



**NEVADA LEGISLATURE**  
**LEGISLATIVE COMMISSION'S SUBCOMMITTEE TO STUDY**  
**ISSUES RELATING TO SENIOR CITIZENS AND VETERANS**  
(Assembly Concurrent Resolution No. 35, File No. 109, *Statutes of Nevada 2007*)

**SUMMARY MINUTES AND ACTION REPORT**

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The first meeting of the Nevada Legislature's Legislative Commission's Subcommittee to Study Issues Relating to Senior Citizens and Veterans (A.C.R. 35) was held on December 11, 2007, 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 [www.leg.state.nv.us/74th/Interim](http://www.leg.state.nv.us/74th/Interim). 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).

**SUBCOMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblywoman Kathy McClain, Chair  
Senator Warren B. Hardy II  
Senator Joseph J. Heck  
Senator Joyce Woodhouse  
Assemblyman Joseph M. Hogan  
Assemblyman James A. Settlemeyer

**LEGISLATIVE COUNSEL BUREAU (LCB) STAFF PRESENT:**

Amber J. Joiner, Senior Research Analyst, Research Division  
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division  
Charity Fowler, Deputy Legislative Counsel, Legal Division  
Ricka Benum, Senior Research Secretary, Research Division

## **OPENING REMARKS AND DISCUSSION OF THE GOALS OF THE SUBCOMMITTEE**

- Assemblywoman Kathy McClain, Chairwoman, welcomed the members, staff, and persons in the audience. She requested that each Subcommittee member introduce themselves, explain their interest in senior citizen and veterans' issues, and outline the goals they have for the interim study.
- Chairwoman McClain commented that her district, Clark County Assembly District No. 15, has a senior population of 74 percent over the age of 60. Continuing her opening comments, she included the following items:
  1. Nevada residents born during the baby boom generation have surpassed the current percentage of children in Nevada and the growth of this generation will continue to impact society. By 2020, senior residents will dominate Nevada's total population and it is necessary to respond to this shift.
  2. A primary goal is to create additional legislator advocates by emphasizing the areas in need of attention, and to raise public awareness to provide a forum for debate to resolve funding issues.
  3. The senior population nationwide is growing at approximately 2 percent a year; in Nevada it is growing at a rate just over 5 percent a year.
  4. There is a common assumption that the next generation of older adults will be healthier, when evidence indicates that the next generation may be laden with chronic ailments, increased obesity rates, other persistent health situations, and in worse physical condition than their predecessors.
  5. Fifty-six percent of the members of the 2007 Nevada Legislature are age 50 or older. Sixty-two percent of the Senators and 52 percent of the members of the Assembly are over age 50.

## **REVIEW OF THE RESPONSIBILITIES AND WORK PLAN OF THE SUBCOMMITTEE**

- Amber J. Joiner, Senior Research Analyst, Research Division, LCB, outlined the Subcommittee's responsibilities and the tentative work plan. Ms. Joiner stated that A.C.R. No. 35 directs the Subcommittee to evaluate, review and comment on issues relating to senior citizens and veterans, including, without limitation: (1) health and human services; (2) elder abuse and exploitation; (3) financial and physical wellness initiatives; (4) housing and transportation; and (5) public outreach and advocacy.

Ms. Joiner stated that the Legislative Commission has allocated funds for the Subcommittee to meet five times and that the Subcommittee may submit up to five bill

draft requests for the 2009 Legislative Session to the Legal Division of the LCB before July 1, 2008. She reviewed the following topics as the tentative work plan to be considered by the Subcommittee during the remaining four meetings:

1. February 5, 2008: Elder Abuse and Exploitation;
2. March 18, 2008: Independent Living and Long-Term Care;
3. May 8, 2008: Nutrition, Wellness, Physical Health, and Veteran-Specific Issues; and
4. June 12, 2008: Financial Resources and Workforce Issues; Work Session and Approval of Recommendations for BDRs to the 2009 Legislature.

## OVERVIEW OF SENIOR CITIZEN AND VETERAN DEMOGRAPHICS IN NEVADA

- Pam Gallion, Director, Cannon Survey Center, University of Nevada, Las Vegas (UNLV), provided a demographic profile of the senior citizen population in the state using a Microsoft PowerPoint presentation ([Exhibit B](#)). The statistics provided are the result of the latest study titled “2007 Portrait of Nevada’s Seniors” completed in November 2007. Ms. Gallion’s staff conducted 116,835 telephone calls, spoke directly with approximately 2,600 senior citizens to compile the data, and actually interviewed only persons over age 50. Please refer to [Exhibit B](#) for the complete statistics on average income, crime, cost of living, lack of health insurance, population growth, and transportation issues as they pertain to seniors.

Ms. Gallion concluded by stating that the summary results for 2006 are currently available at <http://surveys.unlv.edu/> and that the 2007 Summary will be available by February 2008.

- Senator Heck stated the Nevada Legislature has previously addressed senior citizen issues and that both studies were funded by grants from the Task Force for the Fund for a Healthy Nevada (*Nevada Revised Statutes* [NRS] 439.625). He asked Ms. Gallion whether any type of trend analysis will be performed on the data compiled thus far and if a comparison from other states will be conducted to determine if Nevada would rate as “senior friendly.”
- Ms. Gallion responded affirmatively that the results from the “2006 and 2007 Profiles of Nevada’s Seniors” would be analyzed, but there are no plans to contact other states for similar data.
- Senator Hardy said he recently participated in a health policy class at UNLV and determined a general issue with universal health care to be the timing of diagnosis. He asked Ms. Gallion for statistics on the number of seniors who obtained a diagnosis through a preventative procedure as compared to those experiencing symptoms.

- Ms. Gallion indicated that during the 2007 survey questions were posed differently than the prior survey, such as the number of times a month they see a physician as compared to whether or not they received a diagnosis. She explained that much of the analysis collected has not been completed, but can be stratified by any variable to determine specific statistical information.
- Senator Hardy commented that it is important to determine at what point seniors are entering the health care system, whether it is before or at the time they are diagnosed with a chronic illness. Secondly, whether a sufficient amount of preventative care is being offered to seniors prior to developing chronic health concerns. He added that to some degree, whether or not people take care of their own health by eating properly and exercising could affect the level of disparity in their care and expressed the importance of analyzing this type of data. He requested Ms. Gallion to provide additional information that indicates the timing of senior citizens entering the health care system.
- Timothy M. Tetz, Executive Director, Office of Veterans' Services, Reno, Nevada, provided a Microsoft PowerPoint presentation ([Exhibit C](#)) focusing on the statistical characteristics of Nevada veterans and introduced Carole L. Turner, Deputy Director, Office of Veterans' Services. Mr. Tetz explained that the NRS contains varying definitions of a veteran, which serve to define disability amounts and/or tax exemptions and vary by county. For the demographics illustrated in his presentation the federal definition of a veteran is used. He noted the following items of interest:
  1. Many of the trends of Nevada veterans differ from the nation's nearly 24 million veterans, primarily due to the attraction of senior citizens to Nevada. The largest number of war era veterans residing in Nevada is the Viet Nam era veteran, followed by peacetime veterans. Nationwide, 93 percent of veterans are age 65 or older, 1.9 million veterans are age 35 or younger, and there are 1,745,000 women veterans. Nevada's women veteran population totals 23,922.
  2. Nationally, 2.8 million veterans receive compensation for injuries incurred during their service. Studies indicate that in Nevada, only one veteran in eight takes advantage of this pension benefit.
  3. According to the Office of the State Demographer, Nevada System of Higher Education, Nevada's estimated current veteran population is 339,235, with approximately 40,000 World War II veterans. Currently there are 14,323 active service members who identify Nevada as their home of record, and 729 who reside in Nevada. There are a total of 9,000 active duty military personnel currently stationed in Nevada.

In conclusion, Mr. Tetz outlined the 2008 per capita veteran population, compensation and pension percentages, and dollar amounts illustrated by county. He detailed the data

collected on the Global War on Terror veteran (GWOT), stating that there are 2,429 Nevadans currently deployed. One in three, or 1,300 of Nevada's National Guard or Air National Guard members have served in GWOT, and 428 veterans currently have benefit claims pending for disability compensation. The average length of a disability compensation claim is 140 days for adjudication. This figure is in stark contrast to the national declaration that deems the claims should take less than 30 days. Injured veterans returning from combat in Afghanistan or Iraq may not receive compensation for over a year. A total of 1,350 veterans have enrolled at the Veterans' Administration Medical Center in Las Vegas, and 1,055 veterans have registered at the VAMC in Reno. (Please refer to [Exhibit C](#) for the complete statistics outlined by Mr. Tetz.)

## OVERVIEW OF SERVICES FOR SENIOR CITIZENS AND VETERANS IN NEVADA

- Michael J. Willden, Director, Department of Health and Human Services (DHHS), identified the services designed to provide assistance to senior citizens. Mr. Willden reviewed the information he submitted, referenced as [Exhibit D](#).
  1. The programs overseen by the Office of Disability Services, DHHS, include: (1) Personal Assistance Services Program; (2) Assistive Technology for Independent Living Program; (3) Relay Nevada, the service which enables telephone use for persons with hearing and/or speech disabilities; and (4) the Recycled (Medical) Equipment Program.
  2. The Office of Suicide Prevention reported that for the last 20 years Nevada has recorded the highest suicide rate for persons over age 65. As of January 1, 2008, the Office will begin to track the rate of suicides among military personnel; Nevada did not previously track the military suicide information.
  3. The Division of Welfare and Supportive Services oversees the growing caseload numbers of senior citizens receiving treatment in skilled nursing or intermediate care facilities. (See page 11 of [Exhibit D](#).)
  4. The Division of Health Care Financing and Policy administers the Medicaid Coverage for Seniors, with the largest portion of funds being allocated for the aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the federal poverty level. Large portions of the funds go toward long-term care for the senior population (page 15 of [Exhibit D](#)).

The Medicaid Claim Expenditures and Caseloads depict the summary of on-line Medical Expenditures for Fiscal Year (FY) 2001 through FY 2006 grouped by aid, annual average monthly cost, average cost per eligible client, and the percent of caseload verse percent of costs (pages 16 and 17 of [Exhibit D](#)).

5. Under the purview of the Health Division, programs include the: (1) Chronic Disease Section, and its three programs; (2) Comprehensive Cancer Control Program; (3) Women's Health Connection Program; (4) Bureau of Community Health Nursing; (5) Bureau of Licensure and Certification; (6) dental program known as Smile for Seniors; and (7) mobile van which has provided mammograms for 21,000 women.
- Laurie Olson, Program Manager, Senior Rx and Disability Rx, DHHS, briefly outlined the program which originated in 1999. The current plan is the result of major changes in January 2006 to coincide with the federal implementation of Medicare Part D. The program provides a cost-sharing benefit to those members who are not eligible for Medicare, but offers a Part D wrap-around benefit. The current enrollment is approximately 5,200 clients and Medicare Part D covers 95 percent of those recipients. Ms. Olsen noted that both programs are gearing up to provide dental and vision benefits by using money provided by the tobacco settlement funds, which amount to approximately \$6.8 million. (Please refer [Exhibit E](#).)
  - Carol Sala, Administrator, Aging Services Division, DHHS, offered a condensed review of the information from [Exhibit D](#), pages 4 through 10. The Aging Services Division is designated as Nevada's planning unit by the federal government. The Division is one of 13 states designated to receive federal funds and disperse the grants directly to service providers, eliminating a layer of administration. The Division's service units and waiver programs are described on page 5 of [Exhibit D](#).
1. The Community Home-based Initiatives Program (CHIP) provides in-home and community services in an attempt to prevent seniors from entering nursing homes.
  2. The Waiver for Elderly in Adult Residential Care (WEARC) program provides help with payment for group homes throughout the State, both large and small.
  3. One facility in the State serves 49 clients under the Assisted Living Waiver.
  4. Community Options Program for the Elderly (COPE) is totally supported from the State General Fund and mirrors the CHIP waiver but serves seniors with higher incomes and no asset limit and allows them services. This is a small program serving 154 senior citizens.
  5. The Homemaker Program is included in the Community Based Care Unit. The program is funded under Title XX of the Social Security Act in addition to independent living grants, and provides in-home services (page 10 of [Exhibit D](#)).
  6. The Elder Rights Unit includes two programs: (1) the Elder Protective Services Program, with a staff of licensed social workers who investigate senior abuse, neglect, exploitation, and isolation throughout the community (please refer to page 10 of [Exhibit D](#)); and (2) the Ombudsman Program (see page 6 of [Exhibit D](#))

serves as advocates for seniors in residential care facilities and nursing homes to investigate violations of client rights.

7. The Grants Unit performs resource development responsibilities to manage federal Tobacco Settlement Funds that are approved and distributed by the Division network throughout the State. (The extensive categories of grants are defined on pages 6 through 9 of [Exhibit D](#).)
- Assemblyman Hogan noted the general concern regarding funding issues arising from Governor Gibbons' proposed budget reductions. He acknowledged the concern for confidentiality, but requested to be briefed as to the extent of the agency's reductions and the possibility of losing matching federal funds.
  - Mr. Willden responded by stating the Department's 8 percent target for reductions amounts to approximately \$138 million from the State General Fund. In some of the programs, such as Medicaid and the SCHIP program there is significant federal leverage. He estimated that a cut of \$138 million in general funds and federal revenue will result in an overall reduction in spending of approximately \$280 million to \$290 million. Mr. Willden said the DHHS has approached the budget cutbacks by implementing a five-step process to ensure that clients and recipients are not harmed. He recommended the reductions be applied in a manner to have the least effect on the agency's client services. All DHHS's divisions and units have been working to find methods to voluntarily reduce budgets.
  - Senator Heck asked Mr. Willden the total amount of DHHS budget increase from the prior biennium to the current biennium.
  - Mr. Willden responded that the total DHHS budget is approximately \$5.1 billion. The State General Fund amount appropriated is \$1.9 billion, and the base maintenance and enhancements (new money) totaled approximately \$300 million.
  - Senator Heck inquired how the Title III and Title V program grants are assessed and awarded.
  - In response, Ms. Sala explained that the grants are administered by the Resource Development Unit within the Aging Services Division, which is separate from the Grants Management Unit under the DHHS. A formal request for proposal (RFP) process is implemented following the procedures of a competitive grant process, overseen by a community review panel.
  - Nancy L. McLane, Director, Clark County Social Service (CCSS), provided an overview of the county's programs that serve seniors and veterans. All services and referrals are provided based on assessment of need and program criteria. (Please refer to [Exhibit F-1](#).) Many of the clients are individuals who are not eligible for other programs.



- Ms. McLane detailed highlights of the programs of the CCSS using a printout of a Microsoft PowerPoint presentation, [Exhibit F-2](#). Ms. McLane offered details associated with the various services provided throughout Clark County which include in part:
  1. Outreach programs are being established for services in outlying areas and work is ongoing to establish offices in the Mesquite/Overton area and Laughlin, Nevada, where the demand is increasing.
  2. The agency's patient volume has grown to over 8,000 clients a month who seek assistance in one of the five Las Vegas Valley offices, resulting in more than 4,000 applications for service. An additional 200 to 300 patients are seen by outreach workers in the area's 16 hospitals. During the last fiscal year, medical bills were covered for over 11,000 individuals that totaled over \$73 million dollars. Currently, there are approximately 1,700 people receiving housing aid through the Financial Assistance Program.
  3. Fourteen percent of the clients are between the ages of 56 and 65, 11 percent are over age 65, and based on estimates from the 2007 Homeless Census and Survey, 6.3 percent of the homeless population in Southern Nevada is over age 60.
  4. The cost of the Long Term Care Assistance program is approximately \$20 million per year, with the largest portion being paid to the County Match Program. The monthly per client cost is \$1,470 and serves fewer than 1,000 clients per month on average. The per client cost for long-term care under the Straight County Payment Program is \$4,058 per month; these are patients who do not qualify for either Medicaid or the long-term care under other county programs.
  5. A critical program is the Homemaker Service, which helps senior citizens to remain in their homes and maintain their independence. The program offers assistance with grocery shopping, prescription pickup, laundry, light housekeeping, personal hygiene, and meal preparation.
  6. The Senior Advocate Program provides referral, outreach, and advocacy services for seniors including a public education component regarding community programs available to help seniors become more involved. (Please refer to page 2 of [Exhibit F-1](#) for a summary of additional programs administered by the CCSS.)
- Ms. McLane responded to Senator Heck's question regarding the criteria used to determine whether a person is indigent. Ms. McLane explained that the client must provide proof of assets and income, with earnings of \$1,200 or less, per month per person.



- Ken Retterath, Division Director, Adult Services, Department of Washoe County Social Services, addressed the social services aspects of the agency and provided a general summary of the programs administered by Washoe County. Mr. Retterath used a Microsoft PowerPoint presentation ([Exhibit G-1](#)) to outline the areas of responsibility which include two primary programs: (1) Health Care Assistance; and (2) General Assistance Programs. They are not considered senior-based services, but the programs do serve senior citizens.

He described the Kids to Senior Korner, a collaborative outreach program that provides social services to senior citizens in their homes primarily in areas identified as high risk. Immunizations are provided as well as on-going case management services and assistance with finding primary care providers. The program serves over 1,000 seniors yearly. Mr. Retterath noted that the majority of the Washoe County senior programs mirror those in Clark County.

- Grady Tarbutton, Director, Senior Services, Department of Washoe County Social Services, focused on the Senior Services portion of the department's programs and the services it provides. Mr. Tarbutton stated that seniors are able to remain independent and reside in their own homes at 2 percent of the annual cost for nursing home care. He utilized [Exhibit G-1](#) to detail the challenges administrators of senior citizen programs experience.

Mr. Tarbutton also provided supplemental documents available as [Exhibit G-2](#).

- Carole L. Turner, Deputy Director, Office of Veterans' Services, gave an overview of the structure of the Nevada Office of Veterans Services with the use of a Microsoft PowerPoint presentation, available as [Exhibit H](#). Ms. Turner detailed the make-up of personnel in the various veterans' facilities. The statistical information on the organization included the following facts:
  1. A staff of 221 employees work in six locations throughout the state. There are two locations available for the Director's offices, in Reno and Elko.
  2. Nevada State Veterans' Home opened in 2002, has a current staff of 186 employees, and a potential capacity of 180 residents with long-term skilled nursing care available.
  3. The State Veterans Service Program has a total of seven Service Officers with approval to increase to nine officers, and at present there are two administrative assistant positions. The state's compensation and pension awards now total \$22 million and the projected amount will increase to \$30 million in 2008.

In addition, Ms. Turner briefed the Subcommittee on programs that focus on Women Veterans' Services, Agency Funding, State Benefits, Gaps and Challenges, and the GWOT Veteran Outreach services.

- Mr. Tetz responded to Chairwoman McClain's inquiry regarding the results of the survey performed by the Bureau of Licensure and Certification (DHHS) at the State Veterans' Home. He explained the facility received a perfect score for the second time in a three-year period.

A discussion ensued which revealed that each branch of the armed services has implemented its own transition program to identify the GWOT veterans that are most seriously disabled and assist their transition back in the community. The Nevada Office of Veterans' Services is the first point of contact with organizations such as the Wounded Warrior Project and the Navy's Project Safe Harbor.

- Assemblyman Hogan asked what difficulties are encountered in reaching veterans who have not applied for the entitled benefits and if accurate data records are available with contact information. He also asked if volunteer positions are used to assist the staff.
- In response, Mr. Tetz explained that volunteers are the mainstay of all veterans' organizations and are widely used primarily at Nevada's veterans' cemeteries.
- Ms. Turner clarified that due to recent confidentiality breaches associated with veterans' records it has been difficult to obtain contact or personal information on returning Nevada service personnel.
- Assemblyman Settlemeyer requested information regarding the percentage of Nevada veterans that have received medical discharges and the percentage with honorable discharges.
- Mr. Tetz stated that a detailed report will be finalized prior to the next legislative session, but that fewer than 10 percent of Nevada's veterans have a less than honorable discharge. He explained the difficulties and inevitable repercussions when administrators misdiagnose a soldier that has post traumatic stress syndrome. After one tour of duty, many servicemen/women are reclassified as fit and returned to combat. Ultimately, the veteran is issued a medical discharge rather than an honorable discharge. This scenario makes that veteran ineligible for Nevada's veterans' benefits.
- Doretha Easler, Community Relations Manager, Nevada Power Company, defined Project REACH (Relief through Energy Assistance to prevent Customer Hardships), an energy assistance program administered by United Way Southern Nevada. Using a Microsoft PowerPoint Presentation ([Exhibit I-1](#)), Ms. Easler explained that the program is self-funded through Nevada Power Company in partnership with 13 other agencies.

Ms. Easler also provided supplemental documents available as [Exhibit I-2](#).

- Linda Sapp-Cox, Executive Director, Helping Hands of Vegas Valley, presented information on the service organization which provides volunteer services to assist senior citizens with transportation to and from medical appointments, shopping and errands, securing loaned medical equipment, and telephone reassurance. Ms. Sapp-Cox submitted a brochure ([Exhibit J](#)) that details methods that have been implemented to break down barriers and relieve isolation for seniors. The all-volunteer program helps approximately 2,500 seniors a year, 500 of which are veterans. Ms. Sapp-Cox reported that an application has been submitted to the Susan G. Komen Foundation to utilize a mammogram program for uninsured senior citizens.
- Mic Cochran, Executive Vice President, Nevada HAND and HAND Property Management Company, provided details of the housing and development organization. Nevada HAND is a principal producer of affordable housing units for senior citizens in southern Nevada. Their mission is to provide solutions and support services to those in need. Mr. Cochran highlighted the following items:
  1. There are a total of 2,200 affordable housing units with 1,336 units dedicated to senior citizens who earn between 30 and 60 percent of the area median income. At present there is an 18-month waiting list for availability of a Class A or B property (newly-constructed rental unit).
  2. Nevada HAND's average rental amount for a senior unit is approximately 38 percent less than the current market rent. The average rental amount for Class C properties (older homes or units) is \$750. Builders find it impossible to keep up with the demand for affordable senior housing, which is evidenced by a 99 percent senior occupancy rate for the Class A units.
  3. In addition, some social and supportive services are provided, such as social assessments to determine service needs and contacts to the appropriate providers, which may include energy assistance, food banks, or transportation services. The goal is to allow seniors to live independently for as long as possible.
- Assemblywoman McClain defined the common types of home terms that may be used when referring to senior assisted housing.
  1. Independent living units, such as Nevada Hand, are apartment type private units, with bathrooms and kitchens.
  2. Assisted living facilities include private rooms, no kitchens, but common dining areas.
  3. Group homes have community bathrooms and a central kitchen.
  4. Skilled nursing facilities provide 24-hour medical care.

- Laurie Moore, M.S.G., L.A.S.W., Director, Senior Mental Health Outreach Program, presented a brief history of the program that was implemented in 1998. In 2002, additional revenue from grant funds provided for the expansion of the program to northern Nevada and the addition of a clinical position to the office in Las Vegas. The agency now totals one full-time clinical social worker and one mental health counselor, each who have an average caseload of 30 clients.

Ms. Moore stated there is research indicating that senior citizens with mental impairments are the most likely to refuse treatment; even if they recognize the need for help, they may have mistaken notions regarding institutions. Outreach programs are one of the most effective ways to provide treatment by taking the mental health services to the client's home. These services may include case management, counseling, and coordinating other medical appointments. Commonly diagnosed mental disorders include bipolar disorders, clinical depression, schizophrenia, or varying degrees of dementia. The goal is to have the patient function independently as long as possible.

- Christine Terry, Program Manager, Desert Southwest Chapter, Southern Nevada Region, Alzheimer's Association, discussed the goals and functions of the nonprofit organization. Ms. Terry testified from a copy of a Microsoft PowerPoint presentation, referenced as [Exhibit K-1](#).

Ms. Terry provided recent statistics that estimate a 264 percent increase in the senior population in Nevada, and noted advancing age is the greatest risk factor for Alzheimer's disease. Figures indicate that one in ten people age 65 and older will be diagnosed with some form of dementia, and after age 85 the statistic rises to 50 percent. One out of ten families has a member with some form of the disease, and one person in three is acquainted with a victim of the disease. Ms. Terry submitted supporting informational documents, referenced as [Exhibit K-2](#).)

- Terrie J. Stanfill, Executive Director, HELP of Southern Nevada, testified that the organization has been in southern Nevada for 38 years serving low-income individuals. As a partnership curriculum, the programs are comprised of seven major components which include in part: (1) Emergency Resources Services, which help with rent and food; (2) home weatherization; (3) holiday programs, administer an adopt-a-family, and toy drive; (4) Nevada 2-1-1; (5) homeless services; (6) displaced homemaker services; and (7) community alternative sentencing. Ms. Stanfill relayed specific cases and the types of difficulties encountered by people, for instance how they become homeless, what leads to chronic homelessness, the role mental illness may have, problems associated with substance abuse, and the results of years of self-medication. In each instance she cited examples of how the organization was able to assist those in need by implementing intensive case management. (Please refer to [Exhibit L](#).)
- Chairwoman McClain noted as a disclaimer that she serves as a member of the Board of Trustees for the HELP of Southern Nevada organization.

- Janice R. Ayres, Executive Director and CEO, Nevada Rural Counties Retired Senior Volunteer Program (RSVP), detailed the organization's history and outlined its growth to the current service area, which now includes 15 rural counties. Ms. Ayres referenced [Exhibit M-1](#) and during her comments she briefly mentioned the following items: (1) the senior companion program was started in 1982, but was not funded by the state until 1984 at which time the home companion program was implemented utilizing volunteers; (2) many senior citizens fear being alone and have prematurely gone into assisted living or nursing facilities. She recalled a recent news article that stated senior citizens and the elderly fear the loss of their freedom and moving into nursing homes more than death. Ms. Ayres described the categories of "Clients Served in 2007" portion of [Exhibit M-1](#).

Ms. Ayres commented on several fundraiser projects held each year to maintain its self-sustaining status. The documentation provided states that the funding sources include: (1) 15 percent from the Corporation for National and Community Services; (2) 30 percent from the Aging Services Division, DHHS; (3) the RSVP fundraisers attribute to 10 percent of the budget; (4) 20 percent from foundations and business grants; and (5) 25 percent from county and city support. (Please refer to [Exhibit M-2](#) for informational brochures.)

- Pat Rivera, R.N., Quality Assurance Specialist, Office for Consumer Health Assistance, Office of the Governor, testified with the aid of a Microsoft PowerPoint presentation ([Exhibit N](#)). The Office for Consumer Health Assistance originated in 1999 with the mission to allow all Nevadans access to information regarding health care concerns and to assist consumers and injured employees to understand the rights and responsibilities of various health care plans. Ms. Rivera summarized the structure of the Office which consists of four quality assurance specialists, the four categories are comprised of: (1) Managed Care and Insured; (2) Medicaid and Uninsured; (3) Workers' Compensation; and (4) Hospital Billing.

Ms. Rivera referred to a chart outlining statistics on the requests for assistance (see page 17 of [Exhibit N](#).) The primary areas of concern to senior citizens are financial issues, the inability to afford medication, or even the co-pay amount for their prescriptions. She stated that many seniors are being referred to collection agencies for nonpayment matters and her staff has the ability to act as advocates to mediate and resolve the issue.

- Valerie M. Rosalin, R.N., Director, Office of Consumer Health Assistance, Office of the Governor, pointed out that the Office is mandated to provide outreach services and required to make attempts to reach senior citizens. The staff attends health fairs and similar events. The majority of the health assistance is delegated to the senior population, but the general public is also served.
- Anita Gant, Gerontology Coordinator, Senior Adult Services, City of Henderson, described her work with the nutrition and wellness programs as rewarding and that the

City of Henderson is committed to its senior citizens. The center has experienced an explosion of growth to the senior population and currently serves over 500 clients daily, which is three times the number from 2005. The center encompasses many of the typical activities of other senior centers, but the focus is the wellness services, which include health education, blood pressure monitoring, influenza vaccines, and health fairs. The center's largest projects are the congregate and home-bound senior nutrition programs. The meals for both programs are funded by federal Title C-III grants administered by the Aging Services Division, DHHS.

Ms. Gant announced the upcoming groundbreaking for a new center that will soon begin construction of a 29,000 square foot senior center. The current facility will be remodeled and used for a variety of senior activities. Ms. Gant addressed the worrisome issue of seniors becoming isolated and not involved socially with folks of their own age. She said that reports indicate that isolation brings an increased amount of depression and a rise in suicide rates for seniors.

## **OVERVIEW OF COMMITTEES, COUNCILS, AND ORGANIZATIONS RELATING TO SENIOR CITIZENS IN NEVADA**

- Mary Liveratti, representing the Nevada Commission on Aging, provided a brief synopsis of the Commission and its responsibilities. She explained that the Commission was established by statute with 11 voting members, appointed by the Governor. The majority of the Commission must be 55 years or older and include a mix of elected officials: (1) two county government representatives; (2) two representatives from city governments; (3) two non voting members, one Assembly member and one member of the Senate; and (4) the Director of the DHHS, and the Administrator of the Aging Services Division, act as ex-officio, non voting members.

The Commission meets quarterly and its duties and responsibilities are clearly stated, they must: (1) determine and evaluate the needs of older persons in the State; (2) seek methods to avoid unnecessary duplication of services; (3) establish the priorities for the work of the Aging Services Division according to need; (4) promote programs that provide community-based services to enable the frail-elderly to remain at home.

- Connie McMullen, Chair, Strategic Plan Accountability Committee (SPAC), provided an overview of the Strategic Plan for Senior Services with the aid of a Microsoft PowerPoint presentation ([Exhibit O-1](#)) and supporting documents ([Exhibit O-2](#)). The Plan for seniors was authorized in 2001 and was designed to address the needs of Nevada's seniors and outline goals to meet those demands, covering a ten-year period. Ms. McMullen spoke on: (1) the 2005 accomplishments; (2) the priorities set by SPAC for the 75<sup>th</sup> Legislative Session; and (3) the challenges in progressing towards an integrated system with a single point of entry.

- Assemblywoman McClain disclosed that she is also a member of SPAC.
- Laura Hale, Social Services Chief III, Grants Management Unit, DHHS, representing the Grants Management Advisory Committee (GMAC), explained the group oversees the grants of a broad range of social services and health programs throughout the state. During the last year, the Task Force for the Fund for a Healthy Nevada programs, which are a component of the tobacco settlement funds, were transferred under the GMAC. She noted that NRS specifically defines the independent living grants funded by the tobacco funds, which are administered by the Aging Services Division. At the time of the transition, four seats were added to the GMAC. Ms. Hale explained that the role of the GMAC is to review information from the Aging Services Division regarding examination of priorities, what types of programs are being funded, and their general performance.
- Chairwoman McClain said it would be helpful for the Subcommittee to understand the varying grant sources, the amount of money available, and where the funds originate.
- Ms. Hale clarified there are several grant sources that are administered through the Grants Management Unit. The GMAC works with the Unit on most of the programs, with the exception of problem gambling. She noted there is a senior outreach program that falls under the problem gambling program.
- Barry Gold, Director of Government Relations, AARP Nevada, explained the name change of the organization, noting that the proper name is no longer referred to the American Association of Retired Persons. Mr. Gold noted that statistics have indicated that the majority of the members worldwide are actually not retired, so the name was changed to AARP. He provided testimony with the use of a Microsoft PowerPoint presentation ([Exhibit P-1](#)) that illustrated the following primary topics:
  1. The AARP is a nonprofit, nonpartisan membership organization that encourages choice, control, and independence among persons 50 and older, in ways that are affordable and beneficial to society.
  2. There are 325,000 AARP members in Nevada and 39 million members nationwide. Reviewing the age definitions applied to qualify as a senior citizen, a person must be at least age 40 to file a complaint for age discrimination.
  3. An AARP membership provides a positive social impact by making changes through advocacy, information, and services.

Mr. Gold submitted AARP brochures available as [Exhibit P-2](#).



## **OVERVIEW OF INFORMATION AND REFERRAL SERVICES AVAILABLE TO SENIOR CITIZENS AND VETERANS IN NEVADA**

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

### **Outreach and Advocacy Initiatives for Senior Citizens**

- Barry Gold, Director of Government Relations, AARP Nevada, addressed the issue of community advocacy with the use of a Microsoft PowerPoint presentation referenced as [Exhibit Q](#). Mr. Gold focused on the following topics associated with advocacy:
  1. The AARP's list of primary components is geared to promote positive social concepts including community behavior, legislation, public policy, programs and services, and regulation. By effectively using advocacy tools (electronic mailings, letters, and publications) AARP attempts to find successful resolutions to a broad scope of issues. The concept is one that advocacy is provided through information.
  2. The AARP is interested in state policy issues such as budget concerns, community services, health care, housing, elder abuse, identification theft, utilities, and voter protections. Federal issues may focus on economic security, global aging, health services, and living communities as affected by Medicare, Individual Retirement Accounts, Social Security, et cetera.

## **OVERVIEW OF COMMITTEES, COUNCILS, AND ORGANIZATIONS RELATING TO SENIOR CITIZENS IN NEVADA**

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

- Lucy Peres, Forum President, Nevada Silver Haired Legislative Forum and Ex Officio Member, Silver Representative, District 1, provided a brief background on the Forum, which was created in 1997 to identify issues of importance to aging persons. Members are appointed by Nevada State Senators after consultation with their counterpart in the Nevada State Assembly. The Forum submits its report to the Legislative Commission and the Governor before September 1 of each odd numbered year. Ms. Peres submitted a Microsoft PowerPoint presentation for the record available as [Exhibit R](#).

## **OVERVIEW OF INFORMATION AND REFERRAL SERVICES AVAILABLE TO SENIOR CITIZENS AND VETERANS IN NEVADA**

### **Services Provided by Nevada 2-1-1**

- Terrie Stanfill, Executive Director, HELP of Southern Nevada, presented information on Nevada 2-1-1, the crisis and referral hotline. Ms. Stanfill explained that call statistics are tracked by the nature of the call and age of the caller. The majority of the calls received are requests for basic need services and referrals for assistance. The next

highest category of calls relates to medical and utility services, then legal questions. Recently, requests have increased for information on bankruptcies, foreclosure, and mortgage issues. Ms. Stanfill estimated that 25 percent of the calls are from senior citizens. (Please refer to [Exhibit S](#) for Nevada 2-1-1 brochures.)

Responding to Assemblyman Hogan's earlier question, Ms Stanfill suggested that he contact an organization such as Consumer Credit Counseling for accurate information and statistics regarding Nevada's current foreclosure issue.

- Maria Castillo-Couch, Senior Management Analyst, Neighborhood Services Department, City Las Vegas, provided testimony with the aid of a Microsoft PowerPoint presentation ([Exhibit T](#)). Ms. Castillo-Couch outlined the services, neighborhood initiatives, and partnerships that have improved the communities. The department was created in 1996 with the goal of connecting residents with government entities. The program has provided an effective line of communication and a means for residents to obtain information on issues such as code enforcement, graffiti, and inspections. Ms. Castillo-Couch covered information pertaining to the Neighborhood Initiatives Division, Neighborhood Partners Fund grant program, and the Senior Citizens Advisory Board.

### **Opportunities for Technology Assistance**

- Tina Gerber-Winn, Deputy Administrator, Aging Services Division, DHHS, emphasized the significant role of an information technology department, and how data management systems facilitate policy planning. Initially the Division was responsible for information and referral services; however, additional funds have allowed for the expansion to the area of caregiver support. Ms. Gerber-Winn said the Division developed the Nevada Care Connection, a caregiver website which is maintained by the Continuum of Reno, a provider in northern Nevada, in partnership with the Aging Services Division. The website is updated quarterly and provides family members, providers, and others with accurate information and resources to help with their role as caregivers.

Ms. Gerber-Winn submitted a copy of her prepared comments ([Exhibit U](#)), and stated that additional information is available at: [www.nevadacareconnection.org/](http://www.nevadacareconnection.org/).

### **Outreach and Advocacy Initiatives for Senior Citizens**

- Edward McGlynn, Clark County Senior Advocate Program, spoke on behalf of Janice Brown, Management Analyst II, Clark County Senior Advocate Program, to detail the organization and growth of the program, and the varying assistance offered to senior citizens. Mr. McGlynn described the directory ([Exhibit V](#)) compiled by the Advocate Program, which is a complete guide to available services. After funding was depleted, Nevada Power absorbed the cost of printing the publication. Additional duties and

responsibilities of the Senior Advocate Program office include: (1) assisting with Project Reach, Nevada Power's Energy Assistance program; (2) helping senior citizens with other energy assistance program applications; and (3) providing lists of affordable housing available to seniors and guiding them through the process.

- Chairwoman McClain noted that Thom Reilly, Vice President of Community Reinvestment and Social Responsibility, Harrah's Entertainment, would not be testifying. However he provided brochures for the Subcommittee ([Exhibit X](#)) to review.

## **OVERVIEW OF FUNDING SOURCES FOR SERVICES FOR SENIOR CITIZENS AND VETERANS IN NEVADA**

### **Federal, State, and Private Funding Sources**

- Marilyn Wills, Deputy Administrator, Aging Services Division, DHHS, detailed the varying funding sources that are obtained from the Administration on Aging (AOA), U.S. Department of Health and Human Services. Ms. Wills referred to [Exhibit W-1](#) to explain the several components of the Older Americans Act:
  1. The first component is the Title III-B program, which focuses on supportive services to help senior citizens remain independent and living in their homes. The last annual report indicated over 12,000 people were served with Title III-B funds, and supportive services can include many types of programs, such as advocacy, case management, companion services, and transportation.
  2. The Title III-C program includes a target population of low income, minority and/or frail seniors 60 years and older; older individuals with limited English proficiency; and individuals in rural areas throughout Nevada. Funds under Title III-C1 are allocated to provide meals to seniors in congregate settings usually at senior centers, and Title III-C2 funds are used to furnish meals to the homebound seniors.

Ms. Wills explained that [Exhibit W-1](#) contained an error. She noted that the figure illustrating the City of Henderson's Title III-C1 meals was inadvertently omitted, and that the amount should have been listed as \$72,808.

3. The purpose of Title III-D is to initiate programs designed to help older adults prevent or manage chronic diseases and promote healthy lifestyles.
4. Title III-E programs are those referred to as caregiver support, primarily to provide supportive services for related caregivers, such as grandparents and other relatives but not parents, who provide care for children age 18 and younger. It is estimated that there are approximately 80,000 caregivers in Nevada.

Please refer to [Exhibit W-1](#) for information on the Independent Living Grant, the Older Americans Act Title V, and the Senior Community Service Employment Program, and [Exhibit W-2](#) for additional information on the DHHS revenues outlined by divisions.

A discussion ensued about what portion of the total amount of the \$85 million allocated to the Aging Services Division would require matching funds from a state or local revenue source. Senator Heck wanted to determine the amount that could possibly be affected by Governor Gibbons' proposed budget cuts.

- Chairwoman McClain requested that Ms. Wills submit the information to the Subcommittee members.

#### **ESTABLISHMENT OF PRIORITIES FOR THE SUBCOMMITTEE**

- Chairwoman McClain referred to proposed meeting dates outlined by Ms. Joiner (see page 3 of this document) and offered her suggestions for presentations and possible speakers. The Subcommittee members were encouraged to submit suggestions for bill draft preferences at any time. The proposals will be included in the "Work Session Document" and finalized during the final meeting and work session. Chairwoman McClain proposed a bill draft be requested for the creation of a standing interim committee for senior citizen and veterans' issues.
- Senator Heck requested that the issue of senior guardianships be included for a presentation during the February meeting. Secondly, for the March meeting he requested discussion on independent living. He was approached with a suggestion for implementation of audio newspaper services that would allow visually impairment persons to dial in for recorded articles.

#### **PUBLIC COMMENT**

- Pam Noonan, Clark County resident, requested that the Subcommittee examine custodial issues and give consideration to the seniors who do not qualify for many of the services. Ms. Noonan said many seniors struggle daily with critical needs such as bathing, dressing, fixing meals, et cetera. Seniors need help with costs for items such as energy, above the amounts that are discounted by the power companies, with meals, and prescription drugs.

## **ADJOURNMENT**

There being no further business to come before the Subcommittee, the meeting was adjourned at 4:21 p.m.

Respectfully submitted,

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Ricka Benum  
Senior Research Secretary

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Amber J. Joiner  
Senior Research Analyst

APPROVED BY:

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Assemblywoman Kathy McClain, Chair

Date: \_\_\_\_\_

## LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Amber J. Joiner, Senior Research Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit B](#) consists of a Microsoft PowerPoint presentation titled “Portrait of Nevada’s Seniors 2007” submitted by Pam Gallion, Director, Cannon Survey Center, UNLV, dated December 11, 2007.

[Exhibit C](#) is a Microsoft PowerPoint presentation titled “2008 Nevada Veteran Population Estimates” provided by Timothy M. Tetz, Executive Director, Office of Veterans’ Services.

[Exhibit D](#) is a document titled “Helping People—Nevada Department of Health and Human Services—It’s Who We Are and What We Do” submitted by Michael J. Willden, Director, Department of Health and Human Services (DHHS), dated December 11, 2007.

[Exhibit E](#) is a fact sheet titled “Nevada Senior Rx and Disability Rx” referenced by Laurie Olson, Program Manager, Senior Rx and Disability Rx, DHHS.

[Exhibit F-1](#) is a document provided by Nancy L. McLane, Director, Clark County Social Service, titled “Clark County Social Service Programs,” dated October 2007.

[Exhibit F-2](#) is a copy of the Microsoft PowerPoint presentation titled “Clark County Social Service, A Safety Net of Human Services,” provided by Nancy L. McLane, Director, Clark County Social Service, titled Clark County Social Service Programs.

[Exhibit G-1](#) is a Microsoft PowerPoint presentation titled “Washoe County Services to Seniors and Veterans” prepared by Ken Retterath, Division Director, Adult Services, Department of Washoe County Social Services, and Grady Tarbutton, Director, Senior Services, Department of Washoe County Social Services.

[Exhibit G-2](#) is comprised of a series of informational documents submitted by Grady Tarbutton, Director, Senior Services, Department of Washoe County Social Services, which include:

1. Excerpts from a Press Release, dated November 8, 2002, the subject of which is “Washington Medicaid Program Helping Veterans by Tracking Down Medical Coverage, Benefits,” issued by Doug Porter, Assistant Secretary, Medical Assistance Administration of the Department of Social and Health Services (DSHS), Olympia, Washington;
2. A Report of Findings titled “Veteran’s Benefit Enhancement Project for Entitled Medicaid Recipients, Clark County Sample with ADSA Region 6 and Statewide—

Projections and Analysis,” prepared by the DSHS, and the Washington Department of Veteran Affairs, Olympia, Washington; and

3. A publication from the Washington State DSHS, and the Aging and Disability Services Administration, titled “Maximization of Veteran’s Benefits for Entitled Medicaid Recipients—Benefit Savings Analysis,” dated June 10, 2005.

[Exhibit H](#) consists of a Microsoft PowerPoint presentation titled “Nevada Office of Veterans’ Services” presented by Carole L. Turner, Deputy Director, Office of Veterans’ Services, dated December 11, 2007.

[Exhibit I-1](#) is a Microsoft PowerPoint titled “Nevada Power and United Way of Southern Nevada Initiative, Project REACH,” presented by Doretha Easler, Community Relations Manager, Nevada Power Company.

[Exhibit I-2](#) is comprised of handouts provided by Doretha Easler, Community Relations Manager, Nevada Power Company, which include:

- A Project Reach Energy Assistance Program Application form, developed by Nevada Power Company; and
- A brochure titled “Energy Assistance and Customer Support Programs,” created by Nevada Power Company in both English and Spanish.

[Exhibit J](#) is a brochure titled “Helping Hands of Vegas Valley—A Premier Organization for Non-Medical Services For Seniors,” submitted by Linda Sapp-Cox, Executive Director, Helping Hands of Vegas Valley, Las Vegas.

[Exhibit K-1](#) is a copy of a Microsoft PowerPoint presentation titled “Alzheimer’s Association, Desert Southwest Chapter Southern Nevada,” provided by Christine Terry, Program Manager, Desert Southwest Chapter, Southern Nevada Region, Alzheimer’s Association.

[Exhibit K-2](#) is series of informational documents compiled by Christine Terry, Program Manager, Desert Southwest Chapter, Southern Nevada Region, Alzheimer’s Association, which are comprised of:

- A brochure titled “Support Along the Way, A Guide for Individuals, Families and Friends,” produced by the Alzheimer’s Association;
- A fact sheet titled “Alzheimer’s disease growth: U.S. will see average 44 percent increase in Alzheimer’s disease by 2025,” produced by the Alzheimer’s Association;
- A fact sheet titled “About the Alzheimer’s Association,” produced by the Alzheimer’s Association; and



- A copy of the Web page titled “Agendum, the Aging Services Division of California’s Mid-month Update” dated September 2007, a publication of the Aging Services Division of California, available at: <http://www.aging.org/newsfront/091807.html>.

[Exhibit L](#) is an document titled “HELP of Southern Nevada, We serve with care!” printed in English and Spanish, provided by Terrie J. Stanfill, Executive Director, HELP of Southern Nevada.

[Exhibit M-1](#) is a document titled “Nevada Rural Counties RSVP Program” prepared by Janice R. Ayres, Executive Director and CEO, Nevada Rural Counties Retired Senior Volunteer Program (RSVP), Carson City.

[Exhibit M-2](#) is informational handouts submitted by Janice R. Ayres, Executive Director and CEO, Nevada Rural Counties RSVP, Carson City, which include:

- A pamphlet titled “The Home Companion Program of the Nevada Rural Counties Retired and Senior Volunteer Program (RSVP);” and
- A leaflet titled “Nevada Legacy Corps, Improving the Lives of America’s Family Caregivers!” compiled by the University of Maryland.

[Exhibit N](#) is a Microsoft PowerPoint presentation titled “Governor’s Office Consumer Health Assistance” submitted by Pat Rivera, R.N., Quality Assurance Specialist, Office for Consumer Health Assistance, Office of the Governor.

[Exhibit O-1](#) is a copy of the Microsoft PowerPoint presentation titled “Preparing for the Future, Nevada’s Strategic Plan for Senior Services,” submitted by Connie McMullen, Chair, Strategic Plan Accountability Committee (SPAC);

[Exhibit O-2](#) is a compilation of supporting documents submitted by Connie McMullen, Chair, SPAC, comprised of the following items:

1. Ms. McMullen’s written testimony titled “Overview, Accomplishments, Challenges”;
2. A document titled “Department of Health and Human Services, Strategic Plan for Seniors, Year Four Plan Status,” dated August 2007; and
3. A chart titled “2007 Strategic Plan for Seniors Statewide Accountability Committee.”

[Exhibit P-1](#) is a Microsoft PowerPoint presentation titled “AARP Nevada,” dated December 11, 2007 prepared by Barry Gold, Director of Government Relations, AARP Nevada.

[Exhibit P-2](#) is a packet of information submitted by Barry Gold, Director of Government Relations, AARP Nevada, which includes:

- A copy of “AARP’s Ten Year Social Impact Agenda,” dated February 2007;
- An enrollment card titled “AARP—Join the Divided We Fail Movement;
- A fact sheet titled “AARP Nevada,” printed in both English and Spanish, dated updated August 2007;
- A document titled “AARP—Nevada Caucus Fact Sheet,” acquired through the <http://DividedWeFail.org/>, printed in both English and Spanish, dated updated August 2007; and
- A leaflet titled “The Time for Action is Now,” prepared by AARP and acquired through <http://DividedWeFail.org/>.

[Exhibit Q](#) is a Microsoft PowerPoint presentation titled “Outreach and Advocacy,” dated December 11, 2007, prepared by Barry Gold, Director of Government Relations, AARP Nevada.

[Exhibit R](#) is a Microsoft PowerPoint presentation titled “Nevada Silver Haired Legislative Forum” prepared by Lucy Peres, Forum President, Nevada Silver Haired Legislative Forum and Ex Officio Member, Silver Representative, District 1.

[Exhibit S](#) is a brochure titled “Nevada 2-1-1 Get connected, Get Answers” submitted by Terrie J. Stanfill, Executive Director, HELP of Southern Nevada.

[Exhibit T](#) is a Microsoft PowerPoint presentation titled “Senior Outreach Programs, City of Las Vegas Neighborhood Services Department,” prepared by Maria Castillo-Couch, Senior Management Analyst, Neighborhood Services, City of Las Vegas, dated December 11 2007.

[Exhibit U](#) is document titled “Opportunities for Technology Assistance” presented by Tina Gerber-Winn, Deputy Administrator, Aging Services Division, DHHS, dated December 11, 2007.

[Exhibit V](#) is a publication titled “Royal Pages, A Guide to Services for Seniors, Presented by the Clark County Senior Advocate Program 2007” which can be accessed through the following link: [http://www.co.clark.nv.us/Parks/Senior%20Advocate/Royal\\_Pages.pdf](http://www.co.clark.nv.us/Parks/Senior%20Advocate/Royal_Pages.pdf).

[Exhibit W-1](#) is a document titled “Older Americans Act Title III-B Program,” updated January 19, 2007, and compiled by Marilyn Wills, Deputy Administrator, Aging Services Division, DHHS.

[Exhibit W-2](#) is a document titled “Department of Health and Human Services, Revenues by Division 2008-2009 Biennium” submitted by Marilyn Wills, Deputy Administrator, Aging Services Division, DHHS.

[Exhibit X](#) is a series of brochures and handouts provided by Thom Reilly, Vice President of Community Reinvestment and Social Responsibility, Harrah’s Entertainment, Las Vegas, which consist of:

1. The Annual Community Report titled “There is Magic in Giving, Committed to Northern Nevada, Harrah’s Entertainment;”
2. The Annual Community Report titled “There is Magic in Giving, Committed to Southern Nevada, Harrah’s Entertainment;” and
3. A brochure titled “The Will to Do Wonders,” Harrah’s Foundation.

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.