue funding this program?

Yes 100%  
No 0%

Are you registered to vote or interested in being registered?

Registered	43%
Interested	0%
Not Interested	16%

Dawn Lyons: Thanked John for the detailed report and requested that percentages could be included along with the actual numbers, in the presentation next time.

Mary Evilsizer: She believes Nevada's IL program has done a great job in coming into compliance with the Administration for Community Living (ACL). It models the Center for Independent Living model on gathering and maintaining data, on studying trends with the data, and most importantly, on having the individual tell their story,

what do they need and having them develop their plan and having them be the most important part of the plan. SNCIL has been working with the AT/IL team throughout the pandemic.

John Rosenlund: They do not get a lot of response, but it's important to highlight also that they don't just survey individuals that have accomplished a goal. They also survey consumers that have withdrawn. They have a survey available for the consumer that has withdrawn or if they cannot reach them and they haven't returned the program's calls, the case is closed due to not being able to get a response.

The questions they came up with to ask individuals about their experience was, Did they think independent living goals are a good method of approaching barriers in their life?

92 percent of the people that responded to that survey, all but one have said yes.

Was any part of the process confusing?

100 percent have said no.

Was any part of the process hard to express their choice?

100 percent said no.

They gathered information from consumers that have gone through the process, and know there's a long wait for those resources.

They expect a good outcome where the individuals have accomplished goals and those barriers have been removed, but also want to start finding out what was happening when they didn't and they are finding that the model is a good model. It was created by the SILC a number of years ago.

Raquel O'Neill: Feels that the AT/IL Program does so much, with so little funding and that it's a wonderful program. Over the last year, in specific, what areas were the most challenging for the program to overcome because of the pandemic with consumers? Transportation and personal care were high on the list.

John Rosenlund: There were multiple challenges during this period of the Pandemic.

One has been vendor challenges. Not being able to have a faucet when trying to modify a project to maybe provide access to the shower but can't get the materials in.

Materials are through the roof in terms of cost, and so are laborers.

AT/IL had a number of individuals when this pandemic first started in March, they talked with the entire team of Care Chest and started tracking people that said that they really didn't want anyone coming into their home.

Those are individuals that are up for resources available, but the AT/IL team couldn't get in the home or the individuals didn't feel like they wanted contractors or vendors in there.

The goals that they have and historically still have, have the same kind of priority goals.

The biggest needs usually fall in self-care and home access, and then mobility and transportation.

The Federal government has lumped those two needs together.

That could be a mobility goal for someone's personal mobility, needing a wheelchair, because they don't qualify according to Medicare. Medicare has very stringent rules, a person is either bed bound, or they need a mobility device.

That doesn't mean a person is independent and able to go out and go check their mail or go to the grocery store.

That is where this program was created long ago to somewhat eliminate some of those gaps that exist. The other biggest barrier is a lot of AT/IL work should be hands-on and meeting with consumers and looking at those barriers in their home.

If there is a situation where they are not able to meet with people or people are not feeling comfortable, much of it is their choice, and AT/IL wants to give them the choice. Just because there are resources available, they are not going to force themselves into the home to go and explore those. So, they do have some lag there being able to find solutions if they need to be in the home to find that solution. There's so much they can do over the phone but sometimes it does require them to be in there and have their vendors in the home.

8. Report and Discussion Regarding Consumer Trends at the Centers for Independent Living.  
Lisa Bonie, Executive Director, Northern Nevada Center for Independent Living (NNCIL)  
Mary Evilsizer, Executive Director, Southern Nevada Center for Independent Living (SNCIL)

Lisa Bonie was not present.

Mary Evilsizer: SNCIL provide services in Clark County, NNCIL in northern Nevada that covers the other remaining 16 counties and both centers are accredited through the Department of Health and Human Services Administration for Community Living, and like the AT/IL program, SNCIL gathers data.

When the pandemic started, SNCIL already had an affordable and accessible housing crisis in their community.

Because of the current and rising rent rates, it's a major crisis with affordable housing.

Social Security gave a cost of living of 5.9, percent which is not enough to cover the rent increases, food increases, or transportation.

Clark County does have mainstream vouchers. When the pandemic started, the mainstream vouchers stopped. The Southern Nevada Regional Housing Authority immediately set up a group of agencies that would continue what they call the Recovery vouchers.

In Clark County, they are now working with the recovery vouchers which are very similar to the Mainstream vouchers for housing for individuals 18 through 61, but now with the recovery vouchers they can go ages 18 to any age.

There were 500 recovery vouchers available in Clark County. SNCIL has put in 90 for individuals that are at risk of being institutionalized or homeless, who need immediate attention.

Of those 90 since the process started in early September, four have been housed through the Recovery Act. There is funding to provide deposits for first and last month's rent and housing setup. There is a little glitch in the system that it is not able to provide this funding currently.

SNCIL has been able to carry over some CARES Act funds to assist with that.

Housing has been 75% of all the services requests. SNCIL has worked with about 20 transitions from institutions to the community including nursing home transitions/diversions. SNCIL does have the funds for the first month's rent, housing setup and other costs such as furniture, etc. to set up a home.

SNCIL partners with Care Chest and have been providing funds for communications equipment and to provide loaner equipment for someone in a nursing home that can't transition at this time but may be able to transition at a later date.

SNCIL can purchase the communications equipment and Care Chest is allowing the individual to test different pieces of equipment, a tablet, cell phone, what will it be that helps this person communicate best, in the nursing home and when they transition out of the home.

About 95% of the requests SNCIL gets, have some kind of financial need.

SNCIL continues to work with food securities if a person cannot get out into the community and get their own food, SNCIL guides them towards developing a plan since that food security funding is not permanent.

The Southern Nevada Center For Independent Living was one of the alpha testers for the new data gathering program for ACL, it is very user friendly. All centers will have to have their reports in by November 1st. Once approved, they will be sent to the SILC.

SNCIL is running at a 92% satisfaction rate. SNCIL's housing Memo of Understanding (MOU), has been expanded, they are in the process of adding another MOU. The SNCIL has been invited to be one of the agencies in the community that conduct the housing assessment, including the assessment for the individual, whether they are eligible for housing, and enter them onto the housing website.

Disability Awareness Day and COVID-19 vaccine clinic is happening October 16th, participants include Sabra McWhirter from Care Chest, Lance Ledet with the Assistive Technology program, Marina Holcomb with the youth program for the SILC, and the RTC Regional Transportation Commission. There will be free lunches and Covid vaccinations. Vaccines include first time vaccines, and they have the booster for Moderna, Pfizer, and Johnson and Johnson. With each vaccination, there is a giftbag with a t-shirt and a \$25 gift card.

Dawn Lyons: Requested that SNCIL give actual numbers to accompany the percentages in SNCIL's report. She would like to see the data that shows changes brought about by COVID.

Mary Evilsizer: Numbers increased during COVID. an interesting trend in Centers for Independent Living. SNCIL are providing services remotely to about 420 individuals. This is an increase of about 20% during COVID.

SNCIL's satisfaction survey policy, is they contact each individual with three phone calls. If after not reaching the individual with the calls, a letter with a survey is sent by mail.

The percentages right now are about 72 or 73 percent involving housing. It involves independent living skills training. If someone has a housing goal, they are asked if they are interested in going to a skills training to get housing. Then they are trained on how to prepare their application, how to get their documents together, how to keep their appointments, how to go through the background check, the same thing for Social Security. If they need Social Security benefits, they are asked if they are interested in writing the goal, in engaging in SNCIL's independent living skills training, and are provided with peer counseling and support. SNCIL is also in the process of completing their reporting for ACL. There has been a change in carriers as to who is entering or monitoring and curating the data for the centers.

Dawn Lyons: Do you have a formal flow or a formal checklist that you consider Independent Living Training that you could share with the SILC?

Mary Evilsizer: SNCIL has a formal process for guiding individuals through their training process. She will share that with Dawn. She offered to do a presentation at a future meeting.

Dawn Lyons: Once Mary sends the SNCIL checklist, Dawn will share it with the SILC and will let Mary know if a presentation is requested.

Mary Evilsizer: Offered to do information mini sessions on the different portions of the checklist.

9. Report and Discussion Regarding Consumer Trends at the Rural Center for Independent Living (RCIL).

DeeDee Foremaster, Executive Director, RCIL

Dee Dee Foremaster: RCIL has seen an increase in domestic violence in Carson and the outlying areas, Dayton, Lyon, Storey and Douglas. It is in relationship to the housing situation which is miserable, at best.

RCIL is working with the Board of Supervisors to come to some resolutions.

Dee Dee is also attending the Housing Coalition meetings in the hopes that she can assist them with generating new housing solutions.

She has also seen some criminal justice increases that RCIL has been doing a lot of advocating for.

Social Security is always an issue because of the confusing nature of their forms, and RCIL has had a lot of referrals regarding Social Security.

RCIL has experienced a lot of transitioning out of institutional settings supports, and those people are asking for assistance for personal care aides.

Dawn Lyons: Has RCIL reached out to other agencies to partner regarding the domestic violence situations and if RCIL has had any success in addressing those?

Dee Dee Foremaster: RCIL works a lot with Advocates to End Domestic Violence and always makes referrals over to them. But due to the housing situation, there isn't a lot that Advocates to End Domestic Violence can do. They do have a shelter, but if they have a male child that's over the age of 10, they will not take them. They usually end up back at RCIL, if that's the situation, or sometimes the shelter is full.

Dee Dee also does outreach to other centers in the more rural areas to try to get assistance as far as the shelter goes, but shelters are pretty much full due to the housing crisis.

Until this housing crisis is under control, she thinks the disabled community is going to, unfortunately, continue to end up on the streets.

10. Make Recommendations and Approve NV SILC Policy Manual and Bylaws Updates (For Possible Action).

Dawn Lyons, Executive Director

Dawn Lyons: Briefly went over what was added or changed before the members voted. On the bylaws, the only thing she adjusted, was to include a section to mirror SILC's policies regarding adhering to the code of ethics in their policy manual.

Policy and Procedure Manual: She changed some language around the DSE and who the Executive Team consists of, because the SILC is now considered a separate entity from the state.

The Executive Team is now the Chair, the Vice-Chair and Executive Director instead of the Chair, the Executive Director, and the Chief of the DSE.

Those were the basic changes made.

She also included in the policy manual, because she received some documents from Ann McDaniel from West Virginia SILC, from their individual training plan checklist. Dawn also included language about including that in the SILC's onboarding process in the policy manual.

Mary Evilsizer: Nevada has two Centers for Independent Living. She suggested having both CIL Directors be members of the SILC, with only one being a voting member. The bylaws would need to be modified for this to happen.

Dawn Lyons: There are two issues with that.

The first one being that the SILC only has the two Part C centers in the state and is required to always have a SILC director on the council.

If both Directors were on at the same time and both term out at a point, the SILC would not be in compliance.

The other issue is that both CILS have the ability to put staff members on the council or recommend staff members to be on the council to report back to the directors. She does not think it is needed but would like the SILC members to weigh in on that.

Ace Patrick: This has been discussed in the past. Changes are not currently necessary. One Director from a center is perfect and they can have CIL staff be members.

Dawn Lyons: We would be out of compliance at some point when the Directors' terms end.

Ace Patrick: Center staff and CIL Board members are welcome to become a SILC member.

Dawn Lyons: Would love to see CIL Board members on the council.

Dee Dee Foremaster motioned to approve updates for the NV SILC policy manual and by-laws. Julie Steinbaugh seconded. Members voted and the motion carried.

11. Discussion and Make Recommendations Regarding Individual Training Plans and Onboarding Process for New and Current SILC Members **(For Possible Action)**.

Dawn Lyons, Executive Director

Dawn Lyons: The Individual Training Plan template that she based off West Virginia's, is in the meeting materials.

She welcomed any feedback or suggested changes or updates. If approved now, the SILC can start implementing it immediately. She feels it is important for the SILC to get on track with their onboarding training process. It is time to review the onboarding process and what materials are being included.

She is still working in the background on some training videos regarding Roberts Rules, Open Meeting Law, etc. They have had some technical issues and are trying to get a YouTube account. They are working through the process to get that approved.

It would be a good time to get a workgroup together to revamp that process and make sure all the onboarding items are being addressed in the way that the Council wants. She would like volunteers for the workgroup.

Ace Patrick: She has looked at the training plans and onboarding process from West Virginia and thinks they are awesome, and the SILC can customize them.

Julie Steinbaugh: She would like to be part of the workgroup.

Dee Dee Foremaster: She would also like to be part of the workgroup.

Dawn Lyons: She can ask Havander Davis and Renee Portnell, however, it would be fine if it is she, Julie, and Dee Dee.

Dee Dee Foremaster motioned to approve the Individual Training Plan and Sabra McWhirter seconded. Members voted and the motion carried.

12. Approve and Make Recommendations Regarding Letter to Governor Sisolak Written by the Integrated Workforce Development Subcommittee in Response to the National Governors' Association Report Regarding Promoting Employment for People with Disabilities Through Statewide Coordination **(For Possible Action)**.

Sondra Cosgrove, Subcommittee Chair

Sondra Cosgrove: At the last Integrated Workforce Development Subcommittee meeting, they had a draft of the letter and there were some concerns that it needed to be edited a little bit, so Dawn took input from people and reworded some of it. Sondra asked Dawn to go over the changes made to the letter.

Dawn Lyons: The letter was shortened. There are two bullet points on the second point there was some question about the SILC's intention regarding what they were trying to get across about Vocational Rehabilitation. She removed that language, and it basically says, "Over 30% of adults in Nevada have a reported disability but many more do not report or cannot apply for Social Security Disability income. Therefore, program expansion and inclusivity are key to ensuring we reach all potential participants."

Sondra Cosgrove: I think taking out some of the specific language made it clearer.

Ace Patrick: Agrees and feels that it is a well-written letter.

Dawn Lyons: They have worked with many ideas, to get Integrated Employment implemented in Nevada in different ways. They were forwarded a report and were able to write a letter of recommendation to the governor based on that report which is also in the meeting materials. She asked if the members wanted her to sign the letter on their behalf, or if they each wanted to sign the letter.

Sondra Cosgrove: Asked Ace if she felt that it would be appropriate for all the members to sign the letter or just Dawn Lyons as the Executive Director of the SILC.

Ace Patrick: Suggested that Dawn Lyons be the one signatory to expedite sending the letter to the Governor.

Sondra Cosgrove: Agreed with Ace Patrick.

Raquel O'Neill: Motioned for Dawn Lyons to be the sole signatory on the letter to the Governor. Dee Dee Foremaster seconded. The members voted and the motion carried.

13. Update and Discussion Regarding SILC Budget and Program Progress Report.

Dawn Lyons, Executive Director

Dawn Lyons: The budget is on one tab and the expenditures are on the next tab. The material has been posted. It has an itemized spending accounting as of that date it was posted. She has recorded the SILC's expenditures. She offered to answer questions.

Mary Evilsizer: Thanked Dawn for including the budget and would like to see it at every meeting. She asked if the SILC had to request for any carry over funds or zero out funds.

Dawn Lyons: The budget shows how the SILC has spent their funds, and they have an additional year to spend that down according to the budget approved in the SPIL and do not have



to roll anything over or ask for any extensions, even though they have the option according to ACL to have an extension.

Mary Evilsizer: Thanked Dawn for her report.

14. Discussion and Make Recommendations Regarding State Plan Objectives and Timeline **(For Possible Action)**.

Ace Patrick, Chair

Ace Patrick: She believes that the SILC is on track and moving forward.

Dawn Lyons: There have been minor things included, nothing has technically changed since the last meeting they had in the updates. Some of the ongoing goals they have, she has presented to the Tribal Health Council, they have done additional things since the last meeting. The SILC is making the same progress as before.

The SILC's consumer satisfaction survey is on the news feed now on their website.

She asked the members to spread the word so that they can get as much consumer feedback as possible over the next fiscal year.

15. Approve Next Meeting Agenda Items and Next Meeting Date **(For Possible Action)**

NV SILC Meeting Scheduled for January 12 & 13, 2022 at 1:00pm

Ace Patrick, Chair

SILC Budget

Members can reach out to Dawn Lyons to suggest more agenda items for the next meeting.

16. Public Comment

Members of the public will be invited to speak; however, no action may be taken on a matter during public comment until the matter itself has been included on an agenda as an item for possible action. Please clearly state and spell your first and last name, if unique or otherwise unfamiliar to the Subcommittee. Public comment may be limited to 3 minutes per person, at the discretion of the chair. Agenda items may be taken out of order, combined or consideration by the public body, and/or pulled or removed from the agenda at any time. Pursuant to NRS 241.020, no action may be taken upon a matter during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.

Dora Martinez: Thanked everyone for the Hearts of Glass filming and discussion panel that occurred the prior day. The Centers for Independent Living in the North and South, have no grievance form on their websites. She thinks that is an ADA non-compliant issue and has been requesting as a consumer, to attend their board meetings and has not gotten anything. She requested that the Centers post their board meetings on their websites, along with a grievance form that is accessible.

John Rosenlund: Care Chest raised three hundred thousand dollars through another resource to go directly for Assistive Technology and make the modifications.

Mary Evilsizer: Gave kudos to the Assistive Technology Program for the work they are doing with the Centers for Independent Living.

SNCIL is booking appointments and the next available ones are five weeks ahead.

A long-time SNCIL staffer has passed away and is missed by everyone at the center. They will be looking to hire someone in his place and are hoping to have a candidate with a disability and Spanish speaking. They continue to work on the housing crisis in Southern Nevada.

Dawn Lyons: Disability Awareness Day coincides with a Disability Forum in Las Vegas. It is at the same starting time as Disability Awareness Day on Saturday, October 16th, at 10:00 am. Assemblywomen Tracy Brown May and Cohen are both having a disability forum at Betty's Village, to get input on what the most important issues are for people with disabilities right now. She encouraged anyone who could attend the Disability Forum to give input to get that momentum going forward for legislature coming up, and then go to Disability Awareness Day after that because it's still going on until 2:00 p.m.

Pumpkin Palooza will be on October 23rd and 24th at Victorian Square in Sparks, NV.

Dora Martinez: On October 16<sup>th</sup>, there will be a disability march in Reno, regarding paratransit, on the 16th of this month, Saturday, 12 p.m. The Disability Peer Action Coalition group and other disabled folks will march with Councilwoman Brekhus and people with RTC teamsters to have their voices heard regarding the strike, as it is affecting people with disabilities who are using the ADA paratransit.

She is going to try to have the RTC commission meeting read the proclamation that the Disability Peer Action Coalition group wrote.

Ace Patrick: Thanked Betty's Village for hosting the Vertical Harvest film and discussion panel, the prior day, and the quarterly meeting.

## 17. Adjournment

Ace Patrick, Chair

**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 Wendy Thornley at (775) 687-0551 as soon as possible and at least five days in advance of the meeting. If you wish, you may email her at [wthornley@adsd.nv.gov](mailto:wthornley@adsd.nv.gov) According to NRS 241.020, supporting materials for this meeting is available at: 3416 Goni Road, #D-132, Carson City, NV 89706 or by contacting Wendy Thornley at (775) 687-0551 or by email at [wthornley@adsd.nv.gov](mailto:wthornley@adsd.nv.gov).

### ***Agenda Posted at the Following Locations:***

Notice of this meeting was posted on the Internet: <https://www.nvsilc.com/meetings/> and <https://notice.nv.gov> and <https://www.nvsilc.com/>