



**NEVADA LEGISLATURE**  
**NEVADA VISION STAKEHOLDER GROUP**  
**(Senate Concurrent Resolution No. 37, File No. 102, Statutes of Nevada 2009)**

**SUMMARY MINUTES AND ACTION REPORT**

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The sixth meeting of the Nevada Legislature's Nevada Vision Stakeholder Group was held on March 22, 2010, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 2134 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/75th2009/committee/>. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (e-mail: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**GROUP MEMBERS PRESENT IN LAS VEGAS:**

Robert E. Lang, Ph.D., Chair, Brookings Mountain West and Department of Sociology, University of Nevada, Las Vegas (UNLV)  
Peter C. Bernhard, Cleveland Clinic Nevada  
Doug Busselman, Nevada Farm Bureau Federation  
Rene Cantu, Jr., Ph.D., Latin Chamber of Commerce Foundation  
Alan Feldman, MGM Mirage, Inc.  
Marsha Irvin, Andre Agassi College Preparatory Academy  
Janelle Kraft Pearce, Las Vegas Metropolitan Police Department, Retired  
Boyd Martin, Boyd Martin Construction and Associated General Contractors, Las Vegas Chapter  
Devin Reiss, Nevada Association of Realtors  
Terry J. Reynolds, The Reynolds Company  
Susan Rhodes, LASW, National Association of Social Workers, Nevada Chapter  
Brian Rippet, Nevada State Education Association  
Donald D. Snyder, The Smith Center for the Performing Arts  
Denise Tanata Ashby, Nevada Institute for Children's Research and Policy, UNLV  
Cedric D. Williams, North Las Vegas Fire Department  
Sylvia Young, FACHE, Sunrise Hospital and Medical Center

**GROUP MEMBERS PRESENT IN CARSON CITY:**

Paul Dugan, Washoe County School District, Retired  
Robert Lee Potter, American Federation of State, County, and Municipal Employees  
Katy Simon, Washoe County

**GROUP MEMBERS ABSENT:**

Joseph E. Dini, Jr., Nevada Assembly Speaker Emeritus  
Douglas D. Dirks, Employers Holdings, Inc.  
Dan Goulet, United Way of Southern Nevada  
John Packham, Ph.D., University of Nevada School of Medicine  
Thomas A. Perrigo, AICP, City of Las Vegas  
Keith Smith, Boyd Gaming Corporation  
Jacob L. Snow, Regional Transportation Commission of Southern Nevada

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT IN LAS VEGAS:**

David Ziegler, Principal Research Analyst, Research Division

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT IN CARSON CITY:**

Donald O. Williams, Research Director, Research Division  
Marsheilah D. Lyons, Principal Research Analyst, Research Division  
C. J. Smith, Secretary, Research Division

## **OPENING REMARKS**

- Robert E. Lang, Chair, welcomed the members of the Nevada Vision Stakeholder Group (NVSG). He said the “Public Comment” section of today’s meeting would be limited to three minutes per person. He said he would like to discuss future meetings, meeting space, and whether the NVSG needs more time to complete its work. Chair Lang said the NVSG has made considerable progress and that it may be appropriate for members to go out in the community to discuss the work of the Group with the public.

## **REVIEW AND DISCUSSION OF FUTURE MEETING AGENDAS AND DATES**

**(As directed by Chair Lang, this agenda item was taken out of order.)**

- Alan Feldman, member, said there is good momentum in the NVSG process and what the Group is doing, but there is either confusion or an absence of understanding in the community. Mr. Feldman said the Group’s work is too important to the community not to have members out there talking. He suggested that staff help organize such an effort. There are ample opportunities to explain what the Group is about, what has transpired so far, and what is yet to come.
- Donald D. Snyder, member, said there is much conversation and little knowledge in the community about what the NVSG is discussing. If the NVSG can package more broadly what it is doing, the community is ready to hear it.
- Susan Rhodes, member, concurred and said there is little understanding about the Group. She volunteered to be a speaker.
- Dave Ziegler, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB), said the LCB was asked in advance of today’s meeting if members of the NVSG were to go out and speak to small groups whether staff would be able to support that function. Mr. Ziegler said the LCB is happy to help coordinate. An important qualification is the LCB is an impartial, nonpartisan staff and cannot advocate for or against any recommendation or language that might appear in the report from the Group. He said the LCB’s role is to support the NVSG in terms of what the NVSG members would be doing and saying. For example, the LCB could put together speaker packets and try to match speakers and venues working with the Group. Mr. Ziegler added that if any interim subcommittee or advisory committee working with the Legislature made a similar request, the LCB would offer these services, as they are well within the LCB’s scope of services.
- Sylvia Young, member, suggested that Mr. Feldman and two or three Group members work with the LCB to put key messages together, have a structured message, and work on which groups are interested in hearing this message.

- Mr. Feldman said he would be willing to do so and stressed that if the Group puts together message points, they will be topics the NVSG can agree on. This is not agenda-based but involves getting the work of this Group out to the public. In some cases, absent the Group's discussions, topics will be defined for us by people who have no idea what the Group is doing.
- Doug Busselman, alternate member, said the idea of developing the messages is critical in deciding whether to implement this idea. He said he is unsure how the process will unfold after the analysis of the strengths, weaknesses, opportunities, and threats (SWOT). Mr. Busselman said it would be helpful to have a better idea of what the process is. He said that the NVSG needs to clearly identify opportunities for members of the public to provide input that would matter to the NVSG. The Group needs to develop more of an understanding of where it is, where it is going, and how the public can be engaged in providing feedback.
- Mr. Ziegler said his understanding of the outreach concept is that it is voluntary. He said the LCB would support those members who would like to connect with a group. In terms of the message, the NVSG has amassed a rather substantial record in its first six meetings. There is a mission that was given to the NVSG by Senate Concurrent Resolution No. 37. There has been much analysis of where Nevada is in terms of education, economic diversification, et cetera. The NVSG can share with members of the public what is already in the record and what the NVSG has been doing.
- Janelle Kraft Pearce, alternate member, said that some of what has been written and said about the NVSG has discouraged public input. She said she looks forward to the public coming forward and giving the Group their thoughts. Ms. Kraft Pearce asked whether the Group is supposed to be working on tax policy and structure.
- Mark McMullen, Director, Moody's Analytics, Inc., said there is a concurrent project that is looking closely at the tax structure. Taxes will be peripheral to the NVSG's work. There have been some strategies that deal with tax reforms, but the stability of the revenue system will be taken care of in the other report. He said in public outreach, it is important to describe the strategic planning exercise. The NVSG is working on a high-level, long-term view and trying and consolidate policies in a way that makes sense as a whole.
- Dr. Rene Cantu, Jr., member, asked whether there is an opportunity for interaction with Governor Gibbon's group on education; if two groups are working on similar things, there will be some interaction and feedback.
- Chair Lang said it is important for the NVSG to differentiate itself. It has a separate mission. The NVSG is a visioning group that is looking to improve metrics and is

separate from another process within the State that Moody's also manages. The process is now taking shape. The NVSG has had reports from qualified presenters that can be wrapped into a package the Group can assemble and present.

The Chair addressed the time left for the NVSG to identify recommendations, strategies, and goals, and suggested more time may be needed to complete the Group's work.

- Mr. Ziegler said that in a strategic planning mindset, there are certain phases, the first being problem or situation assessment, then goal setting and identification of strategies and approaches to attain those goals. The NVSG has been largely focused on the problem assessment/situation assessment phase. The Group needs to articulate the goals and match strategies to those goals so that a final package can be presented. For the two April meetings, Mr. Ziegler proposed that the Group work until 1 p.m. and take a break. Those who are able to work until 5 p.m. on the two afternoons of the April meetings would reconvene after a break and work on goals and strategies, document those, and return with that information to the full Group. He said he and Moody's have been talking about preparing handouts ahead of time so that the members have something to react to, based on all discussions to date. If the Group falls short of a quorum after lunch, that would not be an issue because the Group's members could keep working and would not take action.

**IDENTIFICATION OF NEVADA'S STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS ("SWOT") AND 5-, 10-, AND 20-YEAR GOALS RELATING TO ENERGY, THE ENVIRONMENT, AND TRANSPORTATION, BASED ON DISCUSSIONS AT THE NEVADA VISION STAKEHOLDER GROUP (NVSG) MEETING OF MARCH 12, 2010**

- Mr. McMullen introduced the SWOT analysis. A handout was provided by Mr. McMullen ([Exhibit B](#)).

*Group 2 (Room 4412—Las Vegas, to Room 2135—Carson City):*

- Boyd Martin, member, reviewed the SWOT analysis on energy, the environment, and transportation. (See March 12, 2010, minutes for details.).
- Chair Lang discussed the effect of urban heat islands, specifically in Phoenix, Arizona, and their relationship to Las Vegas. He said Nevada is greener than people think, and it has a small carbon footprint. Not only is the State's water consumption per capita dropping, but Nevada is an early adapter of alternative energy.

*Group 1 (Room 4401— Las Vegas, to Room 2134—Carson City):*

- Mr. Snyder and Mr. Reynolds, members, reviewed the SWOT analysis on energy, the environment, and transportation. (See March 12, 2010, minutes for details.) An executive summary from a task force on transportation was provided. The “Blue Ribbon Task Force to Evaluate Nevada Department of Transportation Long-Range Projects 2008-2015, Roads to the Future” ([Exhibit C](#)).

## **PRESENTATIONS ON CURRENT ISSUES AND ACTIVITIES IN NEVADA RELATED TO HEALTH AND HUMAN SERVICES**

### **Michael J. Willden, Director, Nevada’s Department of Health and Human Services**

- Mr. Willden provided the Group with a briefing on health and human services. He provided a briefing summary and discussion points ([Exhibit D](#)) and the Nevada Academy of Health, Nevada Health Scorecard ([Exhibit E](#)). He said:
  - Ø The Nevada Department of Health and Human Services (DHHS) is the largest agency in the State’s budget; total spending for the current biennium is about \$5.5 billion, of which about \$1.9 billion is from the State General Fund;
  - Ø The six divisions of the DHHS cover health care financing and policy (including Medicaid and Nevada Check Up); mental health and developmental services; child and family services; the State’s public health programs; welfare and supportive services; and oversight of the Nevada Indian Commission and the Office of the State Public Defender;
  - Ø The DHHS has been engaged in strategic planning for several years and has produced strategic plans for health care; persons with disabilities; rural health; senior services; children’s mental health; mental health and developmental services; and other subjects;
  - Ø Health care coverage and financing are major aspects of the DHHS programs; the DHHS budget represents 30 percent of State General Fund spending, and health care coverage and financing represent 60 percent of the 30 percent;
  - Ø There is a wide divergence between actual and projected Medicaid case load growth, creating a budgetary gap that the Legislature addressed in the recent special session, and case load growth will continue to be a challenge for the DHHS and the State of Nevada;
  - Ø There is also a divergence between actual and projected SNAP (i.e., food stamps) case loads; the federal government pays 100 percent of SNAP benefits, but

- administrative costs are divided equally between the State and the federal government; and funding the State's share is an issue;
- Ø There is also a divergence between actual and projected use of Temporary Assistance to Needy Families (TANF) and the DHHS foresees a long period of time before case loads and needs turn down, unlike the period after the events of September 11, 2001, when needs peaked and then quickly came down;
  - Ø National health care reform will affect all the states; the DHHS estimates the fiscal impact on the State General Fund through 2019 at about \$600 million, primarily for administrative costs, automation improvements, and delivering services to additional eligible persons;
  - Ø Nevada is attempting to lower the uninsured population through employer-sponsored health care and Medicaid expansion, and while Nevada's employers do a good job of offering health insurance to their employees, Nevada does not have a good Medicaid coverage program, covering far fewer of the State's residents than the national average;
  - Ø Nevada's per capita Medicaid spending is less than half the national average;
  - Ø In Medicaid coverage and financing, the biggest issue is the federal matching assistance percentage (FMAP), the percentage of Medicaid health care costs the federal government pays; normally, Nevada's taxpayers pay about half the costs; under the federal stimulus act, the federal share changed to 64 percent, saving the State as much as \$45 million per quarter; but the federal share will eventually return to normal;
  - Ø The partnership among the DHHS and Nevada's counties is very important, and the counties transfer tax revenues to the DHHS, which the DHHS matches with federal funds to help pay for Medicaid programs;
  - Ø Disproportionate hospital care payments, that is, money provided to hospitals that care for a disproportionate percentage of indigent persons, is a major issue;
  - Ø Nevada has a large opportunity in hunger and nutrition assistance programs and needs to focus on increasing participation in the SNAP and WIC programs; the DHHS is working internally and with trusted partners to improve processing of applications; Nevada has historically been one of the worst states for utilization of these programs by eligible families; and the lost funding hurts families and keeps money out of the economy;
  - Ø With reference to the Nevada Health Scorecard ([Exhibit E](#)) and the population health table ([Exhibit F](#)), the Nevada Academy of Health has documented the State's

performance on a large number of health indicators, and Nevada puts very little of the State's money into these types of programs; and

- Ø The DHHS is working on a significant strategy for implementing aging and disability resource centers, which are one-stop shops for information and referral services, and the DHHS believes in delivering services in the community whenever possible, to keep people out of long-term care.
- Mr. Snyder asked why Nevada does not do a better job of getting federal funding, and if it was a public policy issue or administration issue.
- Mr. Willden responded that in the DHHS, the primary place to access additional federal funds is through health care: Medicaid and Nevada Check Up. One issue is that for the State to receive additional federal money, there must be State matching dollars. He said Nevada would also need to decide to expand eligibility or increase rates for service. The State has continuously cut rates for about three years. Also, he said that DHHS applies for as many grants as possible, but does not have dedicated grant writers.
- Mr. Snyder said that grant writing would be a good way to leverage the State's resources. He asked what it takes to expand eligibility.
- Mr. Willden replied that expanding eligibility can be done administratively but would require appropriations to implement. The DHHS is not prohibited from providing services to a certain group. Eligibility can be increased, but that requires money, and the nonfederal share must be funded.
- Brian Rippet, member, asked about the matching requirements in the TANF program.
- Mr. Willden said the TANF program works on a block grant system, and Nevada's current federal block grant is approximately \$44 million. To receive that amount, the State must spend a "maintenance of effort," roughly \$27.5 million.
- Mr. Rippet said the Spending and Government Efficiency (SAGE) Commission recommended funding dedicated grant writers because of the return on investment.
- Ms. Young asked whether private sector entities are precluded from providing resources to assist with grant writing.
- Mr. Willden said they are not precluded. He said DHHS often partners with others to create the nonfederal share.
- Katy Simon, member, asked what happens to Nevada's uninsured when they need care.



- Mr. Willden replied when a person does not have insurance, he or she goes to an emergency department, and under the federal Emergency Medical Treatment and Active Labor Act of 1986, the hospital cannot turn away that person, and the person receives care, which is expensive when compared to an office visit. The hospital absorbs the costs if the bill is not paid, although there is a program through which DHHS attempts to direct federal funds to those hospitals that provide the most indigent care.
- Ms. Simon asked how much of the cost falls to local taxpayers. She said the counties absorb much of the cost.
- Mr. Willden said he would provide information on uncompensated hospital costs and disproportionate share.
- Marsha Irvin, member, asked about communities with a growing senior population, what kind of community-based programs are available, and what is the expense difference.
- Mr. Willden said the sunbelt states have similar growth in their senior population. The DHHS has community program waivers. A person who has a need for feeding, bathing, or toiletry can easily be accepted into a nursing home. In order for people to avoid going to a nursing home, DHHS must submit an application to the federal government for a waiver. To keep people in the community, there are senior waivers and disability waivers, which allow a person to age in place or receive services so that institutionalization is unnecessary. These programs are very effective, he said.
- Ms. Rhodes said on a statewide basis, the average cost per diem for a nursing facility at the Medicaid rate is \$188 per day, which translates to \$5,600 per month. She said home care is more cost effective than placing someone in an institution, and the outcomes are far preferable. Ms. Rhodes asked whether there is a plan to restore waiver slots lost due to budget restrictions.
- Mr. Willden replied there is no plan to restore these waivers without a funding stream, and he did not know what the 2011 Legislature would decide.
- Dr. Cantu said the Latin Chamber of Commerce Community Foundation has a partnership with the Nevada adult day health care centers. He said the cost of Medicaid to institutionalize a senior is about \$60,000 per year, whereas adult day health care is approximately \$15,000 per year and has many advantages, including preserving the senior's quality of life and independence.
- Ms. Rhodes said it is fiscally responsible to look at home and community-based care modes because the institutional options are far more expensive.

- Mr. Feldman requested clarification on the concept of eligibility and whether the requirements are set at the federal level.
- Mr. Willden responded that the federal government publishes laws and regulations with a broad set of parameters states can follow. Each program is different. However, most SNAP criteria are the same throughout the nation. There are general guidelines in the TANF program, and states have flexibility. In Medicaid, there are rules and regulations and a lengthy State plan, and states have much flexibility.
- Ms. Irvin asked, in terms of Nevada's needs, whether enough hospitals are projected for the next 20 years.
- Mr. Willden said he is not aware of a critical lack of hospital beds. He said that emergency departments are sometimes overwhelmed, partly as a result of use by mental patients, and that Nevada is well below the national average on the availability of psychiatric beds.
- Ms. Kraft Pearce referred to the handout ([Exhibit G](#)). The report shows the number of people admitted into hospitals in southern Nevada for mental health services. She said Nevada is the only State she knows of that requires medical clearance before a person can receive mental health services, and this causes a backup in emergency rooms. She said the shortage of State services and community triage locations impacts ambulances, courts, hospitals, jails, and police.
- Ms. Simon asked what would be the highest leverage strategies the NVSG could recommend.
- Mr. Willden said in his opinion, the best place Nevada can invest is in primary and preventive care that is community based. Nevada has networks of federally qualified health centers. He said further development of those centers and improving partnerships with the public health clinics are important. He said that Nevada is poorly automated in this area and needs a long-term strategy for and focus on automation.
- Mr. Snyder commented on the large number of strategic plans at DHHS, addressing a variety of issues, while the State is not getting the results it wants. He asked why Nevada is not getting better results.
- Mr. Willden replied that what gets funded and measured is what gets done. Both are needed: funding and measurement, or objectives will not be accomplished. There is also a need to improve efficiency with an automated system.
- Ms. Tanata Ashby asked for an overview of child welfare and juvenile justice needs.

- Mr. Willden said that in 2001, legislation was passed to integrate child welfare services in the State's two largest counties, and the State has made substantive progress. Washoe County has used innovation and decreased its foster care placements. Clark County's Child Haven is practically closed, with the children now in the community rather than institutions. Worker caseloads are better funded so that more time can be spent with children and their families. Many issues still remain, however.

He said that the State previously managed three juvenile correctional facilities and a probation unit, but had to downsize the correctional care for youths and is closing the Summit View Youth Correctional Center. He said Nevada has tried to expand probation services and the kinds of care youth receive, emphasizing mental health and substance abuse.

- Chair Lang said Nevada ranks 50th out of 50 in receiving formula-based federal funding. He said this is an issue of building capacity, which is within our ability to do. The Chair asked how much money would need to be budgeted to get a larger federal share, and whether Nevada's scant spending costs us retirees who might otherwise be interested in Nevada.
- Mr. Willden said the State could get a good grants-writing unit for a few hundred thousand dollars. Regarding eligibility issues, policy decisions are needed on whether to cover large groups of people who are not now covered by Medicaid. To add a medically needy program, Nevada would need to spend \$200 million. He said he did not know whether budget cuts affect a retiree's decision to relocate to Nevada.
- Chair Lang asked whether that information would have a tangible impact on a person living in the eastern United States who is thinking of retiring to the southwest.
- Mr. Willden said yes, because Nevada's health care eligibility policies are significantly more stringent than most states'. The Department counsels people daily and informs them that if they move to this State, they may not be eligible.
- Ms. Kraft Pearce said that Nevada is losing medical professionals because of the State's low Medicaid rates, which could discourage people from moving to Nevada.
- Mr. Rippet said the SAGE Commission report estimates a startup cost of \$450,000 to create a grants coordinator position. The estimated one-year return on investment is \$93 million, and \$310 million after five years.
- Jon Sasser, Washoe Legal Services, Reno, Nevada, gave an overview of his background. He said the strategic plans in which he has participated came to the conclusion that Nevada is not taking advantage of available federal money that could help the State with some of its problems. He suggested the State invest in services that are preventive now, in order not to pay more in the future. He said Nevada takes

realistic small steps when the economy is good, and when the State goes through a down cycle, innovative enhancements are cut from the budget.

Mr. Sasser listed several factors that will stress the system in the next 20 years. He said the Nevada Check Up program, prenatal care, and the childhood nutrition programs have suffered budget cuts. Mr. Sasser said the Olmstead decision in the U.S. Supreme Court says it is discriminatory not to provide community-based services and, despite the budget cuts, Nevada cannot back off from community-based services, which are cost-effective and improve the quality of life.

**Julie A. Murray, President and Chief Executive Officer, Three Square, Las Vegas**

- Julie A. Murray, President and CEO of Three Square Food Bank, and also representing the Food Bank of Northern Nevada, reported on hunger and its effects on children. She addressed the after-school meals program and gave a Microsoft PowerPoint presentation ([Exhibit H](#)) that highlighted two benchmarks that would increase federal funding to Nevada: (1) increasing participation in the school breakfast program; and (2) enrolling eligible households in the federal SNAP (food stamp) program ([Exhibit H](#) and [Exhibit I](#)). She said Nevada had the highest increase in SNAP applications in 2009, nearly 30 percent higher than the national average. Ms. Murray requested the NVSG add the recommendations of food stamp outreach and an increase in school breakfast participation to its final report.
- Chair Lang asked why school breakfast was not making more progress.
- Ms. Murray said Nevada has one of the shortest school days in the country. Having school breakfast after the bell creates a number of challenges. She said these challenges could be overcome with collaboration and effort.
- Cedric D. Williams, member, asked why people are not participating in SNAP and whether it is because they are not eligible.
- Ms. Murray said there is extensive paperwork. Three Square, a trusted partner, has three bilingual persons who work with applicants and make sure every item is completed. The process is onerous, and once the paperwork goes to the State, there is a large backlog of applications waiting for processing. She said more trusted partners would ease the bottleneck at the State level.
- Ms. Kraft Pearce said in the north, a large percentage of schools are participating in the breakfast program. In Clark County, there are only four schools. She asked what the north is doing that the south is not.
- Ms. Murray said northern Nevada is doing breakfast after the bell. In the south, there are no schools with breakfast after the bell. She said the problems can be overcome;

the food is there; the federal dollars should be distributed to the State and passed on to the schools; and it is a matter of increasing the utilization rate.

- Paul Dugan, member, said that participation in northern Nevada was also difficult. The school board required schools that met certain criteria to have breakfast in the classroom, or breakfast after the bell. He said it is a challenge for many students who do not arrive on time for breakfast. Unless students can start the day not feeling hungry, there is little chance of getting them to perform at the appropriate level, he said.
- Ms. Murray said her organization proposes several pilot applications to work collaboratively on overcoming the problems.
- Mr. Feldman asked if the application process is part of the problem. If there is a bottleneck, he said generating more applications will not solve the problem. Mr. Feldman asked: (1) is the application a federal or State mandate; (2) what is involved in the approval process; and (3) is there a consolidated application to streamline the process.
- Ms. Murray said a person struggling with hunger is probably struggling with employment issues or difficulties at home, and that is why it is important to have wrap-around services. When persons pick up food, they can also receive employment and housing assistance. It is important to bring in other services.
- Mr. Willden said the SNAP application is not a federally mandated form, and each state designs its own form. He said it is important to have questions answered to ensure applicants are eligible, otherwise penalties are imposed. Nevada uses a consolidated form, which includes applying for food stamps, TANF, Medicaid, and other programs. He said the long-term answer is expanding trusted partners, improving automation, and maintaining quality in the eligibility rolls.
- Mr. Snyder said there is a lack of philanthropy and community service infrastructure in Nevada. Mr. Snyder asked what barriers keep Nevada from moving from 37 percent to 60 percent participation in the breakfast program.
- Ms. Murray said the two food banks could provide increased participation in the school breakfast program with the commitment of legislators and the school districts.
- Ms. Irvin said some issues with school breakfasts are being resolved. She said nutrition helps focus better in the classroom, helps with academics, and improves student achievement.
- Dr. Cantu asked whether applications are available in different languages; and what kind of resources there are to overcome language barriers.

- Ms. Murray said the food stamp outreach team is bilingual and bilingual speakers are very important. Food banks are the central hub and food is distributed through hundreds of nonprofit agency partners, churches, and schools.
- Dr. Cantu asked whether Ms. Murray could quantify the extent of the problem and say how difficult it is to provide service to persons who speak other languages.
- Ms. Murray said it comes back to having more trusted partners, such as the food banks completing applications and doing interviews, and having more processing staff at the State level.
- Chair Lang said there is an appreciation of small government in western states until one gets to the point of penny wise and pound foolish. Whatever is spent on education is diminished if children have hunger issues.

## **PUBLIC COMMENT**

**(As directed by Chair Lang, this agenda item was taken out of order.)**

- Paula Berkley, Food Bank of Northern Nevada, offered ideas on how to increase participation in school breakfast programs. She said she would submit a copy of the 2009 letter of intent from the Assembly Committee on Ways and Means and the Senate Committee on Finance, which recommends changes in the school nutrition program.
- Karen Barsell, Chief Executive Officer (CEO) and President, United Way of Northern Nevada and the Sierra, said she is a licensed social worker in Nevada and read a prepared statement on nonprofit funding ([Exhibit J](#)).
- LaVonne Brooks, President and CEO of the Washoe Association of Retarded Citizens and High Sierra Industries said politics have prevented the recommendations of excellent rate studies from being utilized. She said the State needs to improve collaboration, efficiency, and technology. She said the monthly billings she submits for community-based services weigh 13 pounds; there is much difficult but necessary work to be done in the area of efficiency; rate structures are too low across the board; and grant writing is difficult work on which her organizations work very hard.
- Erik E. Schoen, Community Development Director of Community Chest, Inc. and a licensed health professional, said the NVSG should develop strategies to promote the viewpoint that human services are essential, not enhancements. Mr. Schoen said that recipients of services want to be of service to their community, by volunteering, for example. He suggested the NVSG incorporate strategies to educate the general public on the benefits of including persons with disabilities in the community fabric.

- Jan Gilbert, Progressive Leadership Alliance of Nevada, said obtaining federal grants can be difficult, grants require an investment by the State to receive the funds, and the State must meet performance requirements. Ms. Gilbert said once the programs are operating with federal money, there is the question whether the programs are sustainable if the grant money does not continue.
- Jeff Fontaine, Executive Director, Nevada Association of Counties, said the counties play an integral role in health and human services. Clark County, Washoe County, and Carson City have their own health districts, and social services are a very large part of the budget in every county. The counties act as a safety net for those who cannot provide for themselves, he said. Mr. Fontaine suggested the NVSG look at county-level statistics, since different areas have different needs. He cited problems in such areas as: rural transportation to health care services; suicide rates, particularly among Native Americans and seniors; and urban homelessness. He said the counties need autonomy, flexibility, and stable funding levels to respond to health and human services needs; that demand increases when economic conditions decline; and that one must carefully consider which level of government can provide which services.
- Chair Lang said some states are getting grants and suggested Nevada needs to find out why the State is not receiving grant money.

## **DISCUSSION AND IDENTIFICATION OF NEVADA'S SWOT AND 5-, 10-, AND 20-YEAR GOALS RELATING TO HEALTH AND HUMAN SERVICES**

*(Room 4401—Las Vegas, to Room 2134—Carson City):*

### Strengths:

- Ms. Rhodes said Nevada has the underpinnings and foundation of a good system; there are service providers at the State and county levels to provide services Nevada needs; and there is a commitment from professional associations to provide quality services throughout the State and develop a workforce development plan to encourage more professionals to locate to Nevada.
- Mr. Reynolds said Nevada has outstanding examples of pilot programs that work, such as, the Kids Café program and school nutrition programs. He suggested the NVSG highlight these programs because they work and should be instituted in the State's communities.
- Devin Reiss, alternate member, said he was glad that Nevada has trusted outreach partners, and the State needs to find ways the parties can work together.
- Ms. Simon said the innovation going on in Nevada is a strength. Many creative people are working together and more resources are needed to apply those innovations.

- Ms. Rhodes said that good collaborations have been started between State and local entities to provide services more efficiently and effectively to Nevada residents.
- Peter C. Bernhard, member, said he has been impressed with the quality of physicians and other medical care in Nevada, and the State's facilities are newer than in other areas. He said Nevada is attractive to health care providers and facilities that can provide better treatment for Nevadans.
- Mr. McMullen mentioned today's testimony that there is no incentive for some providers to locate to Nevada due to a lack of a federal match or low provider payments for Medicaid. He asked whether this is a problem only within the federally subsidized community.
- Mr. Bernhard said in talking with some physicians, their desire is to remain in Nevada and provide good care.
- Ms. Kraft Pearce said there are doctors and psychiatrists who no longer accept Medicaid patients. Regarding mental health, those on Medicaid cannot be treated in a free-standing hospital, only in a State hospital where beds are limited, she said.
- Ms. Rhodes said Nevada needs providers of long-term care for cognitively impaired individuals. There is a lack of beds for individuals with cognitive impairments: Alzheimer's, dementia, and behavior management issues. Currently, Nevada places those individuals in out-of-state facilities because of the Medicaid rates. We remove people from their natural support system to provide proper care.
- Ms. Simon said another strength is the Access to Healthcare Network that is expanding statewide. It is a membership organization for working, low-income people. It is not an insurance product. Persons may join and receive deeply discounted health care services, for which they pay cash.
- Mr. Snyder said slowing population growth may be an opportunity. The needs have increased in the current economy, but Nevada will not soon see the growth rates of the past 20 years, and issues can be dealt with more rationally.
- Ms. Tanata Ashby said northern and southern Nevada are seeing stronger collaborations between public and private entities, working together for mutual benefit in early childhood development, education, and health and human services. This is a strength, she said. Ms. Tanata Ashby also said that the nurse-family partnership in southern Nevada is a very beneficial program, although it can serve a limited number of families.



- Mr. Reynolds said another strength is Nevada's medical, nursing, and community college programs that provide opportunities for students in the medical field.
- Ms. Simon said another strength is increased public awareness for one's health and wellness. Reno-Sparks was named the sixth least obese metropolitan area in the United States.
- Mr. Williams said he found it difficult, at times, to collaborate at work with other organizations. He said economic conditions have contributed to improved collaboration. Entities need each other. This is a strength and an opportunity, he said.
- Mr. Snyder said he also sees improved collaboration helping kids prepare for kindergarten, in early learning, and in K-12 programs. The collaboration brings philanthropy into the dialogue more positively.

#### Weaknesses:

- Ms. Simon said an important weakness is the shortage of State matching resources, which is a big issue with grants because Nevada is not meeting "maintenance-of-effort" requirements.
- Mr. Williams said the paperwork required to apply for programs, such as food stamps (SNAP), is a weakness. He said Nevada needs to make it easier for applicants to access programs.
- Ms. Rhodes said, regarding a weakness and a threat, whenever there is a downturn in the economy, health and human services are deeply affected. Certain funds are swept for other uses, with no promise of restoration.
- Mr. McMullen said every state has had a shortfall, although Nevada has especially volatile revenues. With State funding, roughly half comes from the State General Fund and the other half from capital funds. For long-term investments in items with large upfront costs and benefits down the road, it is appropriate to finance them through borrowing. States can and do borrow as a matter of course during downturns by shifting funds from capital budgets and tapping special funds.
- Ms. Rhodes said a weakness and a threat is the shifting of funds from local government entities to the State. Problems are not solved by taking revenue from one entity and giving to another—that is putting the problem elsewhere.
- Mr. Reynolds said it is a shifting of both revenues and expenses. There needs to be better coordination between what happens at the local government level through the State level, so that we provide services the best way we can. Mr. Reynolds said, for

those living outside a metropolitan area, there are significant issues in providing good health care for residents and indigents.

- Mr. Bernhard said it involves political will and deciding how extensive the government role should be. He said one of the State's weaknesses is independence, the idea that every person is for himself or herself. Even though the resources are there, if allocated, there is no political will to commit the resources.
- Ms. Kraft Pearce said Nevada can plan long-term but without a sustained funding level, Nevada continues with boom and bust in education and health care. There needs to be stability for long-term programs so innovation is not lost, she said.
- Ms. Tanata Ashby said one of the State's weaknesses, which could be an opportunity, is a lack of focus on prevention, on investing funds early to prevent a need for future funding.
- Mr. Dugan said one of the weaknesses and threats in the area of health care is fewer doctors going into family practice and pediatrics. If that continues, it will be a problem for the nation and for Nevada, especially in rural counties.
- Ms. Rhodes said programmatic sustainability is a threat. She said that home- and community-based care is the best and most cost effective way to care for disabled individuals and seniors, and asked why Nevada does not expand these programs.
- Ms. Tanata Ashby said another weakness is a lack of quality data that is easily accessible, and data collection is an issue that needs to be considered. She cited an example of a grant proposal that would have resulted in significant funds for children's and mothers' health. The proposal was unsuccessful because of weakness in data to demonstrate needs and evaluate outcomes.
- Mr. McMullen said that Census 2010 would likely help and asked if the Group agreed.
- Ms. Tanata Ashby said that the census data is vital and used frequently. The problem is the data collected in Nevada and within the State systems, she said.
- Ms. Kraft Pearce stated there is no centralized database of persons receiving services. If someone is removed or dropped from a program, they must start over and reapply.
- Ms. Simon said that automation, technology upgrading, and integration are weaknesses; some agencies are territorial; and Nevada's population is transient. When participants are very mobile, it is difficult to make strategies work, she said, and long-term benefits are not documented.

- Paula Berkley, Food Bank of Northern Nevada, said the leadership within the DHHS is a strength, and the DHHS does whatever it can with ideas she puts forward. She said the Grants Management Unit of the DHHS is a strength. Citing the example of the SNAP program, she said each individual grant brings much-needed federal money into Nevada, providing both direct benefits and economic benefits, which are multiplied.
- Ms. Rhodes identified two opportunities: (1) an expansion of the no wrong door concept, under which anyone who applies to a partner agency could apply for an array of available services; and (2) a universal application that could be used to apply for State and local services. She said these tools would provide services more quickly and efficiently.
- Mr. Reynolds said there is an opportunity for Nevada's universities to furnish a collection of data to State and local entities, to provide expertise in grant writing, and to provide examples of successful grants.
- Ms. Tanata Ashby said "Nevada 2-1-1," is an opportunity. She said it has been underfunded and underutilized as a resource for families and individuals.
- Ms. Simon said a great opportunity is partnerships with for-profit partners in the private sector. There are kiosks in supermarkets where people can sign up for services online, for example. Many private businesses have been willing to connect as a point of access for certain applications and eligibility determinations. These partnerships should be expanded, she said.
- Mr. McMullen referred to the federal Earned Income Tax Credit (EITC) for low-income families and asked why it is not listed as an opportunity.
- Ms. Rhodes said in talking to social service clients in Clark County, staff reminds applicants to apply for the EITC.
- Mr. Bernhard stated that with economic stability, diversification, and a stable tax structure there would be predictability for Nevada's legislators to provide funding for the disadvantaged. This also applies to education, which is integrally related to the health and well being of the students. He said an opportunity exists for the NVSG to tie all these items together.

#### Threats:

- Ms. Rhodes listed as threats the sweeping of funds, and the viability of access to public and indigent health care.

- Mr. Williams said it is a threat if we do not recognize and take advantage of the opportunity to collaborate. There will be no better time when people are willing to step up and do the right thing for the community as a whole, he said.
- Ms. Tanata Ashby said the biggest threat is a lack of appropriate resources to pay for what the NVSG could be recommending.
- Mr. Reynolds said a threat is the failure to realize that education and health care are system problems that need to be dealt with on a system-wide level, working with local governments statewide.
- Ms. Rhodes said that public perception is a threat, and she is unsure whether the public realizes these are real, viable problems which need to be addressed on a society-wide basis.
- Mr. Snyder said another threat is there are extreme factions that tend to spin the data. Having good hard data is important, without spin serving special interests.
- Mr. Bernhard stated the federal health care plan might be a threat and, perhaps, an opportunity. It will affect physicians who are asked to provide more services and accept less in Medicaid reimbursements. It will change the delivery of health care services.
- Mr. Snyder said Nevada has the highest percentage of uninsured persons; therefore, Nevada may be affected by health care reform more than other states. He said there may be some benefit but the associated costs will complicate Nevada's problems.
- Ms. Kraft Pearce said Nevada has opportunities with the Cleveland Clinic, the Nevada Cancer Institute, the State's medical school, and training in our universities and colleges, but asked whether Nevada is retaining those who receive the training. She also said Nevada has a lack of physicians who can handle the new health care plan.
- Ms. Rhodes said the uninsured usually visit hospital emergency rooms, which is the most expensive treatment. When results of the health care legislation come through, although there may be an increased number of people seeking medical care, perhaps treatment can be administered in the provider's offices where it is more cost effective.
- Mr. Snyder said it speaks to the need to make sure the complexity of the new health care legislation is understood and proactively dealt with.

*(Room 4412—Las Vegas, to Room 2135—Carson City):*

Strengths:

- Mr. Ziegler introduced Marsheilah D. Lyons, Principal Research Analyst, Research Division, LCB, who is present to assist with today's subject of health and human services.
- Mr. Feldman said he heard for the first time about a level of public and private interaction and cooperation that he did not know existed, and that is a strength. He said Nevada has the beginnings of a delivery system in place. Things may not be as effective as they need to be, but there is infrastructure to deliver health services.
- Dr. Cantu said a strength is the wealth of community organizations that have yet to be tapped into to help provide the services. Dr. Cantu said there are many more organizations that could be tapped, for example, churches and community associations.
- Chair Lang said the counties are one of our strengths because the counties are contributing to the system by participating and transferring money to the State.
- Robert Lee Potter, member, said one strength is the ability to tax hospitals and nursing homes; they are paying a tax that goes toward the State contribution rate, albeit not enough to cover the total cost.
- Jan Gilbert, Progressive Leadership Alliance of Nevada, said a strength is the strategic planning already done. She suggested looking at strategic plans prepared for persons with disabilities, rural health, seniors, mental health, and the overall health care system.
- Ms. Irvin said Nevada is building new hospitals and planning for the future. Community-based programming seems to be a focus of the DHHS, and is a less expensive option than nursing homes. She also listed efficiency and leadership within DHHS as strengths, and expressed the hope that training is in place to replace those who retire.
- Ms. Young said the data from 2005 showed Nevada as underserved. She said there have been three new hospitals built within the last few years, and the State is probably where it needs to be in terms of hospital beds, at least in southern Nevada.

Weaknesses:

- Ms. Young said Nevada is not optimizing federal match in a majority of health and human service areas. She said there has not been innovative leadership in terms of information technology. Ms. Young asked why there is no common application online

for food stamps, Medicaid funding, disability, et cetera. She said the way providers are paid in Nevada is archaic and a disincentive for providers. She said payment methods have not kept up with the sophistication of clinical services. She said an additional weakness is the below-average reimbursement for providers that will lead to physicians and other scarce resources leaving the State.

- Ms. Irvin said many people are going to hospitals to seek care when a visit to a quick care or a doctor's office could save money, and perhaps the new health care reform bill will help Nevada provide a better system of preventive care.
- Dr. Cantu said the State's inability to prevent problems rather than treat problems when they become acute is a weakness. The elderly population is spending much more for institutionalization, when prolonged independence could be provided at a fraction of the cost, serving many more people.
- Ms. Young said lack of a stable revenue stream in high-cost and high-demand services places health facilities in a perpetually reactive mode. More stable funding is needed for Nevada health centers, federal clinics, prenatal care, and other programs. If the State could get women presumptive eligibility to receive quicker health care, there would be a better outcome in low birth weights, improved immunization strategies, and better outreach.
- Mr. Feldman said there is a lack of public understanding of the broad social and economic impacts of treating health and human services as an expendable item. The State must get beyond the notion that things cannot change.
- Dr. Cantu urged legislators not to be penny wise and dollar foolish when considering matching funding or preventive care.
- Mr. Martin said the idea of children not eating breakfast bothers him. He said it is a weakness, he does not know how to address it, and it seems there is something in the structure of the K-12 system that can be achieved.
- Chair Lang said a weakness or threat is a long-standing anti-government ethos. The part of government most vulnerable to that attitude is health and human services. He said that we need to emphasize this is about economic development and that successful states do better in this area.
- Jon Sasser, Washoe County Legal Services, said when the economy goes into a downturn, the newest, most innovative enhancements are cut first.

#### Opportunities:

- Dr. Cantu said the State should apply for more grant funds.

- Ms. Young said optimizing the retiree population to create a more sound community service philanthropy base is an opportunity. She said Nevada is at the bottom of community service infrastructure and philanthropy, and the retiree community may be seeking ways to connect through volunteerism.
- Mr. Potter said an opportunity is finding creative ways to obtain federal funds. He suggested statutes that would allow the State to tax insurance companies doing business in Nevada. Mr. Potter said if there is an obstacle to private money contributions, that needs to be eliminated, so individuals or businesses can help the State meet its obligations.
- Mr. Feldman said the NVSG has heard testimony on technology advances in Nevada and, related to health and human services, we are not taking advantage of them. There is an opportunity to improve health and human service efficiencies through technology, and submitting 13 pounds of paper in a monthly billing, as someone said in testimony, is incomprehensible in this day and age. Mr. Feldman also said Nevada is a small state, and there is an opportunity to integrate personnel and departments to deliver services and programs.
- Ms. Young added “agility” and said Nevada should have less bureaucracy because there are fewer people, and it should be simpler to streamline. Another opportunity is to frame the economic development case around a healthy human services budget. The mentally ill, the autistic, and the Medicaid recipients often do not have a face or they are not always perceived sympathetically. Health and human services can be a gateway for economic development.
- Mr. Martin said economic development reduces the problem. He said a small business person says why not try to reduce those who need to participate in these programs by reducing unemployment and creating jobs?
- Chair Lang said if nothing is spent, the opportunities for economic development are diminished. Businesses make decisions and look at metrics and state rankings, and Nevada should be more diligent in accessing federal funding. He said the State should identify the minimums that must be spent and convince the public the money is wisely spent.
- Jon Sasser, previously identified, said that the federal health care reform could be an opportunity and a threat. It will have a great impact on Nevada in terms of federal dollars. There will be a shift in who pays for the uninsured and a chance to tackle the uninsured problem in Nevada. If the new law is implemented well, it could be very positive.

- Chair Lang said we should not make health care reform another category in which Nevada falls behind. If the State is creative, Nevada will have the opportunity to formulate a new structure. The threat is that Nevada will continue the same pattern and move further downward; the opportunity is that the State has a chance to reverse that.
- Dr. Cantu said American Recovery and Reinvestment Act of 2009 funds are going away. Currently, the State's share for some of these programs has been reduced to 34 percent, but will return to 50 percent. This is an immediate threat for the next biennium.
- Ms. Irvin said the caseloads, regarding children with disabilities or adults who have issues and require multiple services, must be explored, together with the eligibility rate.
- Ms. Young discussed the increasing caseloads. Absent new funding, the automatic reaction is to further restrict eligibility, and that is devastating in terms of what is paid for. She said Nevada already has some of the most rigorous Medicaid eligibility requirements, and every 1 percent increase in unemployment adds 16,000 to the Medicaid rolls. She said another threat is the 2011 Legislative Session, where there will be a large number of new legislators.
- Ms. Irvin said there is an opportunity to teach children about obesity and to produce preventive programs in health and welfare.
- Mr. Ziegler asked for clarification of Ms. Young's comments regarding increasing caseloads and restricted eligibility.
- Ms. Young said because the numbers are increasing at such a rate, the only way to preserve a stagnant source of money is to make fewer people eligible for certain programs. More people are not covered, and they end up in poor health status. The public health status deteriorates and the burden is passed to hospitals, which then shift costs to small business and other insurers to cover the costs of treating the uninsured.
- Chair Lang said a threat is that Nevada's economy does not recover fast enough to reverse the caseloads and bring down some numbers to manageable levels.
- Mr. Potter said this would have a detrimental effect on persons' decisions to move to Nevada, not just retirees, but new businesses that wish to relocate or expand.
- Ms. Young said Nevada could also have out-migration of the highly educated persons who are health-care providers: physicians and nurses with higher paying jobs. She said any pediatric specialty is affected, because there is a high reliance on Medicaid in pediatrics.



### Goals:

- Ms. Irvin said a goal would be to feed hungry children, and this could be addressed more easily. Another goal would be to provide education programs on good health and safety for students.
- Chair Lang said another goal would be to move up from 50th in some rankings. He said Nevada needs to get out of the bottom ranking in some things, at a minimum.
- Ms. Irvin asked whether there would be any objections to listing those categories, so there is no ambiguity as far as what the Group is talking about.
- Ms. Young said the categories were covered in the presentation that Mr. Willden gave, and include health status, child immunization rates, and community-based mental health. She said the loss of outpatient community health centers, forcing persons into emergency rooms for treatment, is inappropriate. There is a need for more prevention and outpatient treatment. She said obtaining more federal funding should be a goal.
- Chair Lang said the NVSG needs dramatic statistics that indicate real distress. Chair Lang said the NVSG should not overwhelm the public with technical metrics, but select goals that really mean something: a hungry kid statistic is something the public will notice.
- Mr. Feldman said one of the goals should be to increase efficiency in the money spent through investments in technology, to reduce administrative expense and get money into the hands of those who need it.
- Mr. Martin said that educating the public may result in additional philanthropic participation and volunteerism as people understand the need. Nevadans tend to fill the need when they understand.
- Mr. Potter said there is a need to educate the public regarding the value of State investments in federal programs and how investment will improve the quality of life for all Nevadans. Another goal is to automate more of the State's systems.
- Marsheilah Lyons, previously identified, said a question was asked regarding indicators and 50-state rankings. The Academy of Health has the "Nevada Health Scorecard," including specific rankings in which the NVSG is interested, and the information is available in that document ([Exhibit E](#)).
- Ms. Irvin asked how old is the data in the Scorecard?

- Ms. Lyons said the document is dated January 2009, but some data have different time frames.

## **ADJOURNMENT**

There being no further business to come before the Group, the meeting was adjourned at 1 pm.

Respectfully submitted,

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C. J. Smith  
Research Secretary

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David Ziegler  
Principal Research Analyst

APPROVED BY:

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Robert E. Lang, Ph.D., Chair

Date: August 6, 2010

## LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda,” provided by David Ziegler, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B](#) is a document titled “Summary of SWOT Analysis For Economic Development,” provided by Mark McMullen, Director, Moody’s Analytics, Inc., dated March 12, 2010.

[Exhibit C](#) is the Executive Summary of a report titled *State of Nevada Blue Ribbon Task Force To Evaluate Nevada Department of Transportation Long-Range Projects, 2008-2015*, December 5, 2006, provided by David Ziegler, Principal Research Analyst, Research Division, LCB.

[Exhibit D](#) is a briefing summary titled “Health and Human Services Briefing Summary, Nevada Vision Stakeholders Group, Discussion Points,” provided by Michael J. Willden, Director, Nevada’s Department of Health and Human Services (DHHS).

[Exhibit E](#) is a report titled *Nevada Academy of Health, Nevada Health Scorecard*, provided by Michael J. Willden, Director, DHHS, which includes charts and statistics on health care finance and expenditure, workforce, access and capacity, and other health-related topics, dated January 14, 2009.

[Exhibit F](#) is a table titled “Population Health in Nevada and Nevada’s Health Ranking Among US States – 2008,” provided by Dr. John Packham, University of Nevada, Reno, School of Medicine.

[Exhibit G](#) is a variety of tables and charts submitted by Janelle Kraft Pearce, which consists of the following:

1. A table titled “Las Vegas Metropolitan Area Report 2008-2009, Adult Legal 2000 Tracking—2009,” revised March 13, 2010.
2. A chart titled “Adult Legal 2000 Admissions by Hospital for 2009.”
3. A chart titled “Pediatric Psychiatric Admissions by Hospital 2009.”
4. A graph titled “Adult Legal 2000 Hours by Hospital 2009.”
5. A graph titled “Pediatric Psychiatric Admissions by Hospital 2009.”

[Exhibit H](#) is a Microsoft PowerPoint presentation titled “Visionary Stakeholders Meeting,” provided by Julie A. Murray, President and Chief Executive Officer (CEO), Three Square Food Bank, dated March 22, 2010.

[Exhibit I](#) is a table dated March 22, 2010, titled “Visionary Stakeholders Meeting, Division of Welfare and Supportive Services—2 Year SNAP Expansion, Estimated Benefit and Timeline,” provided by Julie A. Murray, President and CEO, Three Square Food Bank.

[Exhibit J](#) is the written testimony of Karen Barsell, CEO and President, United Way of Northern Nevada and the Sierra.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at [www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm](http://www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm) or telephone: 775/684-6827.