NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON SENIOR CITIZENS, VETERANS AND ADULTS WITH SPECIAL NEEDS

(*Nevada Revised Statutes* [NRS] 218E.750)

SUMMARY MINUTES
January 9, 2020

The first meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2019–2020 Interim was held on Thursday, January 9, 2020, at 10 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 2135, Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was also videoconferenced to Room 121, High Tech Center, Great Basin College, 1500 College Parkway, Elko, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's meeting page. The audio or video recording may also be found at https://www.leg.state.nv.us/Granicus/. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN PRIMARY LOCATION:

Senator Patricia (Pat) Spearman, Chair
Senator Joseph (Joe) P. Hardy, M.D.
Senator Joyce Woodhouse
Assemblywoman Shannon Bilbray-Axelrod, Vice Chair
Assemblywoman Michelle Gorelow

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Assemblyman John C. Ellison

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Cesar O. Melgarejo, Senior Policy Analyst, Research Division
Jann Stinnesbeck, Senior Policy Analyst, Research Division
Gayle Nadeau, Research Policy Assistant, Research Division
Crystal Rowe, Research Policy Assistant, Research Division
Eric Robbins, Principal Deputy Legislative Counsel, Legal Division
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division
Ariel A. San Miguel, Deputy Legislative Counsel, Legal Division

Items taken out of sequence during the meeting have been placed in agenda order.

AGENDA ITEM I—OPENING REMARKS AND COMMITTEE INSTRUCTIONS

Chair Spearman called the first meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2019–2020 Interim to order. She reviewed meeting protocol and asked Committee members and staff to introduce themselves.

AGENDA ITEM II—PUBLIC COMMENT

Chair Spearman called for public comment, however, no testimony was presented.

AGENDA ITEM III—OVERVIEW OF THE COMMITTEE'S RESPONSIBILITIES AND ACTIVITIES

Cesar O. Melgarejo, previously identified, provided opening remarks and presented the Committee's "work plan" for the 2019–2020 Interim. In reviewing the plan, he noted it provides background information on the powers and duties of the Committee as addressed in NRS 218E.750; a summary of the 2017–2018 Interim Committee actions; the proposed meeting schedule for the remainder of the 2019–2020 Interim; parameters on bill draft requests (BDRs) the Committee may submit to the 2021 Legislative Session; and staff contact information (Agenda Item III).

Mr. Melgarejo stated, in addition to the powers outlined in NRS 218E.750, pursuant to NRS 333.3368 and 338.13846, the Committee has a duty to review certain statutory reports from the Purchasing and State Public Works Divisions of Nevada's Department of Administration that must include the number and dollar amount of purchasing contracts and contract awards to local businesses owned by service-disabled veterans.

AGENDA ITEM IV—OVERVIEW OF THE WORK OF THE NEVADA SILVER HAIRED LEGISLATIVE FORUM

John A. Yacenda, Ph.D., M.P.H., P.A.H.M., Forum President, Nevada Silver Haired Legislative Forum (NSHLF), provided a summary about NSHLF and said his presentation would focus on NSHLF's business. He noted NSHLF meets every three months, but in between meetings perform outreach to seniors, and report back to NSHLF.

Dr. Yacenda called attention to the last four slides in his presentation titled "Ten Topics of Concern to Senior Citizens" as identified by NSHLF. He stated Topic 1 is blank because it is one of the most important topics for seniors to be heard and understood, especially when experiencing a crisis. Dr. Yacenda said the question to ask seniors is "What is your single overriding communication objective (SOCO)?" He shared two short SOCOs: (1) seniors need to speak up, speak the truth, and exercise their rights; and (2) senior service providers need to listen to the words spoken by seniors, provide audible feedback for clarification, and render verbal directions to conclude the conversation—in other words, make sure you have shown the person that you have listened (Agenda Item IV).

Chair Spearman asked if NSHLF has specific outreach programs for seniors experiencing different situations of abuse who may have a language barrier or programs tailored to meet specific ethnic and LGBTQ communities also facing abuse.

Responding, Dr. Yacenda shared NSHLF recently began identifying areas for outreach, which will be on NSHLF's February 12, 2020, meeting agenda.

Discussion ensued between Assemblyman Ellison and Dr. Yacenda about the Medicaid and Medicare physician shortage in rural Nevada communities because of income issues. Assemblyman Ellison opined that many senior citizens enjoy sharing their life experiences, which is beneficial to them to tell and for younger generations to hear.

AGENDA ITEM V—OVERVIEW OF LEGISLATION AND INITIATIVES PERTAINING TO SENIOR ISSUES

A. PRESENTATION OF LEGISLATION FROM THE 2019 SESSION AND INITIATIVES CONCERNING THE PROGRAMS OF THE AGING AND DISABILITY SERVICES DIVISION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dena Schmidt, Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), said the issues in her slide presentation were separated into four areas: (1) ADSD's mission; (2) a review of measures relating to the work of ADSD and DHHS passed during the 2019 Session; (3) an overview of ADSD programs; and (4) several conceptual ideas of ADSD as the Division proceeds into the next biennium (Agenda Item V A-1).

Before Ms. Schmidt discussed ADSD programs, Senator Hardy asked who the partner is working with ADSD on the implementation of Senate Bill 203 (Chapter 601, *Statutes of Nevada 2019*) that creates an account to provide programs and services to children who are blind, visually impaired, deaf or hard of hearing. She replied the Deaf Centers of Nevada is the current grantee for these services (Agenda Item V A-2).

Chair Spearman asked if hearing aid grants for needy children had been obtained. Shannon Sprout, Health Program Manager, ADSD, DHHS, responded that no grants had been secured to fund such devices but noted ADSD continues to explore funding sources.

Ms. Schmidt continued her presentation discussing the following ADSD programs: (1) developmental services; (2) the Home and Community Based Waiver Program for the Frail Elderly and Individuals with Physical Disabilities; (3) the Long-Term Care Ombudsman Program; (4) Adult Protective Services (APS): (5) Senior and Disability Rx Taxi Assistance Program; (6) community funded programs; and (7) children's services.

Concluding her presentation, Ms. Schmidt discussed items relative to Nevada's Aging and Disability Network in creating an age-friendly public health system.

Senator Hardy asked Ms. Schmidt how individuals would know who to call and where to apply for a home- and community-based waiver.

Ms. Schmidt responded that individuals can contact ADSD and apply for a waiver, which requires a physical assessment and other determinations to ensure the person applying will meet the required criteria. After the initial assessment, she said, ADSD works with Nevada's Division of Welfare and Supportive Services, DHHS, and the final step is to submit the financial application for Medicaid eligibility.

Ms. Schmidt further explained that community partners of ADSD, such as Nevada's senior centers, refer individuals to ADSD who are seeking such services that the waiver program provides. She drew attention to key ADSD staff contact information and the link to ADSD's website (http://adsd.nv.gov/) on slide 24 of her presentation.

Senator Woodhouse asked why the Taxi Assistance Program was not available in the Reno area to which Ms. Schmidt replied it is a program established through the Las Vegas Taxi Authority, but said she would investigate to confirm and provide the Committee with the results of her inquiry.

Senator Woodhouse suggested a measure for the 2021 Session that would address the "no wrong door" approach for individuals with behavioral and cognitive needs in order to streamline access to services and supports. Additionally, she requested support for such a BDR from ADSD.

Chair Spearman asked about the Senior and Disability Rx Medicare Part D premium subsidies for low-income seniors noting that often seniors with insurance are still unable to meet prescription co-pays. She said there are some pharmaceutical companies willing to discount rates, and in some instances, may provide medicines at no cost. Chair Spearman inquired how this information could best be communicated to Nevada's senior population.

Ms. Schmidt responded that ADSD operates a volunteer program known as the State Health Insurance Assistance Program (SHIP) that offers local one-on-one counseling and assistance to people with Medicare and their families. She shared SHIPs number (1-800-307-444) and the Program's website (http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/).
Ms. Schmidt noted that SHIP also provides assistance in navigating the Medicare enrollment process and guidance in locating the cost of prescriptions under each plan.

Ms. Schmidt added that the Senior Rx Program is a "wraparound" service for an individual who may find their prescriptions are covered through Medicare but cannot afford the premium. Senior Rx can subsidize the premiums; however, the Program does not cover co-pays and deductibles.

Continuing her reply regarding how medication premium subsidy information can best be disseminated to seniors, Ms. Schmidt said ADSD attempts to engage in outreach efforts to relay insurance information, for example through health fairs. Unfortunately, she stressed the challenge, especially with programs such as SHIP, is acquiring funding for outreach programs because aid is derived through federal grants, which are limited and have not increased over the years. Ms. Schmidt noted that with needs increasing, one of ADSD's initiatives looking forward is to create a network of providers to communicate the services available to senior communities.

Chair Spearman inquired about ADSD's Adult Protective Services investigating reports of abuse and neglect among vulnerable adults and if reports have been received regarding hate crimes for protected classes such as transgender persons, and if so, whether ADSD have "at-risk" training to help identify whether such abuse may actually be a hate crime.

Ms. Schmidt responded that APS has a mandatory intensive training program all staff attend to help identify criminal activities. During the investigation process, multiple trainings are held that involve law enforcement officers, and in turn, they train APS staff relative to law enforcement's role with such activities. However, Ms. Schmidt noted she will investigate if any of the training is specific to hate crimes, and if not, such training will be evaluated on how to include it in trainings going forward.

Responding, Chair Spearman referenced SB 470 (Chapter 292, *Statutes of Nevada 2019*) dealing with cultural competency training as another avenue to eliminate hate crimes, especially within the transgender community.

Assemblyman Ellison said more information is available about Alzheimer's disease and people with dementia, and asked if there has been an increase in these illnesses. He indicated that locating housing for these individuals, especially in rural areas, is a challenging task.

Ms. Schmidt stated she would have other presenters who may have more information about the actual cause of the increase in these diseases address Assemblyman Ellison's question. She added the Centers for Disease Control and Prevention (CDC) is beginning to look at these diseases as a public health crisis. However, Ms. Schmidt shared, ADSD is partnering with the Alzheimer's Association to provide supportive services to individuals and families affected with these illnesses.

Additionally, Ms. Schmidt reported ADSD is investigating how it can partner with the Division of Public and Behavioral Health (DPBH), DHHS, through a Healthy Brain Initiative grant to be proactive in identifying ways to address the needs of people with Alzheimer's and dementia.

Chair Spearman called for the Nevada Veterans Services Commission, Department of Veterans Services, to integrate the services ADSD provides with its programs, because both the senior and special needs populations can be in either demographic.

B. PRESENTATION OF LEGISLATION FROM THE 2019 SESSION AND REVIEW OF INITIATIVES PERTAINING TO SENIORS IN OTHER STATES

Barry Gold, Director, Government Relations, AARP® Nevada, discussed the following information in his presentation (Agenda Item V B-1):

- AARP's mission as a nonprofit, nonpartisan, social welfare organization. Mr. Gold emphasized that AARP is not an insurance company and does not provide any direct health care services.
- Legislation from Nevada's 2019 Legislative Session relative to seniors that passed, and two failed measures dealing with flexible sick leave and an Individual Retirement Account Nevada Employee Savings Trust.

Mr. Gold shared data in his handout titled "AARP in the States 2020" addressing lower costs for prescription drugs, support for family caregivers through the Caregiver Advise, Record, Enable (CARE) Act, strengthening home care services, expanding health care coverage, helping people save for retirement, fighting elder abuse and fraud, and building communities for all ages. (Agenda Item V B-2)

AGENDA ITEM VI—PRESENTATIONS ON SENIOR QUALITY OF LIFE IN NEVADA

A. PRESENTATION ON SENIOR POPULATION DEMOGRAPHICS IN NEVADA

Dena Schmidt, previously identified, provided a presentation on senior demographics in Nevada. She stated 46 percent of women older than age 75 live alone with no help, and one in six Nevadan women face this issue. Therefore, ADSD is addressing this concern to ensure services are available to this group as it continues to increase. (Agenda Item VI A)

Ms. Schmidt pointed out that nearly half of Nevada's senior population is living close to the poverty level, and the majority of individuals already living in poverty are on a fixed income without the ability to change their circumstances.

In summary, Ms. Schmidt said the information in her presentation only present the major data points of concern regarding seniors in Nevada. She shared ADSD is working with the Office of Analytics, DHHS, as well as the Sanford Center for Aging's Healthy Living program within the University of Nevada, Reno (UNR), School of Medicine to publish a 2020 Elders Count Report that will provide detailed data regarding seniors across Nevada, as well as identifying the data by geographic areas.

B. PRESENTATION ON SENIOR QUALITY OF LIFE ISSUES AND HEALTH CARE CONCERNS IN NEVADA

Peter Reed Ph.D., M.P.H., Director, Sanford Center for Aging, and Professor, Community Health Sciences, UNR, School of Medicine, noted his involvement with several Nevada and national groups focusing on geriatric medicine and eldercare. He explained his presentation would focus on his perspectives about the quality of life and aging in Nevada and would not speak for organizations he is associated with; although, Dr. Reed opined those organizations' values and viewpoints are well-aligned with his.

Dr. Reed said he would emphasize conceptual understandings of the importance of quality of life issues among elders and discuss some of the state's initiatives and activities for seniors, as well as highlight projects the Sanford Center for Aging is engaged in at the UNR School of Medicine.

Domains of well-being:

Dr. Reed said the concept of companionship to "quality of life" is "well-being," which include several universal dimensions of the human experience. He referenced a set of "domains" of well-being developed by the Eden Alternative at the national level, particularly in the context of elders and the long-term care setting. Dr. Reed said domains of well-being address the elders' need for autonomy, connectedness, growth, identity, joy, meaningfulness, and security.

Many challenges of aging:

Dr. Reed noted one of his foremost messages to communicate about the elderly is health issues, including chronic diseases and physical and cognitive limitations. He said while there are complications that come with the aging process that can compromise quality of life, if the state establishes well thought out community-based supports and services, good access to high-quality health care, and the basics of everyday life are put in place, these fundamentals will help elders maintain a high-level of well-being in their everyday lives despite physical and cognitive limitations.

What constitutes quality of life and well-being?

Quality of life and well-being is enveloped by the full scope of the human experience. Unfortunately, there is a well-intentioned effort to extend life as long as possible, particularly in the health care field, but the efforts often correspond with a diminished quality of life.

Quality of life is a subjective experience, but with such domain commonalities as:

- Physical health;
- Social relationships and civic engagement;

- Mental health;
- Emotional well-being;
- Environmental factors, both physical and social;
- Financial health and well-being; and
- Spiritual connectedness.

Issues that can compromise quality of life:

- Chronic diseases (e.g., Alzheimer's, arthritis, chronic obstructive pulmonary disease [COPD—a common lung disease], dementia, diabetes, hypertension, and osteoporosis) that present later in life as an accumulation of unwise health decisions that can create social isolation;
- Frailty that may result from developing osteoporosis can result in falls that fracture bones;
- Arthritis; and
- Cognitive impairment from Alzheimer's and dementia.

Chronic diseases:

A wide-range of programs exist, as well as the emergence of statewide partners tackling the issue of chronic diseases. Chronic diseases are conditions related to behaviors and lifestyles such as alcohol and tobacco use, lack of physical activity, and poor diets.

Alzheimer's and dementia initiatives:

- Nevada's Aging and Disabilities Services Division, DHHS, completed a three-year project funded by the Administration for Community Living; an initiative to study to develop dementia-friendly communities around the state to connect care and support services for people living with dementia and their caregivers.
- The other component of the study was to create the Dementia-Friendly Nevada Initiative, initially conceived as a partnership between ADSD, the Alzheimer's Association, and AARP of Nevada to target reducing the stigma related to Alzheimer's and dementia. The study was coupled with federal funding, and six statewide community dementia-friendly action groups were created with the goal of identifying the needs of communities to best support living well with dementia and Alzheimer's.

  The "Dementia Friends Training Program" was one of the outcomes of the action groups. This program teaches members of communities working in occupations such as banks, first responders, and restaurants how to engage with a person living with cognitive impairment.
- Nevada's Task Force on Alzheimer's Disease develops a state plan every other year, with a new plan to be developed in 2020. The plan will be available in January 2021, and among other issues, will include training and policy recommendations.

Existing programs:

Providing the tools of education, empowerment, resources, and self-advocacy to individuals in our communities is critical to better managing the impact of cognitive impairment and reduce the stigmas associated with Alzheimer's and dementia. Looking at avenues to better integrate various wellness programs under the leadership of ADSD and DPBH within DHHS is critical toward building a unified network for chronic disease self-management across the state.

Current wellness programs available in Nevada funded by ADSD and DPBH include:

- Chronic disease and self-management;
- Prevention;
- Medication therapy management, and
- A wide-range of resources to provide individuals with the knowledge, self-efficacy empowerment, and tools to take control of their own conditions.

Through funding from the CDC to DPBH within DHHS, primary care providers are receiving training to better care for the aging population with a particular focus on delivering diabetes self-management and prevention programs, as well as a wide range of other initiatives, such as chronic care and medication therapy management to enable people living with these conditions to acquire the needed resources to enhance their quality of life.

The changing role of primary care providers:

Due to the growing elder population and the decline of available geriatric specialists—geriatricians, geriatric nurses, geriatric social workers—it is critical that primary care providers be trained in basic skills to deliver high-quality care to elders.

Needed resources to bolster the quality of life for elders:

- Education to change assumptions that ageism in society is equivalent to lacking the ability or mindset to engage in quality of life activities is critical to removing such stigmas. Robust communities that recognize the value and importance of elders and people living with disabilities are a part of the "fabric" of a vibrant community.

- The basic needs for elders to thrive in communities include financial and food security; stable housing; transportation options; access to quality health care; and a fundamental infrastructure for community-based aging services such as companionship programs, respite programs, senior centers, social and civic engagement opportunities, and volunteerism.

Efforts underway to obtain resources to support the quality of life for the elderly in Nevada:

- Aging and Disability Services Division along with the efforts of a well-established network of state providers are providing community-based aging support services (funded from state resources and the Older Americans Act of 1965 enhancing the quality of life for elders in Nevada.

Sanford Center for Aging:

An initiative launched on September 17, 2019, by the Sanford Center for Aging at UNR's School of Medicine called "ICECAP Nevada" (Improving the Care of Elders through Community and Academic Partnerships) offers an interprofessional certificate in geriatric care by which primary care providers will be trained through an alliance with the Northern Nevada Medical Center to embrace a framework called the "4Ms" with the goal of becoming an Age-Friendly Health System recognized by the Institute for Healthcare Improvement of The John A. Hartford Foundation.

By embracing the 4Ms to put patients' interests, needs, and preferences first, primary health care providers will consider the following during clinical visits or interactions with seniors: (1) What *Matters*; (2) *Medication*; (3) managing *Mentation* (depression, delirium, and dementia); and (4) *Mobility* (frailty and falls). Rural providers are also being trained through Project ECHO—an initiative at UNR's School of Medicine to integrate geriatric specialty care with primary care for rural medical professionals.

The Sanford Center for Aging offers comprehensive geriatric assessments from a specialty perspective in concert with primary care providers by bringing together a pharmacist, physician, and social worker to obtain a complete understanding of the needs of individuals in developing care plans. These services are also available across the state in rural communities via telemedicine.

Additionally, the Sanford Center for Aging is focused on a nationwide program to enhance the state's geriatric training known as the Geriatric Workforce Enhancement Program, which is funded by the United States Health Resources and Services Administration.

Veteran initiatives:

- The Northern Nevada State Veterans Home opened a skilled nursing community that includes short-term rehabilitation, long-term skilled nursing services, and a memory care unit.
- Bravo Zulu is a program developed by Nevada's Department of Veterans Services that trains professional and family caregivers of veterans living with dementia.

Concluding his presentation, Dr. Reed addressed Assemblyman Ellison's question regarding an apparent increase in Alzheimer's disease and dementia in Nevada. Dr. Reed said dementia dramatically increases from age 65 to 95, and with people living longer, society is seeing an increase in senior citizens being diagnosed with these disorders.

Chair Spearman, referencing SAGE, asked Dr. Reed to have the Sanford Center for Aging study advocacy and services for LGBTQ elders.

C. PRESENTATION ON SENIOR CITIZEN SUICIDE TRENDS

Misty Vaughan Allen, M.A., Coordinator of the Statewide Program for Suicide Prevention, Statewide Program for Suicide Prevention (Office for Suicide Prevention) (OSP), DPBH, DHHS, and Richard Egan, Suicide Prevention Trainer and Outreach Facilitator, OSP, DPBH, DHHS, reported on suicide statistics of elders and veterans in Nevada. (Agenda Item VI C)

Ms. Vaughan Allen said the CDC 2018 Vital Signs conveyed for first time Nevada was the only state that did not have an increase in suicide rates from 1999 to 2016. The chart on slide 3 compares Nevada to other states and reflects Nevada's rates have held relatively steady for the past ten years. She opined the reason could be because the state's prevention strategies may have a beneficial impact on lowering suicide.

Mr. Egan began his testimony noting he is a veteran of 26 years with the U.S. Air Force. He addressed the issue of suicide among veterans and veteran elders in Nevada. Mr. Egan said most of the U.S. veteran population are Caucasian men who, as they age among different service eras such as the Vietnam War, exhibit various warning signs and risk factors that need to be addressed. For example, job security and coping skills is a suicide factor among younger veterans transitioning from military service into civilian life. He pointed out there are similar risk factors among the younger veterans as with elderly veterans, such as relationship and financial issues. However, the veterans in senior communities share burdensomeness and loneliness as major suicide risk factors in combination with various normal issues among the elder population.

Nevada has had the highest suicide rate for its seniors, and the number one resiliency factor to prevent suicide among seniors aged 65 to 85 and older is connectedness. Increasing the connectedness among the state's elders to the general community will assist the elderly population endure life's crisis situations.

Although the suicide rates in Nevada for veterans is higher than nonveterans, the veteran suicide rate fell 2.7 percent from 2014 to 2018 because of the work being accomplished by Nevada's OSP.

Continuing the presentation, Ms. Vaughan Allen pointed out that Nevada currently has the eleventh highest rate of suicides in the nation, but 2018 statistics appear to be holding steady with hopes that rates will decline. She expressed optimism that working with partners such as the Sanford Center for Aging and focusing on quality-of-life issues for seniors, success will be achieved in reducing the number of elderly suicides.

Ms. Vaughan Allen shared that unfortunately suicide is the second leading cause of death for Nevadan's ages 12 to 19, and those rates have doubled over the past few years. Of further concern, the state's elderly population aged 65 and older continues to stay at some of the highest rates in the nation.

Ms. Vaughn Allen said the *2018 CDC Vital Signs* report indicated 54 percent of those who committed suicide reported a mental health concern; however, this data does not indicate the remaining population did not have mental health issues as many people suffering from mental health issues frequently go undiagnosed. Elders often experience depression, which is a serious risk factor for suicide. Additionally, our culture places an extraordinary stigma on those suffering from depression, mental health problems, and substance abuse that can trigger suicide, so discussing these risk factors is important.

Ms. Vaughn Allen said programs such as the 4Ms and reinforcing with primary care professionals to screen for mental health suicide risk factors is crucial, especially depression among the geriatric population because it is highly treatable. She stressed that one of the leading causes of suicide is relationship issues—isolation, loneliness, and burdensomeness. Ms. Vaughn Allen noted, in addition to relationship issues, financial stability and work and mobility challenges are triggering events for committing suicide.

Ms. Vaugh Allen stressed Nevada is excellent at innovating and must examine uncommon approaches to reduce senior suicides, noting since 1999 there has been a 32 percent increase in suicide rates, even with the national strategy detailed in the report *The Surgeon General's Call to Action to Prevent Suicide 1999*.

Ms. Vaughn Allen shared an encouraging innovation to confront loneliness and isolation among seniors through a grant from the Robert Wood Johnson Foundation in partnership with Renown Regional Medical Center, Truckee Meadows Healthy Communities, Washoe County Health District, and multiple community members working with seniors. The goal of this collaborative is to reduce suicides among the state's elder population. She stated suicide is not about wanting to die, but rather about being overwhelmed, burdensomeness, despair, and loneliness.

Ms. Vaughn Allen said Nevada's OSP and ADSD is developing a training module for home care providers, social workers, and other partners working with seniors to recognize the warning signs for suicide and help seniors transition back to their homes, families, and communities by building a safety-net after a crisis event.

Ms. Vaughn Allen called attention to the protective factors for older adults. She pointed out the most important factor is for seniors to have access to a network of support, which can decrease isolation and increase the ease at which people access supportive resources.

Continuing the presentation, Mr. Egan said in 2011 the Suicide Prevention Resource Center identified the number one resiliency factor for suicide prevention is "connectedness," which has many forms and varies among individuals, with a new term coined called "connectiveness." It refers to the quality and quantity of a person's connections to others. However, Mr. Eagan reported, veteran suicide risks include additional factors. Las Vegas Mayor Carolyn Goodman created a committee about two years ago based on Substance Abuse and Mental Health Services Administration (SAMHSA) that looks at veteran suicides and in their families. Mayor Goodman's effort lead to the Mayor's Challenge to Prevent Suicide in Reno, and at the end of 2019, the State of Nevada was invited to participate in the Governor's Challenge to Prevent Veteran Suicide Among Service Members, Veterans and Their Families!

Ms. Vaughn Allen noted that the "Governor's Challenge" will address what local communities have developed, which is access to means, advocating for policy changes from the "top down," proper training among physicians and other health care providers on suicide prevention, and increase military cultural awareness. She discussed the following data:

- Training was initiated in 2017 that mandated suicide prevention education for the majority of health care providers, which has been beneficial in meeting veterans who may not be seeking help from the U.S. Department of Veterans Affairs' (VA) medical centers or mental health care services, as well as how to recognize seniors who are in crises and connecting them to supportive resources.

- Military cultural awareness training will assist health care providers on how to initiate a conversation and learn if an individual is currently serving, or has served, in any branch of the U.S. military. The Governor's Challenge is one aspect to highlight innovations as a state in the area of suicide prevention for veterans.

- The Crisis Now Core Elements involve a community model with high-tech crisis call centers and provide 24/7 mobile crisis stabilization without the person in crisis having to go to an emergency department. Carson City has a notable crisis center with the Mallory Behavioral Health Crisis Center. Crisis centers are effective for reducing trauma with those struggling with thoughts of suicide or past attempts.

- Essential Elements of ZERO Suicide—The state's Zero Suicide coordinator is working with hospitals and health care systems across the state to participate in a "Zero Suicide Academy" in April 2020, which will help hospitals and health care systems develop a strategy to implement zero suicide techniques.

- Ms. Vaughn Allen reviewed information on how to help individuals experiencing an acute crisis and a list of further resources to aid people at risk for suicide. She emphasized it is crucial to not leave a person having a crisis alone.

Discussion ensued between Vice Chair Bilbray-Axelrod, Mr. Egan, and Ms. Vaughn Allen regarding implementation of the Federal Communications Commission (FCC) 3-digit 988 national suicide prevention hotline. Mr. Egan noted the 988 number is not currently active, but 1-800-273-8255 is and will remain available for some time after the 988 number is activated. Ms. Vaughn Allen added it is her understanding the 988 number framework is in development, but she anticipates the 988 number will be functioning in approximately 18 months from January 2020.

Chair Spearman initiated a conversation about women in the military having experienced sexual trauma. She said statistics on this demographic necessitates urgent attention and asked that this group be integrated into the training of health care professionals.

Additionally, Chair Spearman, shared a Las Vegas organization to assist those discharged from the military under the "Don't ask, don't tell" (DADT) policy. This outreach organization established and directed by Dr. Marvin Carter, a retired marine and discharged because of DADT, is called Helping Our Brothers and Sisters. She requested the OSP research methods to contact discharged members of the military affected under the DADT policy, and let them know about supportive resources such as Dr. Carter's organization. Chair Spearman also suggested, relative to competency training in recognizing signs of suicide ideation, having signs posted in public restrooms that say, for example, "Do you feel safe?" "Are you being hurt at home and need help?" Such signs should list resource contact numbers and/or agencies/websites so affected individuals know where to get assistance.

Mr. Egan acknowledged Chair Spearman's concern for those discharged under the DADT policy and that any life crisis can be caused by a combination of factors leading to suicide, including within the LGBTQ community. He shared OSP receives reports of sexually traumatized LGBTQ individuals, which provides data to better train health care professionals across the state to understand different life crises among various demographics that may lead one to commit suicide, including sexual trauma.

Ms. Vaughn Allen pointed out the challenge with elders and LGBTQ communities, particularly those who have experienced military sexual trauma (MST), which carries a stigma so tremendous that it is difficult to identify. She said legislation, mentioned by Chair Spearman, offers one of the best opportunities for health care providers to reach those people with trauma and stigma because they may feel safer with their primary care physicians.

Continuing, Ms. Vaughn Allen shared that the VA has some outstanding programs for MST, and OSP works in partnership with the VA on such matters. This issue can be a highlight of the state's Mayor and Governor's Challenges.

In conclusion, Ms. Vaugh Allen reiterated OSP's mission is to continue to ensure that Nevada's health care workers are trained in partnership with other state agencies and medical professionals, as well as with the Sanford Center for Aging at the UNR School of Medicine.

D. PRESENTATION OF THE AMERICA'S HEALTH RANKINGS SENIOR REPORT 2019 AND HOW NEVADA CAN IMPROVE ITS RANKING

Rutu Ezhuthachan, M.D., M.M.M., FAAP, Medical Director, UnitedHealthcare Nevada, discussed the relevant key findings identified in the America's Health Rankings Senior Report 2019 (AHRSR). She shared that American's Health Rankings® is a long-standing platform that was built on the United Health Foundation's (UHF) work to draw attention to the cornerstone of public health and better understand the health of various populations. The platform is a demonstration of UHF's mission to help build healthier communities and reflects UnitedHealth's commitment to help people live healthier lives. (Agenda Item VI D)

Dr. Ezhuthachan said the focus of her presentation would address the health of seniors, but would also briefly highlight the health of those who have served in the U.S. Armed Forces. The *Health of Those Who Have Served Report 2018* found that service members report very good or excellent health despite facing higher rates of chronic conditions, including arthritis, cancer, cardiovascular disease, and COPD. She noted rates of anxiety, depression, and mental distress are higher among men and women who have served compared to their civilian counterparts.

Dr. Ezhuthachan addressed the following points:

- UnitedHealth Foundation's *America's Health Rankings* reports are the longest-running state-by-state analysis of our nation's health. The platform has actionable data-driven insights that stakeholders can use to affect change either on a state or national level and continue the dialogue to improve our nation's health.

- Since 2013, *American's Health Rankings Senior Report* has provided a benchmark for states to gage seniors' health over time stimulating action to improve the health of elders, and highlights the disparities between states and within states based on education, ethnicity, gender, income, and race.

- The 2019 AHRSR examined 34 measures in the categories of behavior, clinical care, community and environment, health outcome data, and policies, which included measures of in-home health care, physical and mental health, risk of social isolation, and services.

- The Supplemental Nutrition Assistance Program (SNAP) through the U.S. Department of Agriculture is instrumental in providing needed nutritional assistance to help combat food insecurity, assist with financial security, and improve seniors' health. The percentage of eligible seniors living in poverty nationally who participate in SNAP has increased 13 percent since 2015, and SNAP participation for eligible seniors was 71.8 percent in 2015 and now in 2019 is 80.9 percent.

- The 2019 AHRSR offers encouragement for seniors hoping to remain in their homes and communities as they age because home health and personal care aids are providing short-term skilled nursing services.

- The risk of social isolation in the U.S. has a tremendous negative impact on maintaining physical and cognitive health, as well as managing chronic illnesses. Factors identified based on social isolation literature and the availability of credible data for analysis across multiple geographic levels where adults aged 65 and older are at higher risk of social isolation were: (1) poverty; (2) living alone; (3) being divorced, separated, or widowed; (4) never married; (5) disability; and (6) independent living difficulty.

- The risk of social isolation in Nevada varies among counties as noted on the map on slide 10 of Agenda Item VI D, which reflects each level of risk from lowest to highest. This information may be used to guide policies and target geographic areas for programs that can combat isolation.

- Two measures of mental health among seniors warranting discussion: (1) depression; and (2) suicide. Both measures have been documented in several recent editions of *America's Health Rankings Senior Report* as having rising national suicide rates, with Nevada's suicide rate higher than national rankings.

Dr. Ezhuthachan pointed out that one of the key points from the reports is to understand how local health care is not a "one-size-fits-all" approach to improving the health of our communities. Community, environment, and individual access to care, as well as the engagement of local and public health officials, all play a role in building a healthier community. There is more information on America's Health Rankings website (https://www.americashealthrankings.org/).

Dr. Ezhuthachan said in reviewing the data from the reports, one important question to ask is "What can we do to improve the health of our seniors in Nevada?" Within the America's

Health Ranking tool, the data shows which measures are currently affecting the state's ranking, with smoking among seniors affecting Nevada's ranking as the highest of cigarette smoking according to the CDC. Therefore, two intervention and prevention measures need to be initiated: (1) short-term strategies for impacting smoking cessation for current seniors and incoming seniors; and (2) a long-term approach for the younger cohorts, one being the change in age to buy cigarettes.

Other measures to address toward improving Nevada's health rankings:

- One low-cost approach for infection policies would be to review the policies of states doing well in this category and consider if any of their strategies would be applicable or changeable for Nevada.

- The lower percentage of Nevada's seniors getting flu vaccines is also adversely affecting the state's health ranking. Targeting this as a priority would be a low-cost intervention strategy to improve Nevada's ranking. More importantly, increasing flu vaccinations among seniors would immediately increase longevity for the state's elders.

- Increase volunteerism among elders is another low-cost approach to help reduce social isolation and improve their physical activity levels.

- Increase the overall base of health care providers in the state and keeping physicians practicing in Nevada is essential and would improve the state's health care ranking.

Concluding, Dr. Ezhuthachan acknowledged there are significant challenges facing Nevada, but cross-stakeholder collaboration can result in local successes that may have potential adaptation across the state's geographies.

A conversation ensued between Chair Spearman and Dr. Ezhuthachan regarding the possibility of reduced SNAP benefits that would negatively impact able-bodied seniors ages 60 and older who are still employed but cannot afford a place to live or other necessities. Chair Spearman asked Dr. Ezhuthachan to investigate developing an algorithm that would provide predictive information on how a reduction in SNAP benefits may affect food insecurities among the state's senior population.

AGENDA ITEM VII—PRESENTATIONS RELATING TO AFFORDABLE HOUSING PROGRAMS IN NEVADA

Department of Business and Industry *(DBI)*—Stephen G. Aichroth, Administrator, Housing Division (HD), DBI, provided an extensive overview of HD's role relative to its interactions with the state's seniors. He noted that even though the Division's name sounds all-encompassing, its role is actually the state's housing finance agency and works with a number of partners who interact directly with individuals regarding state housing needs.

Mr. Aichroth said the mission of HD is to improve lives and strengthen communities, which is accomplished through a number of functions including administration of grants, data dissemination, homeownership opportunities, oversight of manufactured housing, production and preservation of affordable multifamily rentals, and weatherization. He continued by addressing the following information. (Agenda Item VII A)

- The HD has three homebuyer programs:

    1. *Home Is Possible (HIP)*—provides down payments of up to 5 percent of the loan amount, and this program has income restrictions.

2. *Home is Possible Program for Heroes (HIP-H)*—specifically for veterans and veterans' families who are illegible for a VA loan with 100 percent financing; however, interest rates are still a concerning factor, so HD is able to offer below-market interest rates.

3. *Home is Possible for Teachers (HIP-T)*—designed to assist in recruiting and retaining teachers in Nevada. The program offers a below-market interest rate and a $7,500 second loan to help teachers qualify for a home loan. If the instructor lives in the home for five years, the $7,500 loan is forgiven.

- Multifamily development programs through federal low-income housing tax credits—one at a 9 percent low-income tax credit and the other at a 4 percent tax exempt bond that enables HD to develop mixed-use housing for the state's adults with special needs, seniors, and veterans.

- Housing Division's programs: (1) HOME program; (2) State Affordable Housing Trust Fund; (3) National Housing Trust Fund; and (4) Emergency Solutions Grants.

- State of Nevada Programs: (1) Lot Rent Subsidy Program; and (2) Weatherization Assistance Program, which HD subcontracts with four skilled Nevada service providers for energy assessments.

- Nevada's Free Housing Locator Service NVHousingSearch.org, or call toll-free: 1 (877) 428-8844. This service is free to landlords, and HD requires all its tax-credit and housing properties receiving benefits to list on this housing locater service site.

Concluding his remarks, Mr. Aichroth focused on two of Nevada's legislative measures passed during the 2019 Session:

1. Assembly Bill 476 created the Advisory Committee on Housing. The committee will enable HD to present its priorities for input from this committee and then integrate that input into HD's priorities on allocating its programs tax credits.

2. Senate Bill 448 is a four-year pilot program to provide the issuance of $10 million a year in transferable tax credits to be applied toward development of additional housing units. This program works in concert with federal programs and no additional administrative costs will be necessary on the part of the state.

Chair Spearman requested that HD connect with Nevada's Department of Veterans Services regarding the HIP-H program to enable veterans who received dishonorable discharges under DADT to have their discharges upgraded so they can qualify for VA housing benefits.

Secondly, Chair Spearman asked Mr. Aichroth if the $2.81 cents per Nevada resident from the 2020 Census would help fund the HIP-H program. Mr. Aichroth replied it would and emphasized how important a successful census count is to bring the maximum amount of federal funding to Nevada.

Southern Nevada Regional Housing Authority (SNRHA)—Chad Williams, Executive Director and Chief Executive Officer, SNRHA, testified that SNRHA provides about $152 million for public housing management, central office administration, and the following four programs: (1) affordable housing programs; (2) neighborhood stabilization programs; (3) housing choice voucher programs; and (4) a family self-sufficiency program. The housing programs comprise most of SNRHA's federally subsidized public housing programs.

He said SNRHA's largest housing portfolio is the housing choice voucher programs, known as Section 8. Mr. Williams stated the family self-sufficiency program is intended to transition individuals off public housing to homeownership. He addressed the following matters in the presentation (Agenda Item VII B):

- Public housing management;
- Affordable housing;
- Project-based rental assistance program;
- Low-income housing tax credit sites and units;
- Housing choice voucher programs and data on subsidized units;
- Senior supportive services;
- Envisioned repositioning plans; and
- State and local partnership support.

Concluding his presentation, Mr. Williams pointed out SNRHA owns 371 acres in Nevada, most are occupied, but there are 88 vacant acres, and if SNRHA were able to maximize the density for development with state partners, particularly in Clark County by 6,473 units, that would add 2,589 units available for senior citizens.

Nevada Rural Housing Authority (NRHA)—Bill Brewer, Executive Director, NRHA, said the mission of NRHA is to promote, provide, and finance affordable housing opportunities for all rural Nevadans through various broad programs. (Agenda Item VII C)

Mr. Brewer shared the definition of rural per the Nevada Legislature means any area inhabited by 150,000 or fewer individuals, so essentially NRHA serves all of Nevada except for the urban areas of Henderson, Las Vegas, North Las Vegas, Reno, and a couple other small areas around Las Vegas He noted the NRHA team supports the state's rural housing needs with programs such as community development, Home at Last™ (access to down payment grants), rental assistance, and weatherization and home repair. Mr. Brewer said NRHA struggles to have VA supportive housing vouchers utilized, as VA hospitals are not making many referrals.

Nevada HAND, Inc.—Audra Hamernik, President and CEO, Nevada HAND, Inc., explained that Nevada HAND is a nonprofit organization with a mission to create opportunities for Nevada residents to live well, in four main ways: (1) handles real estate development; (2) owns its own construction firm; (3) has a property management team; and (4) provides services to residents' living in Nevada HAND's buildings with amenities and access to facilities.

Ms. Hamernik noted that all of Nevada HAND's apartments are built for independent living and to be near amenity-rich areas that include close proximity to doctors, grocery stores, and other neighborhood services. She shared a number of senior resident services. For example, education classes, financial stability programs, health and wellness, and libraries. Ms. Hamernik reviewed referrals to other entitlement benefits and numerous entertainment events for residents to enjoy in service-rich and comfortable settings. (Agenda Item VII D)

Nevada HAND's portfolio includes the only two assisted living facilities in the state, which are in the Las Vegas area. They are designed for seniors who are no longer able to live alone safely, but do not need the skilled nursing home care. These facilities are an all-inclusive model where fees are not increased as a resident's care needs change, and the services offered are more intensive.

Permanent supportive housing options are also available through Catholic Charities of Southern Nevada, the Salvation Army, and UnitedHealthcare. These facilities offer wrap-around services for highly vulnerable populations with disabilities.

Ms. Hamernik concluded that Nevada HAND has many community partners assisting the organization. She shared that such services as food pantries, health care, and libraries are helping seniors "age in place."

AGENDA ITEM VIII—DISCUSSION OF POTENTIAL TOPICS FOR FUTURE MEETINGS

Chair Spearman opened the discussion of potential agenda topics for future meetings noting that members of the audience and anyone listening over the Internet are welcome to send topic suggestions to the attention of the Committee's Policy Analyst Cesar Melgarejo (cesar.melgarejo@lcb.state.nv.us).

Senator Woodhouse listed the following topics, some new and some addressed at the meeting, to add and expand upon at future meetings of the Committee: (1) Alzheimer's disease and dementia—she suggested the Task Force on Alzheimer's Disease provide further information; (2) discussion on home-delivered and congregate meals and the status of wait-lists, as the Committee may decide to submit a recommendation to the 2021 Legislative Session to pursue additional funding for these services; and (3) the Western Interstate Commission for Higher Education to provide an update to geriatric training, funded by SB 102 (Chapter 506, *Statutes of Nevada 2019*), and consider resolving any program gaps during the 2021 Session.

Chair Spearman said she would like further discussions on increasing training in the geriatric field to lessen the shortage of skilled health care workers. Additionally, she suggested holding discussions with state boards on their response to health care licensing impediments. Chair Spearman asked that health insurance company representatives testify on how recommendations from geriatric professionals are being implemented. Finally, she proposed involving the Legislative Committee on Health Care to assist in the area of how state boards and insurance companies are addressing such concerns in Nevada.

Vice Chair Bilbray-Axelrod expressed alarm that Nevada ranks the highest in the nation in the percentage of seniors who smoke. She said as the geriatric population grows and younger generations' age, the state must initiate more aggressive measures to help people to quit or never begin smoking.

Assemblywoman Gorelow mentioned the concern of veterans having trouble transitioning from military life to civilian employment. She suggested further discussions on this matter to enable veterans to make smoother working transitions, which may require focusing on job training programs.

Assemblyman Ellison expressed concerns about the effect smoking is having on the health of Nevadans and the housing shortages in the state.

Concluding the discussions under this agenda item, Chair Spearman noted the following and asked Mr. Melgarejo to incorporate them into the Committee's future meeting agendas:

- Addressing DADT dishonorable veteran discharges so those affected under this military policy may have their discharges upgraded to honorable, and therefore, qualify for various veteran benefits;

- Including discussions on veterans suffering from MST, including seniors;
- Hearing from state boards that deal with the purviews of the Committee; and
- Scheduling a presentation from insurance companies on how they are responding to geriatric professionals' recommendations on aspects of geriatric needs.

AGENDA ITEM IX—PUBLIC COMMENT

Chair Spearman called for public comment; however, no testimony was presented.

AGENDA ITEM X—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 2:35 p.m.

Respectfully submitted,

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Gayle Nadeau

Research Policy Assistant

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Cesar O. Melgarejo

Senior Policy Analyst

APPROVED BY:

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Senator Patricia (Pat) Spearman, Chair

Date: June 18, 2020

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item III	Cesar O. Melgarejo, Senior Policy Analyst, Research Division, Legislative Counsel Bureau	Overview of the responsibilities and activities of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs
Agenda Item IV	John A. Yacenda, Ph.D., M.P.H., P.A.H.M., Forum President, Nevada Silver Haired Legislative Forum	PowerPoint presentation
Agenda Item V A-1	Dena Schmidt, Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS)	PowerPoint presentation
Agenda Item V A-2	Dena Schmidt, Administrator, ADSD, DHHS	List of ADSD programs
Agenda Item V B-1	Barry Gold, Director, Government Relations, AARP® Nevada	PowerPoint presentation
Agenda Item V B-2	Barry Gold, Director, Government Relations, AARP® Nevada	Document titled "AARP in the States 2020"
Agenda Item VI A	Dena Schmidt, Administrator, ADSD, DHHS	PowerPoint presentation.
Agenda Item VI C	Misty Vaughan Allen, M.A., Coordinator of the Statewide Program for Suicide Prevention, Nevada's Office for Suicide Prevention, Division of Public and Behavioral Health, DHHS	PowerPoint presentation
Agenda Item VI D	Rutu Ezhuthachan, M.D., M.M.M., FAAP, Medical Director, UnitedHealthcare Nevada	PowerPoint presentation
Agenda Item VII A	Stephen G. Aichroth, Administrator, Housing Division, Department of Business and Industry	PowerPoint presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item VII B	Chad Williams, Executive Director and Chief Executive Officer, Southern Nevada Regional Housing Authority	PowerPoint presentation
Agenda Item VII C	Bill Brewer, Executive Director, Nevada Rural Housing Authority	PowerPoint presentation
Agenda Item VII D	Audra Hamernik, President and Chief Executive Officer, Nevada HAND, Inc.	PowerPoint presentation

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