



NEVADA LEGISLATURE

NEVADA SILVER HAIRED LEGISLATIVE FORUM

(Nevada Revised Statutes [NRS] 427A.320)

DRAFT MINUTES

April 9, 2024

The second meeting of the Nevada Silver Haired Legislative Forum for the 2023-2024 Interim was held on Tuesday, April 9, 2024, 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 3138, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Forum's [meeting page](https://www.leg.state.nv.us/Video/). The audio or video recording may also be found at <https://www.leg.state.nv.us/Video/>. 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).

FORUM MEMBERS PRESENT IN LAS VEGAS:

Fran Almaraz, Senate District 21, Forum President
Marilyn E. Jordan, Senate District 9, Forum Vice President
William Marchant, Senate District 12
Elizabeth Martinez, Senate District 2
Fred Silberkraus, Senate District 5
Frank B. Slaughter III, Senate District 11
Rodger Troth, Senate District 18

FORUM MEMBERS PRESENT IN CARSON CITY:

Lucille Adin, Senate District 13, Northern Facilitator
Mary Fesenmaier, Senate District 17

FORUM MEMBERS ATTENDING REMOTELY:

Margaret Batts, Senate District 4
Joann M. Bongiorno, Senate District 10
Laura Leavitt, Senate District 8

FORUM MEMBERS ABSENT:

Diana Hoffman-Kazubowski, Senate District 14 (Excused)
Peggy Leavitt, Senate District 20 (Excused)
Bob Linden, Senate District 7 (Excused)
Rosie Tyler, Senate District 1, Southern Facilitator (Excused)
Valarie Woods, Senate District 3 (Excused)

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Patrick B. Ashton, Principal Policy Analyst, Research Division
Ashlee Kalina, Constituent Services Analyst/Program Facilitator, Research Division
Julianne King, Assistant Manager of Research Policy Assistants, Research Division
Bryan Fernley, Chief Deputy Legislative Counsel, Legal Division

*Items taken out of sequence during the meeting have been placed in agenda order.
[Indicate a summary of comments.]*

AGENDA ITEM I—CALL TO ORDER

President Almaraz:

[President Almaraz welcomed members, staff, and the public to the meeting and reviewed housekeeping measures.]

At this point, we would also like to welcome Ms. Elizabeth Martinez. She was appointed, and this is her first Forum meeting. Ms. Martinez, would you like to give us a little history of your background and why you wanted to be here?

Ms. Martinez:

I am formerly from Cheyenne, Wyoming. I am representing District 2—Senator Edgar Flores. I am here because my family has been with the Legislature and helping the public, and I am here to see what I could do.

President Almaraz:

Thank you so much, Ms. Martinez, and welcome.

AGENDA ITEM II—PUBLIC COMMENT

President Almaraz:

[President Almaraz called for public comment; however, there was none.]

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON FEBRUARY 21, 2024

President Almaraz:

We will move on to our first order of business, the approval of our February meeting minutes.

VICE PRESIDENT JORDAN MOVED TO APPROVE THE MINUTES OF THE MEETING HELD ON FEBRUARY 21, 2024.

MR. TROTH SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

AGENDA ITEM IV—PRESENTATION ON AFFORDABLE AND LOW-INCOME HOUSING PROGRAMS FOR SENIOR CITIZENS ADMINISTERED BY THE HOUSING DIVISION, DEPARTMENT OF BUSINESS AND INDUSTRY

President Almaraz:

We will hear from Stephen Aichroft, Administrator for the Housing Division, who will offer a presentation on affordable and low-income housing programs for senior citizens. We will take questions from the Forum members at the end of the presentation. Administer Aichroft, please feel free to begin when you are ready.

Stephen Aichroft, Administrator, Housing Division, Department of Business and Industry (B&I):

I appreciate the attention you have on the agenda to housing issues in the State of Nevada. I am going to walk you through what the Division does and provide intersections with the senior community in the State of Nevada (Agenda Item IV). We will be open for questions at the end of the presentation. Let us start with an overview of the Nevada Housing Division. We are a Division of B&I in the State. We were established 49 years ago in 1975, and our primary function is to act as the State Housing Finance Agency. What does that mean? That is a fancy term for saying we are the bank for affordable housing in the State. Our mission is to improve lives and strengthen Nevada communities by expanding housing opportunities, building self-sufficiency, protecting the residents in an industry of manufactured housing, and fostering economic development. We do that with a small but mighty staff of 47 full-time employees. Our Agency—it has been estimated we touch the lives of one in four Nevadans through our programs and funding. We provide homeownership opportunities, production and preservation of multifamily rentals, State and federal grant assistance and administration, oversight of manufactured housing, weatherization, and we examine low-income housing data.

This slide gives a brief overview of all our programs. We have our Home Is Possible Homeownership Program. This is available for first-time homebuyers and current homeowners. We have a couple of different programs—one specific for teachers, one specific for veterans. If you have been out of the homeownership market for three or more years, you will be considered a first-time homebuyer through our programs. I wanted to make that clear to everybody. Even if you own a home now, and you need another home or are selling as a primary residence, we can potentially help you out with downpayment assistance, and things of that ilk also, depending on eligibility.

Multifamily programs—I will spend much more time talking about that here in a minute. The other thing I wanted to touch on in this slide was manufactured housing. We merged with the Manufactured Housing Division in the 2017 Legislative Session, and we have 14 employees of the 47 dedicated to manufactured housing. You can think of us like the DMV (Department of Motor Vehicles) for manufactured housing. We do titling, licensing. We have parks oversight. We do investigations on complaints and such within manufactured home communities. I wanted to spend a little time and let you all know that is basically our function in that space.

Multifamily programs—the subsidized affordable housing that is developed throughout the country is done through a program called LIHTC, that is the Low-Income Housing Tax Credit program. This provides about 85 to 90 percent of all the affordable rental communities across the country, and that certainly is true in Nevada. We are the tax credit allocating authority in Nevada for the 9 percent tax credits. We also are the tax credit authority for the

4 percent credits, and the 4 percent credits are done through the issuance of private activity bonds in Nevada. The reason I want to focus in on this is this is the main production we can do for affordability in the State of Nevada. The 9 percent tax credit program creates and preserves about 600 units of affordable housing. That is done through a competitive process and what is called a "qualified allocation process." This gets into the weeds, so it is going to be high-level, but understand there is a lot to go into this. As I mentioned, we are a small staff, and most of this is done through private/public engagement. We work with private developers to develop this housing and nonprofits. The 4 percent program is done through the issuance of tax-exempt bonds. Since the inception of the bond program, we have created over 26,000 units in the State of Nevada. I am going to go into exactly how that is structured.

The State gets what is called "private activity bond volume cap," and we get that annually. Basically, it gives us the ability to issue debt for the State for various uses. One of those uses is affordable housing. The dollar amount associated with this debt varies from year to year. We are a growing State, so we continue to get more and more, but it is roughly about \$360 to \$380 million annually that we can issue. Fifty percent of that goes to local jurisdictions, so Clark County, Washoe County, City of Reno, City of Las Vegas, North Las Vegas, Henderson. Fifty percent goes to the Director's Office at B&I. The local jurisdictions that receive it can use it for various purposes, but if they do not use it by September 1 of every year, it reverts back to the Director of B&I. That is what creates the 4 percent tax credit program, the availability of private activity bonds, because when we issue them, that issues an accompanying tax credit. That is the only place where you can use 4 percent bond volume cap and receive tax credits. There are other purposes—sewage, waste disposal, economic development—but they do not receive the tax credits. They will get the lower financing created by the volume cap. That is one program that creates the bulk of our units in the State of Nevada.

The 9 percent program is an allocation, but that is based on tax credit authority that the State receives from the Internal Revenue Service (IRS). When you receive that tax credit authority, when we issue it, it is good for a tax credit for ten years, and it brings in equity to the developments, which allow them to lower the rates charged via rental. Please understand all these programs are developed for 60 percent area median income (AMI) residents and lower. That is potentially a problem within the senior community. We have seen seniors who, through retirement, Social Security, rise above that 60 percent level, and unfortunately, this tool is not available to them with one exception. The IRS created what is called "income averaging," and they did this a few years back, but they did not do it very well, and it took regulations to get through this, and now it has been cleaned up a little bit. Income averaging allows the property, if they choose to—and it is complex—they can go up to 80 percent AMI for residents. If you go up to 80 percent, on one hand, you have to go down to 40 percent on the other, so that net balance is right at 60 percent AMI. It is a challenge. It is a challenge for compliance. It is a challenge for process, and we have only had one—and I do not recall if it was a senior property or not off the top of my head—that has been able to advance this. That is one of the issues we see. We are limited on income limits within that program.

You have probably heard a lot about financing gaps. I am going to spend a short period of time here. When we create affordable housing, it takes a lasagna-style layer of financing. The green bars here—this is what is created through the tax-exempt revenue. The bonding authority in this particular \$66 million project—\$31 million is from that private activity bond authority I mentioned. That tripped the \$23 million in tax credit equity, which is the lighter green bar. The deferred developer fee is basically profit that is put into the development cash from operations and HOME funds. Basically, what you will see here is out of

\$66 million. We still, even through all these levels of financing, do not achieve the whole net of \$66 million to develop the property. That is the financing gap. We are seeing that grow and grow over time. It is a challenge to overcome in the current economic environment with higher interest rates, higher labor supply chain issues, land increases—all the stuff that does not necessarily bode well for the development of affordable housing. So, we have created a program, and we work diligently in trying to fill that gap because if that gap continues to exist, the property does not get built or needs to be compromised in some way. Keep in mind, there is always a gap in this financing that we do.

This is the timeline. This will be in your presentation, and this starts the Division side of things. The first flag is the application when they come to apply for tax credits or bond cap authority through us, and it takes roughly 27 months for projects to go, once they have come to the Division, to get built and occupied. This is for new construction projects. Basically, we are looking at anywhere from a year and a half—that is really quick—to two and a half years to get these projects to fruition in most cases. The other thing I want to mention is when the Division obtains the application. There is a lot of work done by the development community prior to this in acquiring the land—securing those other forms of financing that I mentioned in that lasagna stack of financing. A lot of these projects are literally years in the making, which is not great when you are trying to solve an affordable housing situation that is immediate.

The other programs I will touch on—these are the HUD (United States Department of Housing and Urban Development) programs and a State program administered by the Division. Federal HOME funds come in. We get those, about \$3 million annually, which are designed to develop, build, finance, and support low-income housing. The State Affordable Housing Trust Fund is created through the real estate property transfer tax in Nevada, and it is the match for the HOME funds. It is roughly about \$8 to \$9 million annually. It depends on real estate sales. Up until this year, we were fortunate. We have had increased real estate sales, and those tax monies have come to the Division to support this program, but with the higher interest rates and the tail off in real estate sales, we have not received as much as we had in the two previous years. The National Housing Trust Fund—historically, about \$3 million annually. This is designed to increase and preserve the supply of affordable housing, primarily for extremely low-income individuals, which is below 30 percent AMI. The Emergency Solutions Grant (ESG) is \$400,000 annually. It is a program that focuses on the prevention of homelessness. If you add all these up in blue skies, we are getting about \$15 to \$20 million annually in federal support through these programs to create affordable housing. You saw one development was \$66 million, so this is not a whole lot of funding when you go back to trying to develop affordable housing and spread this throughout the State.

Two other programs I want to focus on that are available—the first is the lot rent subsidy. This is with manufactured housing. If you are a resident of manufactured housing and you are income qualified, you can get up to a \$150 per month subsidy to keep you in your home. If you are living in a park, the Weatherization Assistance Program reduces the energy burden for families. We work with four subgrantees throughout the State who can provide this service. If you are looking to increase your energy efficiency, if you have insulation that needs to be replaced, they will come in. The first thing the weatherization inspector will do as an energy auditor is to conduct an audit and determine what is going to be the best way of reducing that energy burden on your home. In most cases, it is insulation repair, but it could be furnace repair. We work with nonprofits and housing authorities and folks in this space to provide those services.

This is our pandemic and post-pandemic funding between rental assistance that went through the Division, homeowner assistance that currently exists through the Division, housing stability, eviction diversion, and other funding that has been provided to the Division. In the past four years, since the onset of the pandemic, we have received \$1 billion in housing assistance. We work with private entities, nonprofits, to work to get this funding out the door. The one thing I want to focus in on—we are a conduit agency, so we have not increased our staff. We have been 47 since 2020. We rely on the public partnerships and private partnerships we develop with the local jurisdictions, with the development community, with the nonprofits that operate in this space to get this funding out the door.

Senior housing examples—I mentioned the affordable housing in the 4 percent program is supported by a bonding authority that we get, roughly \$300 million. Back in 2018, it was probably more like \$300 million. Now, it is about \$360 million, \$370 million; but \$1.2 billion in bond authority has been provided to multifamily construction since 2018, so that volume cap the State has received—we have received the lion's share of it. The administrations, both past and present, have been supportive of developing affordable housing in the State. We have created 8,600 units of multifamily rental properties in that time. Forty-nine percent of those are provided for seniors. When I mention that, actually 8,600 units are available to seniors. Seniors can live in family properties, but 49 percent are specific to senior properties. I want to make sure this group understands that a senior can live in any of the properties we develop, but there are specifics for seniors where family members other than caregivers cannot reside. So, 4,200 units of senior housing have been created or preserved. Over 2,500 units in that same time have been created through the 9 percent program. Forty-nine percent of that is for seniors. Seniors can live in the other 51 percent, so that is 1,250 units of senior housing created or preserved.

We are projecting 3,000-plus units of affordable housing to be created or preserved through the Home Means Nevada Initiative. Going back to where I mentioned that \$101 billion in funding has come in through the Division; half of that, \$500 million, is effectively done through the Home Means Nevada Initiative through the use of American Rescue Plan (American Rescue Plan Act of 2021 [ARPA]) State and Local Fiscal Recovery Funds (SLFRF). Those projects are coming to fruition. They are getting off the ground. We have to obligate all the funding by December of this year, and the funding has to be expended by December of 2026. Going back to that timeline, one reason I wanted to show that was because this funding is now being obligated; developments are beginning to get started; and unfortunately, it will probably be a year or two before we are able to have units that residents can reside in. We anticipate out of those 3,000-plus units, 1,200-plus will be specific to senior affordable housing. I wanted to highlight this—in part of that program, \$16 million is projected to be spent on rehabilitation for existing homeowners. The bulk of that has been provided to agencies trying to help seniors age in place and complement our weatherization efficiencies and our weatherization programs that typically will not receive that level of funding necessary to completely rehabilitate the house.

Housing legislation that was passed in the last legislative session—we have roughly about eight to nine bills that were passed specific to housing that, for the most part, the Division is either involved in or is working with the entities that receive the benefits of this housing. Where do you find housing? NVHousingSearch.org. If you receive tax credits from the Division, if we have assisted any development in any way through funding, the properties are required to list on NVHousingSearch.org. You can access it off the Division's web page. You can access it directly. It lists all the tax credit properties and affordable properties we have. I want to emphasize these are for eligible seniors. We know there is not enough. We know that when you go there, if you call these places or contact them, you may be

denied initially. But keep trying because there are vacancies that come through. We are going to have a number of properties come to fruition in the next year, year and a half. I would emphasize to this group that if you have folks in need of housing, this is the place to go. If, for whatever reason, there are impediments to working on the website, they have a phone number that can be called. That is very easy and is manned seven days a week, I believe, or it could be five days a week. I may be speaking out of turn on that but very easy for seniors to access. That wraps up my presentation. I would be happy to answer any questions.

President Almaraz:

We appreciate your presentation, Administrator Aichroft. Before I take questions, I would like to remind everyone you may have one question and one follow-up. We will move on to the next Forum member that has a question, and we can come back to you if there is still time. Are there any questions from the Forum members?

Vice President Jordan:

Thank you so much for being here this morning. I want to address a question that deals with low-income housing—the tax credit. You said you had 49.6 percent for senior properties. How much of that is public, and how much of that is private?

Mr. Aichroft:

Everything that is done through the tax credit program is a private-public partnership, so it is not “Section 8” housing. I think that is what you are referring to as public housing. Maybe I am misunderstanding the question. We do work with the Southern Nevada Regional Housing Authority. We do work with the Nevada Rural Housing Authority and with the Reno Housing Authority. Those are the three public housing authorities in the State of Nevada. In fact, they have received an awful lot of the Home Means Nevada dollars. We have 4 percent projects they have done and certainly 9 percent projects. We are engaged in there, but public housing is not part of what the Division does. What we focused in on here is specifically tax credits done with public housing authorities, nonprofits, and for-profit developers.

Vice President Jordan:

I was looking at your model, and I wanted clarification on that because it does say public and private, but if most of it is private, then it is not really addressing public.

Mr. Aichroft:

It is available to everybody, so from that standpoint, it is available to the public, but it is not what is traditionally looked at as “public housing.”

Mr. Troth:

When you talk about the 8,600 units that are created, who winds up owning those rental units? Do you have an idea?

Mr. Aichroft:

It is the entity that has applied for the tax credit through the applications or through the bond authority. It can be a public housing authority; it can be a private enterprise; it can be

a nonprofit. That is basically the ownership. Once we issue those tax credits to the entity, they have to keep the affordability restrictions for 30 years, so when we provide this, the property will be affordable for 30 years. When we preserve it, it kicks that 30-year clock again, so if we have a property that might be 15 to 20 years old come back for rehabilitation, then that will restart the clock, and it will be affordable for again for 30 years.

Mr. Troth:

You mentioned that after '20, you have been getting ARPA money that needs to be expended here in the next year or so and that it expires after 2026. With anything after 2026 that needs to be financed or continued, what is the thought process on that?

Mr. Aichroft:

You are 100 percent correct. That is why I wanted to show that financing gap slide—if you remember, on that capital stack—because an awful lot of the ARPA funding we have received has gone to filling in that financing gap. We are one of the states where we are getting a lot done because of the investment of the State and local fiscal recovery funds. What happens post-2026? The Division currently is still working on programs. We have what is called our GAH Program—Grow Affordable Housing Program. We have State tax credits available to the Division we are working through. We keep looking for other examples. The hope is, by 2026, as we see this growing gap—that will reduce with the lowering of interest rates. Maybe it will not be quite as severe, but it is a space we operated in pre-pandemic and pre-pandemic assistance and a space we will come back to. We are always going back to home funding, always trying to find other avenues to assist in closing that financing gap.

Ms. Bongiorno:

Are traditional lenders able, in that essence, to fund if someone wants to qualify for this type of a loan or is able to?

Mr. Aichroft:

When you talk about traditional lenders qualifying for a loan, is that in the multifamily space or the homeownership space or both?

Ms. Bongiorno:

Both. Are we speaking of single-family dwellings, or are we speaking of multifamily dwellings?

Mr. Aichroft:

I will answer for both. Our homeownership programs are done through a network of traditional lenders. Anybody you go to—a lending institution—they sign up, and I do not have the total numbers of lenders who participate in our homeownership programs, but it is substantial. We can provide, in some cases, 3 to 5 percent for down payment assistance. That has worked with a private-public partnership where the public entity that is providing this ability, and the private sector and those mortgage lenders can use our program and most do—they have to be based in the State of Nevada, have a location in Nevada. They can be national, but they do need to have a Nevada physical office, which lends to the ones that exist on the Internet as not being eligible for our program. As far as the tax credit development program, we are the conduit lender. We do not lend directly to the financial institution. I will tell you it is a very limited pool of folks who operate in this space because

it is incredibly complex. What we typically see is larger institutions like Wells Fargo, Bank of America, Citibank, Chase; they are the folks that typically operate in this space, and they do that on a national basis.

Mr. Slaughter:

I am a veteran, and I was wondering, what does this do for senior veterans that are homeless?

Mr. Aichroft:

I am going to take that in two parts. Senior veterans—first of all, in the homeownership program, we have a special program for veterans. Veterans do not need downpayment assistance when they get a VA (U.S. Department of Veterans Affairs) loan. It is 100 percent, so if market conditions allow, we can provide for a lower interest loan to those veterans. Number two, in the multifamily space, when we develop new housing, we insist on a veterans preference, so a veteran will potentially move up to the front of the line. We cannot do that on the rehabilitated properties because they are already occupied, but we do ask for a veteran's preference on any of our new developments. Third, you will probably hear more about veterans' homelessness from presenters behind me, but if you go back to when we talk about the ESG, that is all the Division receives for the prevention of homelessness, and it is \$400,000 annually, roughly. That gets dispersed to local agencies, continuums of care. It is not a whole lot of funding for the homeless, and it is not specific to veterans' homelessness, although a lot of the agencies we work with certainly provide assistance to veterans who are homeless. We can use our State trust funds. We can use our Home funds. The Housing Trust Fund is primarily designed for lower income, extremely low income, so that is 30 percent and below. We do see intersection there, but it is not nearly enough. I will defer to the folks who will be presenting after me. They can talk to you a little more about that. Our first project I envision coming to fruition and being occupied using the Home Means Nevada Initiative dollars will be Dick Scott Manor up in Reno, and that will house 12 veterans. I am hoping that will open up here this summer based on where I see the construction going.

President Almaraz:

I have a question about the Lot Rent Subsidy Program. You said it is \$150 maximum. My district has several manufactured home parks. Is that a one time, or is it monthly? Many of the lot rents in my district are now over \$600, \$700 dollars per month. Is there anything in the works that might increase that \$150 maximum?

Mr. Aichroft:

The homeowner can apply on an annual basis and reapply. If they qualify, they are entitled to up to \$150 per month for that year. Now, there was legislation passed in 2023 that modified the Lot Rent Subsidy Program. It previously had been specifically indexed to the federal poverty level. What we are finding is that was too low, and we were not getting enough assistance out there. To answer your question, that legislation increased it up to 30 percent AMI, which in most cases is higher than the federal poverty level. That has only been in effect, basically since July of last year, so we are evaluating how that program is being increased, if it is being increased, and exactly what that will look like, and then the possibility, depending on the funding and the demand on the program, we will look at increasing that amount because it has been \$150 for a long time. One hundred and fifty dollars is not what it was five years ago, ten years ago. We want to take a look at that, but we need to make sure the funding is equivalent to the outgoing, so we are establishing that

balance. Since we changed the eligibility requirements, we want to make sure those receiving \$150 continue to receive \$150 because if we get more folks, and there is not enough funding in there, then we are going to have to reduce everybody's allocation. We are approaching that a little more cautiously to make sure we do not harm those who are already receiving those benefits.

Ms. Adin:

I have a question about the rental assistance program. How does that work, and how does one qualify for that?

Mr. Aichroft:

When you talk about the rental assistance program, is it specific to rental assistance that was provided via pandemic funding or through other agencies, or is it property based?

Ms. Adin:

Property based.

Mr. Aichroft:

I would recommend this process. Go through NVHousingSearch.org. Find a property that is close, nearby. Go and talk to their property managers and see if you are going to be eligible for the property. That is how it is going to have to be done on that particular instance. For the Forum's benefit, when it comes to rental assistance programs that are administered—because there is some of that in Clark County, Sparks, and Reno—you would deal with either the City of Reno, City of Sparks, or the Reno Housing Authority in the north or Clark County Social Services in the south.

President Almaraz:

Which of your programs—and I am thinking it might be Home Means Nevada—are funded by our State government or receive funds from our State budget?

Mr. Aichroft:

The first thing that I will mention, our traditional programs are—State Affordable Housing Trust Fund. That is done through the collection of the real estate property tax, and that is the federal required match for the HOME funds. That is a State program. The Lot Rent Subsidy Program is a State program. Going to the pandemic and post-pandemic funding—the \$500 million was State appropriated dollars. They were federal dollars, but they could be used for a litany of services. The Housing Division, literally with that \$500 million investment, received about 20 percent of the total of the ARPA SLFRF funds. That is not the largest amount that any one State has received from a dollar, but as a per capita, I believe it is the largest out of all the states in the country to receive that much funding. The Legislature also appropriated \$30 million in SLFRF for Clark County for eviction diversion and rental assistance, \$11 million for housing part of a development in Clark County. The one thing that I will highlight is the \$32.2 million for the enactment of Assembly Bill 310 (2023), which is the Nevada Supportive Housing Development Fund that passed in the last session. While it is not specific to seniors, certainly there will be senior interaction. That is the first time in my recollection that the Housing Division ever received State General Funds. I think that is the crux of your question. We are currently promulgating regs to activate that fund. That fund is not to build. I want to be very clear on this. This is a

program to support, in the supportive housing space, the population that is going to reside there. It is not necessarily to build more housing; it is to provide supportive services for the residents who are in that building.

President Almaraz:

Senate Bill 450 (2023), which was passed for the Windsor Park—what is the timeline for spending that and fixing the Windsor Park area?

Mr. Aichroft:

The funding for SB 450 came from two sources. It was \$37 million, \$25 million in ARPA SLFRF; those have to be obligated by 2024 and spent by 2026—same as the Home Means Nevada Initiative. The other funding expires in 2025 but post the next session. That was \$12 million in funding. That can be reupped in the next session. We have already had discussions with the Governor's Finance Office to make sure that can happen because that is the first timeline we will hit. But currently, the status of that, we are working on contracting with a developer to get that project going. Also, we will have meetings later this month with the City of North Las Vegas to provide the first steps in that process.

Ms. Fesenmaier:

I am from a very rural district—Lyon County, Mineral County, Churchill, et cetera. I am wondering if there are any of these facilities available in my district.

Mr. Aichroft:

There are. When we get back to talking about how the 9 percent and 4 percent projects are done, it is investor driven. The folks that get the benefit of the tax credits want to make sure their investments are safe. That becomes a little more difficult in rural communities that are more potentially subject to the ebb and flow of the rural economies. So, bond projects, which are larger, typically do not work in those areas. It is the 9 percent program that supports those entities. For the most part, we work in the rehabilitation of those properties. The good news is we have a bond project that will be coming before the Board of Finance shortly for the rehabilitation of properties in Lovelock and Fallon. It is unique because it is scattered site. Most of the developments are—here is the property, here is the parcel. This is eight different parcels, three different properties, so it is a little complex. It is going to be a little challenging to do. But it will be in what I would consider pure rural areas. The second bond deal—we did one in Tonopah a few years back. This will be the second bond deal, but most of those go through the 9 percent program.

Ms. Bongiorno:

Do you have any developments presently here in Las Vegas that may come to fruition very shortly?

Mr. Aichroft:

We do. We have lots of bond projects. We will have grand openings. We do an awful lot of development in Las Vegas. We will have two coming to the Board of Finance in April, I believe, and a number of Home Means Nevada projects. One that just broke ground is Buffalo and Cactus. That is an Ovation project. We work in Southern Nevada, specifically, a lot with Nevada HAND, a lot with Ovation, and the Southern Nevada Regional Housing

Authority is certainly starting to kick up their investment in developing and preserving their affordable housing. We have a lot going on currently in Las Vegas.

Ms. Bongiorno:

Are there any models presently?

Mr. Aichroft:

That are available, or that are coming up to construction?

Ms. Bongiorno:

That are available.

Mr. Aichroft:

I think the best way I can answer that is to go to NVHousingSearch.org. You can type in Las Vegas, Henderson, Clark County, and you will see current available apartments in the Vegas Valley.

President Almaraz:

Seeing no more questions, thank you, Administrator Aichroft, for your presentation. We appreciate your time, and we have learned a lot from you this morning.

AGENDA ITEM V—PRESENTATIONS ON PROGRAMS ADDRESSING AFFORDABLE HOUSING AND SUPPORTIVE SERVICES PROVIDED TO UNHOUSED SENIOR CITIZENS IN NEVADA

A. NEVADA INTERAGENCY COUNCIL ON HOMELESSNESS TO HOUSING

President Almaraz:

We will move on to the next agenda item, the Nevada Interagency Council on Homelessness to Housing. We will hear a presentation on programs addressing affordable housing and supportive services provided to unhoused senior citizens in our State.

Michele Fuller-Hallauer, MSW, LMSW, Owner/CEO/Chief Strategist, Winged Wolf Innovations, LLC:

I am the Chair for the Technical Assistance Committee for the Interagency Council on Homelessness to Housing. I will be presenting to you on behalf of the Interagency Council. As we get started, I would like to take a moment and ask you, "Do you know anybody you love, or is close to you, that is 55 or older, like a grandparent, parent, someone you love?" Of course, you do; you are sitting here because of that. I want you to think about somebody very close to you that touches your heart—one particular person you care about. I want you to take a moment and write that person's name down because it is going to be important as I go through my presentation. Write their name down, and when I get about halfway through, we are going to come back to that.

Let us talk about the Interagency Council (Agenda Item V A). The Interagency Council was established in 2019 to coordinate and focus the State's efforts on effectively addressing homelessness. It was established under the bill to coordinate and for the opportunity for us

to integrate our approach on addressing homelessness and promote interagency cooperation. The purpose of the Council is to integrate our approach regarding the issues of homelessness and for us to increase awareness around homeless issues and the issues around the State and local governments and our local organizations in providing services for folks experiencing homelessness. The Council members are decision-makers from our key departments within the State. We have a Technical Assistance Committee as part of the Council, and the Technical Assistance Committee is charged with establishing and maintaining and implementing the State's strategic plan to end homelessness. The Council meets on a monthly basis. In 2020 and 2021, they revised the initial strategic plan that was established in 2015 under the previous Interagency Council, and they are responsible for updating and revising the strategic plan. They are currently developing an action plan that will be a companion to the strategic plan, and we have eight strategic issues as part of the strategic plan. Those strategic issues are housing, homeless prevention and intervention, wraparound services, education and workforce development, coordination of primary and behavioral health, policies, coordination of data and resources, and long-term planning. There is a list of the Technical Assistance Subcommittee members, and we have representation from across the State who sit on that Subcommittee.

The strategic plan is focused on the complex public health concerns. We have a lens on the social determinants of health because homelessness is a complex issue, and we recognize that no one solution will solve the issue around homelessness. We know we need to come up with various solutions in order to address the issue. We also recognize the State of Nevada, although we try to work collaboratively across the State, all the areas of the State are very diverse. We have urban areas, both large metropolitan areas here in the south. We have smaller urban areas in the north, and then we have rural and frontier areas. We recognize there are differences across the State that need to be collated and collaborated, but yet dealt with uniquely. The strategic plan serves dual roles for dynamic management and communication across the State and for assisting with addressing those homeless issues. We make sure we undergo comprehensive reviews so we can implement the strategies within the State plan. The Department of Health and Human Services (DHHS), through the Division of Welfare and Supportive Services, developed the Homeless to Housing Unit, or the H2H Unit, to help with the administrative support for the Council. They were established out of AB 174 (2019), and they help NRS 232.498 to define the Council and the creation. They help us as the Council and our Subcommittees to ensure we follow the law—the Open Meeting Law, *Robert's Rules of Order*—that we have a district attorney present at all the meetings and the Chief Administrator approves all our actions.

Now we are going to go back to the name you wrote down in the beginning of my presentation. I am going to lay the groundwork for my esteemed colleagues for the rest of my presentation, and the next three presentations you are going to hear. I am going to be presenting a lot of data, and I know data can be boring. I know it can cause many of us to have our eyes glaze over. When you start to feel your mind wandering, I want you to think about the person you wrote down. I want you to think about—we are not just talking about numbers; we are talking about people. I want this to help you connect brain or the numbers to the heart, to the person, to the people. That is the reason I wanted you to write a name down, so we can help connect these numbers with people.

As folks are getting older, especially our people that are experiencing homelessness, we know there is an upward trend in the proportion of older people among our homeless population. When I say older population, I am talking folks between 50 and 64 and older. They may not be old enough to qualify for Medicare, but due to poor nutrition and living conditions, they may resemble somebody much older. When you are experiencing homelessness, you age much quicker than somebody who is housed. Yet, they may not be

eligible, or they become eligible for services at different rates. So, somebody might not be eligible for senior housing until they are 62, or they are not eligible for Medicaid until they are 65, or they are not eligible for social security until they are 65. Depending on how old you are—depends on what services you are eligible for. Then, you have other challenges as you age, and you are experiencing homelessness, because you often may have similar health care issues as a housed person who is 10 to 20 years younger than you are. You tend to age much quicker if you are unhoused, and you appear much older—not only much older, but much sicker—than your housed counterparts. If you are on the street, and you are 50 years old, you are the new 75. You also have higher rates of geriatric syndromes if you are unhoused and higher rates of cognitive impairment compared to younger folks, whether you are housed or unhoused. Those are things we need to consider when we are talking about folks experiencing homelessness and as you start getting older and have experienced homelessness or are experiencing homelessness.

This chart here—I want to make sure you understand those experiencing homelessness may be eligible for Medicaid or Medicare to help address their illnesses, but they may not know how to apply for those benefits. They do not necessarily have access to their Medicare providers, or they do not necessarily trust institutions. They also may not acknowledge their health issues. A lot of clients do not want to necessarily address or may not be ready to address any of their medical or mental health challenges, even if they are able to or ready to admit it. I wanted to bring this to your attention.

Let us talk about a living income gap. A *living income gap* is defined as insufficient income. Let us think about this. *Living income* is defined as a sufficient income to afford a standard of living for all household members, including a nutritious diet, clean water, decent housing, education, health care, and other essential needs, plus a little extra for emergency and savings once all your costs are covered. With that definition, how many of us have a living wage? What about the person that is on your paper, or what about our other seniors? We have a serious shortage of low-income housing, not only in the United States, but in Nevada, and that exacerbates our living income gap. Householders who are in the fifties and mid-sixties are especially at risk of insufficient resources to manage the rising health care and their household costs. There is a lack of affordable housing. According to *The Gap*, which is put out by the National Low Income Housing Coalition every year, this year, nationally, there are 34 available affordable units for extremely low-income households per 100 extremely low-income households. That is nationally. In Nevada, there are 14 available units for extremely low-income households. In Southern Nevada, there are 13. We rank number one, and not in a good way. We have the lowest availability of affordable units for extremely low-income in our State. Nevada has 91,243 extremely low-income household renters. As you can see from this chart, 31 percent of them are seniors.

Let us talk about, generally, people experiencing homelessness in Nevada. This chart shows you the total point-in-time count. So, every year at the end of January—all three continuums of care, which are geographic areas around the State. We have three continuums of care in our State. We have the Northern Nevada Continuum of Care, which is the Washoe/Reno/Sparks continuum of care. The Southern Nevada Homelessness Continuum of Care is the geographic area of Clark County, the boundaries of the County, and all jurisdictions therein. Then we have the balance of the State—or the Rural Nevada Continuum of Care. That is the rest of the State. This chart shows the total point-in-time count for the continuum of care in January of 2023 with a breakout for our seniors. We broke out the seniors by 55 to 64 and then 65 and older because I think it is important for us to delineate those differences because our seniors that are 65 and older are eligible for different benefits or different services than those who are 55 to 64. I think it is important for you to understand as well, for the 55 to 64 total through the whole State—

almost 20 percent of our people experiencing homelessness are seniors between 55 to 64. Those that are over 65 are almost 13 percent of our overall folks experiencing homelessness. The colors delineate which continuum of care they are in.

The data I am showing you now is out of our Homeless Management Information System or our Community Management Information System. We use the terms interchangeably. It is a data system required by HUD, which is our main funder for homeless services, and it is required for our continuums of care. That is where our data for our homeless services is captured. I pulled this data for a full year on everybody that goes to our homeless service providers asking for services. And then I pulled the data for folks 59 and above. This shows you folks by age and by gender. As you can see, there is a pretty even breakout by folks that are male and female, and it is broken out by age; you have the numbers for how old folks are, and we even have a couple of folks that are 97 or 98 experiencing homelessness in our home services system across the State. This is for our whole State.

This is the same data set for veterans. The majority of folks identified that they were not veterans, but we do have 670 that did identify as veterans. We are working with our local VA throughout the State. We have four VA catchment areas throughout the State, so we are working with them to make sure our veterans—but not all our folks that have been registered as a veteran are eligible for veteran services, so those folks need to get services through our homeless services system and are not eligible for general veterans' services.

This is the same data set for household composition. I think it is important for you to pay attention that we did include households with children because there are seniors, folks that are 59 and older, in households that have children, but the majority—almost 97 percent—are households without children. There may be many reasons why there are children in the household. It may be that they are in an extended family, or they may be grandparents that have custody of their grandchildren. I do not know the answers to those questions, but it may be worth delving into further. Our data set does not give us that information, but that is something for us to consider.

This tells us the breakout of our seniors per continuum of care. It gives you the same data in two different ways. One is per age, and the colors delineate which continuum, and the bar graph gives that to you per continuum. The breakout is Southern Nevada has the majority, which is not surprising because they have the majority of folks experiencing homelessness, at 83.4 percent of our seniors. Rural Nevada has 9.74 percent of our seniors, and Northern Nevada has 6.86 percent of seniors experiencing homelessness.

As we move into our next presentations, I want you to keep in mind the person you wrote on your sheet as you listen to my colleagues. When we are talking about the services we have throughout our continuum and the data, we are talking about people. The people we love are the people we want to serve, who we are serving. The people we love could be in a situation where they are experiencing homelessness, and we want to make sure all folks could have a home and a safe place to live.

President Almaraz:

Are there any questions from the Forum?

Mr. Slaughter:

I would like to congratulate you on your presentation. I am a graph guy, and it made a lot of sense, but I also like the fact that you put it in a personal sense of people we know. It is

not just a statistic. Even though statistics made it more interesting or brought it home to us and are easier to understand—but the fact that it was an individual thing as well. Very well done.

Vice President Jordan:

I am extremely confused by the presentation of a strategic plan that has been going on since 2014 that had not gotten anyplace until 2022. Being someone who writes strategic plans all the time, I am concerned. The strategic plan you presented—and I would like to look at—is what an organization looks at for a road map to the future. It aligns your mission, your vision, and your goals in the organization. The goals are broad statements; you should lead to objectives, and in this case, goals are what you want to have happen. Objectives are your action plan. If you are just getting to an action plan now, what have you been doing for the last six years that you are evaluating as a plan?

Ms. Fuller-Hallauer:

As I stated before, I am the Chair of the Technical Assistance Committee that was developed under the Interagency Counsel that was developed in 2020. We have been in effect for a few years. I can only speak to where we are today. We have a strategic plan, and we have been asked to put forward an action plan to implement that strategic plan. That is where the Technical Assistance Committee is actively working on ensuring the plan is actionable and able to be implemented. At this point, we are ensuring we are working very closely with the three continuums of care to ensure the communities and the people they serve have a voice in the strategic plan and that the action plans are actionable on the ground and in the communities, so it can have impact.

Vice President Jordan:

You had a strategic plan from 2014 to 2020. What did you evaluate from that? Because the strategic plan is usually something an organization develops for three to five years, so you had a five-year program. What did you learn from the first strategic plan? What are you incorporating in your action plan now to make it realistic for the citizens of Nevada?

President Almaraz:

Are there any other questions?

Ms. Batts:

I feel what you are saying is there is a shortage of housing in Nevada for seniors, veterans, and the homeless. Two of my friends are seniors, and they ran into a situation at Ovation, which is an income property. One of them was renting a home, and they were told by the owner she had to be out of the house in two weeks. So, she went to Ovation, and she did not qualify for any of those properties, but her income is not that high, so she was almost homeless. There is a severe shortage of housing in Nevada for seniors, veterans, and for the homeless population. I need to know, what are they going to do about that for these seniors, the homeless, and the veterans? There is a lack of affordable housing.

Ms. Fuller-Hallauer:

I am sorry; I was having a hard time hearing everything you said, but I think you were saying there is a severe shortage of affordable housing in Nevada, especially for our seniors.

If that is what you were portraying, I absolutely agree. I think you were also asking what we are going to do about that.

Ms. Batts:

May I emphasize one thing? It is for seniors, the homeless population, and veterans. I know a lot of veterans have contacted me recently about this problem. I need to know what is going to be done about it.

Ms. Fuller-Hallauer:

I think in the next three presentations, you will hear more about what we are attempting, as continuums of care, to do about the homeless issues across the State, recognizing that this is not just a "What are we going to do about it?" It is what are we, the broader "we," collectively. As all citizens of the State of Nevada, what are we going to do to address the issue? It is a community issue, and we collectively need to wrap our arms around the issue to address the issue of our neighbors who are experiencing a housing crisis, and, "How are we going to prevent homelessness whenever possible?" and if we cannot, "How are we going to get folks back off the streets and into stable housing as quickly as possible?"

President Almaraz:

I am shocked to see these graphs in my district. There are many homeless camps. They live in tents. They live with a tarp over them. The Assemblywoman in my district has been going to these camps to try to get these people into programs, and she is finding they do not want to. I am not saying all of them, but she has had very little success in trying to get some of these homeless people into the programs to help them get away from homelessness. I am not sure how we address that. We do have people who want to get out of homelessness. They go to the programs. They get cleaned up. They get clothes. They get help with getting a job, and their lives improve. But the enormous amount of people who do not want help, how are we going to address that?

Ms. Fuller-Hallauer:

We need to meet people where they are. What I mean by that is when we develop programs, we need to develop the programs folks need and want, not what we think they need and want. We need to ensure that when we are developing programs, we have people who are experiencing homelessness and people that have recently come out of homelessness help us to develop those programs. What we historically have done is pushed our thoughts, ideas, morals, and ideals onto other people, onto folks experiencing homelessness and saying, "This is what we think you need, and this is what we think you need to get off the street," rather than saying, "What do you need today? What is most important for you today, to help you today?" Because what we think they need today might not be what they need today. They might be more worried about their safety today or eating today or something else than what we think. We need to go to the experts—and those are the people who are experiencing the crisis at the moment and people who are experiencing homelessness—and have them help us develop the programs to help them so we can provide the programs they need. Then maybe they will accept the help for the programs because we will be providing what they need rather than us pushing on them what we think they need. If we provide programs they need, maybe they will accept the help we are offering.

President Almaraz:

Is that part of the task force? Is that being developed? My Assemblywoman does ask those questions, "How can I help you? What do you need? I want to get you a permanent shelter. I want to help you," she is not having a lot of luck. The majority of people in the camps in my district do not want help, and it is very frustrating. It seems there is no end to the problem.

Ms. Fuller-Hallauer:

I hear your frustration. Folks that have come out of a homeless experience have told us that when they were in homelessness, their response was that because they did not know what they needed at the time or they were embarrassed or the services they needed or wanted were not available, rather than being vulnerable, they said, "I do not want help." I think engaging folks—allowing a welcoming environment where folks who are experiencing homelessness can be a part of the solution and sit at the table with us as equals to provide an opportunity to develop new programs that will help provide the solution that can provide us with ways to give them services—is what we should do. We have lived experience consultants here in Southern Nevada. We have a lived experience advisory board in Northern Nevada. The State Interagency Council's strategic plan is encouraging in that lived experience be incorporated in all aspects, at all levels, across all programs. I think that is going to be integral as we move forward in developing programs and helping to move the needle as well as developing more affordable housing and providing opportunities for folks to get off the streets and provide the supportive housing and the support of wraparound services needed, and the other things you will hear from my colleagues from the other continuums of care.

President Almaraz:

I think that is a wonderful plan, but I do not see anyone on the Council or on the Technical Assistance Subcommittee who have ever been homeless. I served on a committee for the RTC (Regional Transportation Commission of Southern Nevada)—the transportation authority—and on that committee, we had one person who rode the bus. She had a totally different perspective than I had as someone who has never been on an RTC bus. I am hoping that your idea about having homeless people—a homeless person, an ex-homeless person—somewhere on your committee or your Council to help give their perspective.

Ms. Fuller-Hallauer:

I beg to differ, Ma'am. There are several people that have experienced homelessness on the Council and the Subcommittee. It is not for me to disclose someone's previous homeless situation.

Ms. Bongiorno:

The frustrating part about all this for me is—because I deal with many of these people that are close to being evicted—they get close to where their finances are no longer supporting housing. The electric bills are going up. I wish there would be a way we could reach these people and help them prior to them having to go into homelessness—maybe educate them somehow. I am not sure. I wish I knew the answer because I would be out there doing it. When I see my friends, because of the inflation, renting—the renting is absurd. Some people's rents have gone to a point where it is prohibitive for them to live on their income. I wish there was a way we could reach that point before we get into the homelessness.

Ms. Batts:

Is there a representative on the national level in your Council? Not only local, but is there a national homeless advocate on your Council? Homelessness is a national problem as well as a community and local problem.

Ms. Fuller-Hallauer:

No, Ma'am. The State Interagency Advisory Council on Homelessness to Housing is a State council. However, we do confer with the U.S. Interagency Council on Homelessness for any guidance and any concerns we may have, and we look to the United States strategic plan as a guiding document. I hope that answers your question.

Ms. Batts:

Yes, it does.

President Almaraz:

Are there any other questions? Seeing none, I would like to thank you, Ms. Fuller-Hallauer, for your presentation.

B. NORTHERN NEVADA CONTINUUM OF CARE

President Almaraz:

We will now move on to our next presentation, which is the Northern Nevada Continuum of Care.

Deana Searcy, Director, Washoe County Housing and Homeless Services:

Today we are going to be taking you through an overview of what we are working on inside Washoe County and across our region related to homeless services, including our continuum of care, and also taking a look at the Cares Campus, which has been our priority project for the last couple years (Agenda Item V B). Washoe County, in Northern Nevada, is over 6,500 square miles. It includes Reno and Sparks and is now at a population of over half a million. If you look at our housing spectrum across this area, Reno and Sparks are focusing on housing at all levels of the spectrum, and the County is focused on the unsheltered and homeless population as well as permanent supportive housing, which is initial housing under 30 percent AMI with supportive services.

Our division has several priorities we have been working on. One is about having centralized, shared client data. This is critical to understanding what is happening across the region and supporting different partners through our work. [Two is] having unified, regional outreach to ensure we are reaching all of Washoe County and everyone is being offered services. [Three is] working to house clients faster. This is through coordination of care through what we call "case conferencing," but it is bringing all the players to the table and aligning the available resources with those who need support. [Four is] sheltering the unsheltered. It is about having enough capacity, and this is where we are going to share the work of the Cares campus in our region to make sure all individuals who need shelter have access to a bed. Accessible care for all is about appropriate staffing ratios, ensuring case managers can be, and are, available to see people when they are ready. At the end of this presentation, we will walk you through what we are looking at on affordable housing.

This is making sure we have a regional approach to all those efforts to ensure we are being as efficient as possible.

A look at our budget over this year—the County's budget for homeless services is just over \$35 million. This includes the Nevada Cares Campus; the OUR Place shelter, which is a women and family shelter; the Northern Nevada Continuum of Care; our Built for Zero work in Washoe County; our CHAB (Community Homeless Advisory Board), which is made up of representatives from Reno, Sparks, and Washoe County; and the Sheriff's Office HOPE outreach team.

We also have incentives related to emergency rental assistance. We have administered much of that funding that came through with the pandemic. Most of the rental assistance through the region now is through the City of Reno. We have a tenancy support program. This is about trying to build those relationships with landlords and figuring out how we can support people once they are housed, so we can continue to see their success. The Affordable Housing Trust Fund—we will walk you through a couple updates on where we are there. We are looking at code improvements to allow affordable housing to be easier to build in the region.

What is the Continuum of Care? At its most basic elements, it is people coming together to solve homelessness in our community, and that is through policy, through data, and through making sure we are prioritizing resources in a unified way. The definition from the National Alliance to End Homelessness of *continuum of care* is “a regional or local planning body that coordinates housing and services funding for homeless families and individuals.” This is mandated by HUD, and there are six core pieces of a continuum of care we do each year. One is having a consolidated application each year, and that is for the funding received in the area, and then monitoring of those grantees of that funding. We manage coordinated entry, which is where everybody who comes into the homeless system across our region is provided a standardized assessment, and we are housing people off that list in priority need. We conduct an annual point-in-time count across the nation. This is done in the last ten days of January, and we maintain that homeless management information system. This is critical to us keeping all our data centralized in one location and being able to share across providers. We report to HUD on all this work being done. If you take a look at who is on our list, we mentioned this priority list of individuals who are looking for housing. This is housing that is funded with HUD and also other permanent supportive housing options we have in the area. More than 40 percent are age 55 and above, and 60 percent have self-identified as having a disability.

This is a look at that Cares Campus. The Campus includes not just a shelter, a bed, and a meal, which is what you will traditionally find at a shelter, but there has been a lot of investment on this site, which includes case management, behavioral health, security, and medical services. The behavior health and medical is focused on triaging what is happening, dealing with emergencies and crisis situations, and stabilizing the situation on site while we work to connect with resources out in the community. This was not something we intended to have at the Campus, but because of the sheer need of the population and what we were seeing, the County approved us investing in staff, and we have seen positive results that we will share as we move through this. We offer employment support. There is definitely a focus on permanent housing outcomes. We call them positive outcomes. We appreciate that some people transition into treatment facilities or other temporary programs, but the campus itself is mostly focused on ensuring when we find that housing placement, it is a permanent placement, which is sustainable and not something that someone is going to be looking for a new place to be in three to six months.

The Campus focuses on reduction of barriers. These barriers can range from background checks, to IDs, to having a pet. There is a lot of addressing anything that could keep you from accessing services. We are working to remove that at the Campus. There are pets allowed on site. There are no sobriety requirements; there are no fees or income requirements of any kind. There is no prior completion of other programs, background or criminal checks or IDs. The Campus is very much under construction. It has been open—the main Sprung shelter, walk through capacity, and all of that has been open since May of 2021. We are about ready to finish all of the main construction for the shelter services areas this summer. The last remaining piece is all the housing under construction right now. And the first piece will open up in the spring of next year.

I am going to walk you through each of these pieces. The Safe Camp is 50 individual units with heating and cooling. This started off as tents. We have brought in a unit called a “ModPod.” They are about 8 x 8 feet. This program is dedicated to individuals who are unsheltered and are uncomfortable moving into a congregate shelter. Phase One is the piece that opened in May of 2021. This included the land purchase, the Sprung construction and temporary bathrooms and showers. All of this was done in about three months in the middle of the Coronavirus Pandemic of 2019 (COVID-19), led by the City of Reno, and then it was transitioned over to the County for the remainder of this build out.

Phase Two—we are now complete, which includes a lot of improvements. We will walk you through those. Phases Three and Four are what we are working on right now. We have a resource and winter emergency overflow. We have a permanent overflow option on site. The Welcome Center is the largest building on the site that is opening this summer. We are very excited about that because it will include all of the training and office space for all the services provided by staff. Phase Four is supportive housing. There is also accessible space, as a developer coming on site. Both Phase Four and this line-drive housing project were funded through the Home Means Nevada Initiative, and we are grateful for that funding. This is an enormous amount of units coming to the site.

This is what the permanent Safe Camp looks like. This piece is dedicated to the unsheltered who are uncomfortable. This is a good example of a program that is led by staff who have previous experience with homelessness and have used that to help create and share what something different might look like. There is a lot of open space, a lot of privacy, and it is a totally different program that we are seeing a lot of success in. This is a pilot program for the County, and now that this permanent site is open, which is recent, we are looking forward to sharing outcomes and seeing if there are lessons learned here we can share.

Phase Two—the improvements inside the Sprung. The Sprung Building itself is 46,000 square feet. There are six different dorms. One of the improvements was to separate spaces into small sections. Each of those dorms has about 100 beds in there. There is a secure room for property, and the beds are divided into two different sections. One is the traditional bunk bed style, which is where people start off, and as they engage with our case managers, they are moving into what we call “cubbies,” which is this top picture here. It is essentially an 8 x 8 space. It has more privacy, more space for your belongings to stay with you. Pets stay throughout this building. Anywhere that an owner is, a pet can be. Also, through these improvements were permanent shower/restrooms and laundry. The temporary buildings were brought in due to COVID-19 and the need to move quickly. Then these permanent facilities were built out as part of Phase Two, increasing access to these critical services.

The Resource Center is part of Phase Three, which is what we are currently in. This opened at the beginning of December. The bunk bed picture you are seeing is the emergency

overflow. This is 84 additional beds we have on site, ready to go anytime we need it, depending on weather or emergency happening in the area. The Resource Center is focused on a couple of things. One, it is a day drop-in center. Anybody can come, and there are lots of different services there related to computers, access to charging areas, meals on site, but then you can also connect with service providers from across the region. The food bank is here signing people up for SNAP (Supplemental Nutrition Assistance Program) and that type of thing on site. The other purpose of this—we are going to play with the idea of how we reach people who are about to become homeless or maybe are close to that eviction notice or are starting to see they are not keeping up with bills, and they do not know where to go. This is a place where they can come and get connected to resources before they enter homelessness, so we can try to stop that from happening.

The Welcome Center is the largest building. It is currently under construction, and we hope to see this open in the summertime. This is where all those services are going to live. Our intake and diversion services, security, all of the case management and behavioral health, more client computers and phones, and a dining space will be here. The second floor of this building is office space for staff and a break space. This is critical, difficult work being done, and right now it is all being done out of trailers, so we are looking forward to giving that to staff.

Phase Four—everything previous to this is almost essential for the campus. It is all about the shelter and the services working to get people into housing. Phase Four at the Campus is about building new units. This is funded with Home Means Nevada funding. The County will cover the cost of the staff and the operations ongoing for this building. We are building 50 units of permanent supportive housing, which is critical to this group of people we serve. It is 50 units. There is a common space and more computers and access to phones. There is a training room, laundry on site, case management dedicated specifically to this building and 24-hour staff. All the units are accessible so we can serve a varying needs population.

This is a look at who is at the Campus. From July 2022 to July 2023, over that year, we saw almost 2,800 unique clients served out of this Campus—over 200,000 bed nights. That is every head in every bed. It is a lot of people coming and going. When we look closer, we can see more than 40 percent of this group is age 55 and above. We also have a very high percentage—55 percent—with a disability, and a full third noninsured. Our staff work every day to work through each of these different situations. These are big numbers everybody is looking at, but each number represents a person, and that person has a unique, complex set of needs. Our job is to connect one-on-one with the person in that moment. How can we help?

One outcome at the regional level we are focusing on at the Campus, which was part of the request of the Campus, was that if we could centralize a lot of the work being done, would that be more efficient across the region? Our law enforcement response and our emergency medical response—we know those are very expensive services, and they need to be reserved for those emergencies. We have seen over these years that responses go down due to having the correct amount of staff and the correct type of staff on site. I mentioned bringing in behavioral health and medical services; those types of investments are paying off because we are reducing the cost of ambulances going back and forth to the hospital and overnight jail stays.

Another important outcome we are watching is how many different partners and nonprofits across the region support the Cares Campus. At Campus, we have over 30 partners on site, with us providing different services. This comes together when we are looking at, “How do you serve veterans?” or, “How do you serve seniors?” or, “How do you serve someone who

has this very specific need?" We are all collaborating and coordinating care on site with those partners so we can carve people off and get them to the most appropriate resource, because, as we all know, no one can provide everything. By having an awareness of all the partners available and how we can connect them quickly to those partners, we are able to keep things moving as fast as possible for those clients.

This is our housing placements. We are tracking this. This is permanent housing placements. We appreciate there are a lot of positive exits to those treatment programs, but these are people moving out of Cares into a permanent housing option. We have continued to see these numbers raise where over 800 people have been housed. We are averaging about 35 now per month, and the goal for this Campus is to get to about 50 placements a month out of the Campus and into a permanent option that is sustainable. As we continue to mention, these are big numbers, but for each individual story, we do all we can to track them and share with them because it is someone's life. It is someone's unique, complex situation, and there is a lot of celebrating that goes on with these numbers.

Overall, at the County, how does this look? When we track numbers at the continuum of care level, zooming back out to the region, we are watching our unsheltered count and our point-in-time count decrease. We have seen significant reductions in that over the last couple years. A lot of that is directly related to adding those shelter beds. We are also seeing an overall decrease in our numbers of individuals experiencing homelessness. We have just started to see that dip. I know this graph is only about a year, but you can see last year we peaked at about 2,400, and now we are down to about 19. We started to see that raise a little bit with winter coming in. We are excited about these numbers, and we hope to see them continue to decrease as these efforts come into fruition and a lot of this housing—I know the question is about what is available right now. We are in this period of noticing or taking action with available funding to start to build a lot of units. Now we are all in this waiting period, waiting for them all to open, and being excited about that transition.

Tenancy support—we have a program there. Seventy-seven people are served. This is a new program for the County. This is when we get you housed, we are going to keep a case manager assigned to you, not at the full permanent supportive housing level, but a little light touch relationship with the landlord, ensure that the benefit paperwork continues to get filled out, make sure the utility bill got paid, and you do not have a broken light bulb. We are seeing enormous success. Right now, 92 percent of people in that program are still housed since the program started, and some of them have been in there well over a year, but almost 60 percent are age 55 and above.

The Washoe County Trust Fund was funded initially with a little bit of seed money, just over \$100,000 from the SilverSummit group as well as \$2 million from the County ARPA allocation. At Washoe County, we are getting ready. We have issued two intents to award on two projects. One of them is dedicated to seniors, 60 percent AMI and below. The other one will be funded for 30 percent AMI and below.

Where do we need help? A lot of this comes to funding. You are all aware of this. Nothing here is new, but about those housing units—as many housing units as we can fund, that is how many people we can help. We have a good idea in our community about how many people need permanent supportive housing, how many people need that extra light touch to be able to live independently in a sustainable way. Having that data is new for us. It took a long time to get there, but now we are there, so we are focused on how we can continue to see this housing built to be able to continue to watch these numbers go in the right direction and watch individuals get housed.

President Almaraz:

We are going to hold our questions at this time until we hear from both Southern Nevada and rural Nevada.

C. SOUTHERN NEVADA CONTINUUM OF CARE

President Almaraz:

Next, we will have the Southern Nevada Continuum of Care.

Brenda Barnes, Assistant Manager, Clark County Social Service:

To reiterate what Ms. Fuller-Hallauer said earlier regarding our State homeless data, this represents southern Nevada's age breakdown of our homeless population from our 2023 homeless point-in-time count (Agenda Item V C). Out of 6,566 persons identified as homeless, 2,125 fall under the aging category of 55 years and over, which is approximately 32.35 percent. The data from the 2023 point-in-time homeless count showed approximately 60 percent of our homeless population was unsheltered and living in the streets or places not meant for human habitation. We concluded our 2024 point-in-time count and are collecting that data. We are hoping results will be finalized and available in June or July of this year.

Clark County has implemented a non-congregate emergency shelter navigation center to connect homeless adults without children to housing, income, public benefits, and physical, mental, and behavioral health services, including document readiness services and more, to help individuals reach a goal of self-sufficiency. The navigation center is exactly what you might assume. This is where our cross-jurisdictional outreach teams are able to connect individuals who are ready and willing to access services and exit their homeless situation and provide them with a place to go.

Something else you had said, Madam President, about them not wanting to go—we found that has happened at our navigation center. Someone might, in the moment say, "Yes, I am ready." We will take them there. They will be able to take a shower; they get food; they get meals; they are assessed. They have that beginning housing problem-solving conversation with the individual in a person-centered approach. We recognize they are their own central change agents, and they know what they need, but they may leave the next day. They may not quite be ready. We may have someone come into contact with the navigation center 12 times, but each time they are engaged, each time they have a conversation, that rapport gets built up. Eventually—and this is my personal opinion—that is the answer to how we help navigate individuals out of homelessness into a place of safety and stability—by not giving up on that front door approach. I have received several emails from your Assemblywoman doing outreach saying, "Hey, I have someone. Can someone report to these cross streets?" It takes our community multiple attempts and tries. That is what is great about our navigation center being that front door accessibility location for our outreach teams as well as individuals on a walk-in basis. We do allow those experiencing homelessness to walk in directly.

From here, the goal is for someone to transition to temporary housing, such as the non-congregate shelters that include wraparound and case management services as well. You can see when we opened our first non-congregate shelter as well as our first homeless navigation center. The navigation center is intended to ideally accommodate stays of up to 30 days during and after which staff work to transition individuals to other resources. Navigation centers are designed to be as low barrier as possible while maintaining service

structure and safety for both staff and the residents. If substance abuse treatment is needed, the navigation center has partnered with substance abuse and detox providers who will pick up and return those requiring such services if they are actively high and in need of someone with the appropriate qualifications to address those concerns. With both our navigation center and non-congregate shelter options, we use a housing problem-solving approach. It is a recognized best practice service delivery. Through housing problem solving, we can address barriers upon immediate contact and provide a variety of services at one location versus referring individuals elsewhere to address specific needs or receive assistance similar to the Cares Campus.

Some numbers of who we have served at our five non-congregate emergency shelter facilities are displayed, which shelter our adults without children and seniors. We have collectively served over 2,000 unduplicated individuals across those non-congregate shelter locations in the navigation center. The navigation center just opened mid-July of last year, so we have not quite hit a year, and we have been able to serve over 500 individuals. Our Rodeway Inn and Americana locations primarily consist of those 55 and over. By default, that has tended to be our senior non-congregate shelters. By coincidence, the Super 8 and La Quinta Valley View offer the same services. They tend to have more of a mixed age population but still serve seniors in our community. Although it has become the case, no location is specific to one population other than the Americana, where those in need of higher levels of medical care and assistance are cared for. It is an assisted living location. Speaking of these, I can say that Clark County Social Service is also in the process of expanding our non-congregate shelter and navigation centers through our local processes and guiding policies.

Our specific navigation center outcomes—the first three of the ones I would like to highlight—we have been able to support individuals within 30 days through an individualized person-centered approach. We have had 194 exit on their own to alternative resources or options. It is a person-centered approach. They have a choice, so depending on where they want to exit to specifically, we have deemed them as self-discharging. One hundred seventy-two have moved on within our continuum to a non-congregate emergency shelter where they can stay safely while working towards self-sufficiency or pending referrals to alternative programs and sports. Those were the other five non-congregate shelter locations. That way, even though the navigation center is a short-term front door assessment process, they can stay at the non-congregate shelters as long as needed while they are working towards self-sufficiency. We will not limit them to a 90-day stay to figure things out and get on their feet. Seventy-nine have directly exited into long-term housing stability. I think that is extremely significant. You are taking those experiencing and having experienced chronic homelessness, and within 30 days, they were able to access payee situations or family members, vouchers for our veterans, and other long-term programs they were able to go right into—and that is significant—versus moving them on into the non-congregate shelter, transitional housing situation.

I also wanted to include that in the spring of 2022, the Welcome Home Program and Clark County's Community Housing Fund (CHF) were created to address the urgent need for housing for low-income residents in Southern Nevada, including families, seniors, and those who are employed but unable to find affordable housing. In September of that year, the Board of County Commissioners approved CHF funding of nearly \$120 million for 30 housing developments across our community, both new construction and rehab, to ensure Clark County residents have safe, modern, and most importantly, affordable housing options to call home. Currently, there are eight CHF projects planned for seniors, two of which are under construction. These are located throughout Clark County. Most of the housing is intended for seniors to serve at 50 to 60 percent AMI, with two of those

properties planned for seniors with lower income of 30 to 50 percent. I think that answers previous questions in regard to affordable housing within Clark County. To share more of what we are doing around long-term care for seniors, I would like to turn it over to my colleague, Donalda.

Donalda Binstock, Social Work Supervisor, Adult Care Services Unit, Clark County Social Service:

Our Adult Care Services Unit provides several specific programs, and we realize housing issues can occur when there is a lack of in-home supports or when an individual requires hospitalization and is unable to return. With our situation, we took a look at residents who are not eligible for the traditional services that would afford them those housing options, such as an individual that goes into a hospital. They have a medical emergency that takes place, and they are not eligible for a skilled nursing facility or an adult group care setting because they do not have insurance. They might be an undocumented individual, so they are not eligible for those traditional options for that next situation of housing.

The Homemaker Services Program—we want to look at enhancing those services to those individuals to remain in their homes, so they do not become unhoused or have those problems when those situations arise. However, we do not have the facilities that we are currently contracted with to provide those in-home services to those individuals. There is not the capacity for them to provide the services to all those individuals that currently have that need. Those are the barriers and the problems that we looked at initially that we need to address. We looked at expanding the actual services and the population we can provide those services to. That would look at those undocumented individuals that were previously having unprovided needs. They are not eligible for those services—do not have income or families that can support those needs in the community. Through Clark County Social Service, we look at each of those individuals, what their needs are, and what they can do, so we can then provide them the appropriate level of care. In order to do that, because they do not have those supports from outside insurances or from the Medicaid system, we have increased our rate we provide to those providers to make them be able to be willing to accept those individuals. We have both a behaviorally complex and a medically complex rate we are now paying, which is at the Medicaid rate plus 50 percent. Because that is then an all-inclusive rate, we have facilities that are more willing to look at those individuals. That has been something we are able to increase for those housing options for those individuals that do not have those options other than previously living in a hospital.

In addition to that, we have increased our rates to those in-home community providers as well—those homemaker agencies. We are now paying also the Medicaid rate plus 50 percent, so that is more enticing to those agencies to want to contract with us and provide services to our individuals. In addition, we are now providing a \$13 stipend per home they provide care to. We had agencies outright tell us Clark County was at the bottom of their list of clients they would provide care to. They would provide to private pay people first, the VA after that, Medicaid people after that, and Clark County at the bottom. That was concerning to us that our individuals were literally being bumped. They were scheduled. They were going to receive those services, and then the provider would call and cancel and say, “Sorry, I was told by my agency I need to go see Mrs. Jones today because she is a private paid person.” So, they were not receiving those services. This has enhanced our ability to provide those services to those individuals to keep them housed, keep them safe, and not experience those homeless situations.

These are those long-term care outcomes we have been able to do. We are able to look at those individuals that were not previously being served who we can provide those services

to in the community—keep them safe. It may not be the traditional housing we are talking about with the other programs. It is looking at those alternatives. It might be those long-term care placements; it might be group care settings; it might be keeping them in their own homes. We were able to look at those individuals that were not previously being served at all. We are also expanding our services to those individuals currently awaiting Medicaid coverage. Individuals who are currently looking at receiving services from the Medicaid waiver from the State for in-home services right now—there is anywhere from a 9 to 18-month waitlist to get those services in their home. If we currently have an individual that is eligible for services through Medicaid, previously we would say, “I am sorry, that is a prior resource. You need to wait for those services through the State.” That could take a year and a half to get those services. What does that person do? Sometimes, they have a fall; they end up in the hospital; they end up in a facility. We want to avoid all that. We are going to bridge that gap. We said, “We will look at our policy and change those things to be able to have us be that payer source [and] provide those services as they are waiting for that approval from the State and then transition them when that becomes available, so they are not without that care in that meantime”—same thing for individuals who are looking at that need for placement in a long-term care facility.

We currently serve people in group care under age 65. If I have an individual call me from the community and say, “My father is 72 and needs placement in a group care setting. I really need some help.” My response has been, “I am sorry, you need to contact the State and go through their waiver process. That can take anywhere from 9 to 18 months for you to get that response from them. I hope you do well.” That is not a good response. Those individuals oftentimes end up in the hospital or in an unnecessary placement. We want to be that bridge and help them in the meantime as they are then pending service through the Medicaid waiver. That is currently new and being implemented. That is a way for us to prevent those unnecessary placements in the safest situation possible.

The way we do that is with strong community collaborations. We are collaborating with community partners, such as Hospital 2 Home. This is a program through Nevada Senior Services. We are able to work with them to say maybe this person does not specifically fit our programs, but they can go out and assess that individual and see if they fit our programs or other services that might be in the community. Previously, people would call our agency and say, “Hey, I have this situation. Can you go check on Mom, or what do you have available here?” We would say that is not our program. We are very programmatic-specific. We are not a community service department for those services. Partnering with this community agency makes a huge difference as far as who we can impact and who we can offer those services to more quickly. We also partner very closely with the Clark County Public Guardian. Between the Hospital 2 Home program, Clark County Public Guardian, and through my Unit, we meet on a biweekly basis along with the UMC (University Medical Center of Southern Nevada) hospital staff to discuss individuals currently at the hospital and how we can look at moving them through that system a little more quickly. Primarily, those are individuals that are undocumented. It does not have to be, but primarily they are individuals with very complex medical problems, so there is not a facility willing to accept them, or maybe it is an individual that does not have that payment source. Facilities are saying, “Without a payment source, we are not going to accept you.” Emergency Medicaid does not provide payment for ongoing care in a long-term care facility. As we talk about those special needs, we are able to then identify facilities that will accept them, especially with our enhancement of that rate. Currently, because we do not contract with all skilled nursing facilities, we have a request for qualifications process in place for all skilled nursing facilities. If they are interested in contracting with us to become a provider; they have that opportunity currently. We can have a larger option base for those individuals

who are needing placement and also our group care facilities. We need to continue to grow that resource base as well, so we are looking for additional applicants in that arena.

Lastly, we have added a position to our Unit that is called Community Engagement. This is a social work specialist who takes every incoming phone call to our Unit. If there is a person that calls the main number at Clark County Social Service and says, "I have a need or a question regarding this,"—it might be a general resource question; it might be specific to our program, but it is specifically related to adults and seniors. This specialist, this expert in the field, answers each and every phone call. We have done this for our entire history, but we have not tracked that, unfortunately. Tracking beginning as of February, we received 49 phone calls and 14 emails. There were 56 requests for in-home services, so what we currently do—those supportive services to keep them in their home. There were 22 questions regarding overall Medicaid services. "How do I apply for Medicaid? What counts in Medicaid? How do I access those benefits?" There were 14 questions regarding long-term care, placement, out-of-home placement, needing assistance in group care placement, or skilled nursing facilities, or, "What are those options?" There were 12 questions regarding affordable housing options, and that is exactly what we are talking about here today. Somebody to help navigate what is available, "How do I do that? What is that process?"—and then 28 of general, food, VA benefits, legal services, all those types of things. There were 49 phone calls and 14 emails, but 132 needs were addressed in February. In March, we saw that double. We had 106 phone calls and 25 emails. The big question is, why is that doubling? I think the word is getting out. We have a person that can address those needs. We are going to continue to see that grow, which I think is fantastic. People need assistance with navigation. It is a very fragmented system in Nevada. Unfortunately, they do not have that connection point, so we are helping to do that. Again, there were 92 requests for in-home services and 30 questions regarding affordable housing options. That number doubled from the previous month. There were 25 questions regarding long-term care placement, 18 questions regarding Medicaid, and 51 regarding general resources, but we went from 132 needs addressed in February to 216 being addressed in March. We are seeing phenomenal success in, if nothing else, helping these people feel like they are being heard and giving them the hand to "This is the next resource out there that should be able to assist." We always tell each and every phone call and each and every email, "If this does not give you the proper resource, please call us back. We may not be the resource that can help you, but we will certainly help you find that next resource" to make sure it is a warm handoff.

President Almaraz:

We are going to hold our questions until after we have the Rural Nevada presentation.

D. RURAL NEVADA CONTINUUM OF CARE

Michele Fuller-Hullauer, Previously Identified:

We have the contract for coordination for the Rural Nevada Continuum of Care. The Rural Nevada Continuum of Care consists of 14 counties and the city of Carson City (Agenda Item V D). The Rural Nevada Continuum of Care covers 90,000 square miles of the State of Nevada. It is all of Nevada other than the County of Clark and the County of Washoe. Except for Carson City, Douglas, Lyon, and Storey, the other 11 counties in the Rural Nevada Continuum of Care are frontier counties. As you can imagine, the residents of those frontier counties face a lot of logistical hurdles when they are trying to access health, supportive, and other services that are significant distances away from each other. They have barriers that can be exacerbated when they—especially if somebody is experiencing

homelessness—are trying to get to those services because of mobility issues. I would want you to keep that in mind when we are talking about the rurals.

This slide breaks down every county. What is circled in red is our urban and frontier counties for folks that are aged 65 and older. In 2023, we have almost 67,000 seniors in the urban and rural areas. The projection is that by 2033, we will have over 76,500 seniors. That is a lot of seniors in our frontier and rural communities.

As people who live in our rural and frontier community age, they are in need of stable, safe, and affordable housing; access to health care; access to mental health care; food stability; transportation, as they move from the driver's seat to the passenger seat; and socialization. I believe we can all agree those are the things we want for our loved ones.

Housing affordability is important. Nearly 90 percent of older adults would like to remain in their homes for as long as possible. However, as we know, physical changes brought on by aging, vision and hearing changes, cognitive decline, mobility limitations, and self-care, and other difficulties impact folks' ability to remain in their home. It is important we focus in on housing affordability, especially as people age, and put things in place to enable people to afford their homes, especially as homes become scarcer and affordability becomes scarcer. Thirty-one percent of extremely low-income folks in our State are seniors, and we have 14 units per 100 low-income renters within the State, and we have over 91,000 extremely low-income renters.

I want to give you a sense of what we are talking about for seniors who are 65 and older who are eligible for Medicare. I want you to hone in on the rural and frontier areas. This map is out of the *Nevada Rural and Frontier Health Data Book* that was released in 2023, 11th Edition. This shows enrollment by county, and the lighter the color, the lower the enrollment percentage. The lighter the color, the lower the enrollment. The rural frontier communities have a lower Medicare enrollment, even though we have a large population of seniors.

To break that down for numbers, Medicare enrollment in Nevada from 2013 to 2022—you can see the highlighted circled in red—those numbers and the change over time—we had over 56,000 in 2013 and 73,600 in 2022 for our urban and rural areas. For Medicare Advantage (Part C), that is the routine health care you use every day. For 2013, we had almost 10,000 for the rural/urban areas, and in 2022, we had 22,300. For the prescription drug (Part D)—same area—we had 32,200 in 2013 and 50,200 in 2022.

For primary medical care professional shortage areas—it is no surprise to any of you. You all know. We have talked about for many years that we have a shortage of medical professionals across the State. This map is also from the *Nevada Rural and Frontier Health Data Book*. It shows the medical care professional shortages across the State. Outside of the Nellis Air Force Base area, much of the rural and frontier areas fall within a 13 or greater shortage area. What that means is there is an extreme shortage of medical professionals, not only across the State, but especially in our frontier and rural areas.

The same goes for our mental health professional shortage. Again, this is from the *Nevada Rural and Frontier Health Data Book*, but it is disheartening to see the mental health professional shortage across our whole State. I think this is important as we go into our next legislative session for all populations, but especially folks as they age.

This is a breakdown of the health workforce supply and per the actual health profession. You can see for the rural and frontier counties versus the urban counties, this shows the

huge disparity and the lack of professionals we have. Not only do folks in the rural and frontier areas have to travel a long way to get medical and mental health assistance, but there is a huge shortage of folks to get the care from.

Access to food—this map shows where the food deserts are across the State. The green shows you where our food deserts are in our area. Eighty to 89 percent of our folks that have food deserts are in the urban areas, but there is 11 percent, which is large. When you are talking about 90,000 square miles, 11 percent is a big area, which is in rural and [frontier] areas for a food desert.

If we talk about public transportation in the rural and frontier areas, one community has their own transportation. That is one county, and seven of our counties have no public bus transportation at all. We have three that utilize the Southern Nevada Transit Coalition, and they have their own public transportation or transportation with their senior center. We have four counties that only use the Southern Nevada Transit Coalition. There is a big disparity across the rural and frontier areas on how folks can get access to places to go and socialization, which is really important, especially as people age.

Let us talk for a minute about socialization, because socialization is important for overall health and wellbeing for all of us, but especially as we grow older. Staying socially active has a significant impact on an older adult's mental health, and it helps to combat depression, anxiety, feelings of isolation. It helps us keep our mind sharp to reduce our risk of cognitive decline and dementia. It helps to stay engaged and improves our overall quality of life. We need to keep all these things in mind as we are thinking about the needs of our seniors, and especially the needs of our seniors in our rural and frontier areas. In our rural and frontier areas, we do not have a lot of services that are specific for our seniors, especially our seniors experiencing homelessness.

In 2023, our unsheltered point-in-time count—we had 314 people that were in our senior population that were unsheltered, meaning they are sleeping outside. They are sleeping in the desert. They are sleeping on the streets. In that same time period, we had 96 that were in emergency shelter or transitional housing. You can see on this map the difference between whether they are in a shelter bed or a transitional housing bed, and you can see where they are located. These are the only shelters or transitional housing we have in rural or frontier areas. They are all identified on this map. We do not have that many shelters or transitional programs across the rural or frontier areas.

Seniors that experience homelessness in the rural continuum versus our overall—you saw this data in our previous presentation, but to give you another look at it, 132 are age 55 and older. The blue indicates those that are 55 to 64, and the orange indicates those that are 65 and older. You can also see the breakdown on the night of the point-in-time count and those that were in emergency shelter versus those that were literally sleeping outside.

This is a pullback of the same data, and this is another visual for you to look at—this data versus the overall point-in-time count data. It gives you that visual difference between the overall—the line indicates our overall numbers, and the bar graph indicates those that are seniors experiencing homelessness.

What do we do? Let us talk about solutions. What do we need to do to address homelessness, and specifically homelessness among seniors, not just our rural homelessness, but across the whole State, across all three of our continuums of care. We need housing. We need to preserve folks in their housing whenever possible. As I said before, 90 percent of seniors want to stay in their homes as they age, and respecting their

aging in place preference is an important way to support them. Aging in place promotes life satisfaction and a positive quality of life and self-esteem. All of that is necessary to remain healthy and happy. If we can prevent homelessness whenever possible and help folks to age in place, then that is the best way for us to do that. If we can do that through home repairs and rehabilitation, helping to make modifications in a home by making doorways wider, doing grab bars, helping to modify stairways, fixing kitchens so they are wheelchair accessible or the cabinets are more accessible, making laundry systems a bit easier, fixing the bathroom so showers and toilets are accessible, installing ramps, doing curbless showers, nonslip flooring, lowering cabinets, and side-by-side washer and dryer units—anything we can do to help people stay in their home would be ideal. We can help weatherize homes. We can help pay utilities. Shallow rental subsidies are another way we can help folks to stay in their home. These subsidies compared to traditional deep subsidies can be provided with housing choice vouchers or other types of assistance that can help people that are very low-income to supplement income they have but not be a full subsidy. That might be something that could be explored with various types of funding options, whether it be State funding or other types of federal funding.

Tenant protections for our seniors are another important thing we should consider. Permanent support housing—or PSH—housing with supports, housing choice vouchers. Section 202 and 811—I know we have underutilized our 811 vouchers. For 18 to 62, when you go in, that is for eligibility, and you have to have a disability, but once you have that voucher, you can maintain that voucher. If you have a disability and are under 62, you go in, and you can age with that voucher. The State of Nevada underutilizes their 811 vouchers. A PACE program, which is a program in terms of all-inclusive care for the elderly, is a program. I am not sure we have those in Nevada, but it might be something for us to consider. Some communities have combined the individualized care planning and residential supports through Medicare and Medicaid PACE programs with affordable housing financing tools to create an enriched service model promoting aging in place. Expanding the use of Medicaid funds. Some states use Medicaid for supportive housing activities and tenancy support. We have been exploring that in our community and moving toward in lieu of services for tenancy supports. I think that is something we should continue to work toward and find ways we can do more with Medicaid funds. Establishing a multi-year rent stabilization fund to provide a mix of shallow and deep subsidies to help our older adults and people with disabilities afford fair market rate rents and transitional permanent housing assistance programs, including housing choice vouchers or voucher programs. Maybe developing a fee or a tax for our big venues, such as our sporting events, to be given to a homeless services program or a homeless service fund. The City of Miami, Miami-Dade County, has a food and beverage tax that goes into homeless services. We need to make sure all our seniors are filing for and getting their social security benefits. That ends my report. As you move into your discussions about affordable housing needs for our aging population, I would like you to remember we are talking about real people. We are talking to people like the person you wrote down on your paper at the beginning of our Interagency Council conversation. I believe housing is humane and our elders especially deserve the respect and the honor of being housed in a safe, comfortable place to live, so they can live for the remainder of their lives respectfully in a safe, comfortable place to live.

President Almaraz:

Director Searcy of the Northern Nevada Continuum of Care had to leave, so members, you will not be able to ask questions about the Northern Nevada Continuum of Care, which was Washoe, basically. Are there any questions?

Dr. Marchant:

I am not used to seeing the term *frontier* used to describe any place in my lifetime beyond leaving Wyoming. Which counties have you determined are rural versus frontier? Can you give me one example? You have several frontier counties. Is that [correct]?

Ms. Fuller-Hullauer:

We have 11 identified as frontier.

Dr. Marchant:

What is the difference in the definition between rural and frontier? Is it a population definition?

Ms. Fuller-Hullauer:

It is. I do not have the definition memorized.

Dr. Marchant:

I am curious about the usage.

Mr. Slaughter:

Listening to Ms. Fuller-Hullauer, Ms. Barnes, and Ms. Binstock, I see the passion in what you do. What came to mind is the word *joy*. If you can bring joy to a senior, to a person that is homeless, you not only affect them mentally, but you affect them physically as well. To say that a person that is homeless ages, maybe 15 years beyond their age, was a revelation to me—to understand that. I have learned a lot, and this hits home to me because I work with kids in Clark County. I have been volunteering for ten years. I am just a guy off the street. I do not have any expertise in anything, but down the street, I have worked with kids that have addictions on Saturdays for the last 56 years. I work with people with Parkinson's disease. Everything is about to bring joy, and that joy will [improve] overall health, mental and physical.

Vice President Jordan:

Thank you for all this information. It was a lot, and it takes time to go through it, but I was encouraged to see that. Not only are we dealing with problems, but we are dealing with solutions. I thank you very much for that because you have a lot of work to do. I am really concerned about our rural counties having such few services, but services here in Clark County are not the best either. We need a lot of work done, and instead of growing our health services for seniors, we are losing, so anything we can do to help and support you, we are here. Please get back with us.

Mr. Troth:

For our Clark County folks, do you have any idea what the Clark County Social Service budget is?

Ms. Barnes:

We are in the middle of our budget period right now. Specific to homelessness, I cannot speak on it, but I can get that back to the Forum.

Mr. Troth:

Do you have any idea what it was in 2023?

Ms. Barnes:

I think it was around \$50 million. I am going to be giving you a very approximate ballpark of about \$50 million towards homelessness.

Mr. Troth:

And that is just for the Social Service Department in Clark County?

Ms. Barnes:

That is not just Social Service, but Clark County.

Mr. Troth:

A lot of your social services stuff comes from a lot of Medicaid and Medicare money. Federal grants, federal money comes in and subsidizes a lot of what Clark County does.

Ms. Barnes:

I would not say necessarily, only specific programs. We receive HUD, and then we also receive AB 396 (2023), ARPA, and other federal funding. So, federal funding umbrella, yes. I would not feel confident in saying Medicaid, Medicare.

Mr. Troth:

That is fair. The amount of money we use for this is pretty tremendous.

President Almaraz:

I see this page of solutions. You are all in your respective positions, always looking for solutions for these problems. It seems most of it depends on more funding. Other than the federal, State, county money, do you get grants? Are there any grants you apply for and get for the Social Services?

Ms. Barnes:

Yes. The reference to HUD funding—we have to apply for that. Clark County Social Service applies directly as well as our continuum of care. The Southern Nevada Continuum of Care compiles a consolidated application amongst our nonprofit providers in the community also doing that work, so we can put a strong application to a varied amount of services to address homelessness in our area. We also seek out alternative funding, SAMHSA (Substance Abuse and Mental Health Services Administration) grants, and things of that nature as well. So yes, we strive for as much as we can.

Ms. Fuller-Hullauer:

All three continuums of care—that is part of what a continuum of care does. There is a collaborative application the continuum of care applies for on behalf of their geographic area. That application is comprised of one big, overarching application and a lot of smaller project applications that are agency applications for agencies within the geographic area or

within the continuum. Then that big package application goes up to HUD for HUD continuum of care funding. Each of the three continuums of care applies for that money. You have heard from the leads from each of those. All three of us have ESG money that goes into homeless services for what that is eligible for. It is federal HUD dollars that pay for emergency shelter, prevention dollars, outreach-type things, and rapid rehousing. There has to be work done within the continuum of care within the auspices of that with the eligibility. I think Mr. Aichroft talked a little bit about ESG as well because that goes through the State. The State gets the money, especially for the rural area, and then there is other funding that comes in with set-asides for homeless services such as home dollars. There are monies that come in set aside for that. Our nonprofits work collaboratively with the continuum lead agency to apply for everything that is possible for homeless services. It is still not enough.

President Almaraz:

I know our homeless population is growing. Another thing you told us about was food deserts. Is that because supermarkets, grocery stores do not locate in rural areas? There is not enough population to sustain the business—is that what is happening?

Ms. Fuller-Hullauer:

I am not an economist, so it is hard for me to get down to the nuances of all that. But yes, there are probably a variety of reasons why there are no grocery stores or reasons why there is [no] food there. My speculation is that there probably is not a way to sustain operations and make it viable to have grocery stores in those particular areas.

Ms. Barnes:

On a personal note, I grew up in Lincoln County, one of our frontier counties in Southern Nevada, and we had a very small grocery store. It was not a Von's, an Albertson's, or Smith's. We had to travel into Las Vegas over 90 miles to do all of our grocery shopping. I remember multiple coolers in the back of our suburban that we would stock up on. We did not have the same access that people do immediately and things like that. We had to garden, but that is also difficult because it was still part of the desert of Nevada. I wanted to share, on more of a personal note, what that feels like in those rural communities. I think we had a pizza parlor that doubled as a video rental. We did not even have a Safeway. It burned down, and then we lost that resource, that element of something the city folk had. It is challenging, and it is hard to keep it running financially for those people living there that are trying to do that for us.

Ms. Binstock:

Even in the larger urban area of Las Vegas, we have individuals who are food insufficient. Through our Homemaker Program, we have contracted with an agency that is delivering home delivered meals. In addition to the Meals on Wheels, there is not enough food for these individuals. Through all the food sites, they might get baskets of food or boxes of food, but they do not have the ability to stand because of either osteoporosis or due to arthritis or other medical conditions to prepare those meals on their own. To have prepared meals delivered to them is a difficult thing—to have that convenience or that accommodation, even in our larger urban areas. That continues to be an issue. If it is an issue in Las Vegas—yes, in those frontier areas; it is desperate for those poor individuals. We have many individuals we are serving through our in-home services through a Homemaker Program right now—approximately 350 individual households—and there are only 53 that are reserving a meal program through our agency due to funding. Funding is always an issue, whether that be for those services, for housing, for the meals themselves.

All those things are certainly a part of that, and we are in desperate need for those to continue to be enhanced at all times.

Vice President Jordan:

About two weeks ago, I had somebody call me and say they took the senior bus, went shopping, and they got to the supermarket, and they had no eggs. They had minimal amounts of milk and other things. When we ask our seniors to make this journey or voyage for the day, and you get there, and you cannot find any of the things you require to sustain yourself, it is telling us a story, and we need to look at that story.

Ms. Bongiorno:

I was wondering, when we are talking about housing, if they ever looked into existing buildings—commercial real estate in some places, offices that have become vacant because the employers realize they can have their employees work from home. Some of these buildings may be vacant and may be able to be purchased for a lot less than construction, and maybe rehabbing those buildings into housing. I know in some cities, it has started. Perhaps not here. Perhaps our real estate market is different, but I see places that are vacant, and I think, wow, we could probably go in and rehab those much easier and quicker.

Ms. Fuller-Hullauer:

I love that idea, if we can find somebody that can do it for cheaper than it is to tear things down or build new. Help us do that.

Ms. Barnes:

That is what we have done with our non-congregate shelters. Our non-congregate shelters have converted vacant hotel/motel locations as well as the navigation center. There have been conversations with investors in regard to our suites, the ones that have actual kitchenettes in them, as possible options as more of a permanent supportive housing location where someone can still live independently but have places to cook and prepare their meals. We are hopefully having conversations in that direction.

Mr. Slaughter:

As you can hear my accent, I am from Massachusetts, New England. In my hometown, when our factories closed, they repurposed factories into beautiful apartments and also places for homeless shelters. If you ever want to take a trip back to Massachusetts, New Bedford, Mass—by the sea—you will see those buildings, and you probably can find out who does those.

President Almaraz:

Seeing no other questions. I would like to thank you for your presentations. They were eye-opening. Thank you for all your hard work and putting them together.

[President Almaraz called for a brief recess.]

AGENDA ITEM VI—PRESENTATION ON BEHAVIORAL AND MENTAL HEALTH CARE SERVICES FOR SENIOR CITIZENS IN NEVADA

President Almaraz:

Our next presentation is on behavioral and mental health care services for senior citizens in Nevada.

Ruth Condray, Ph.D., Deputy Chief, Bureau of Behavioral Health Wellness and Prevention, Division of Public and Behavioral Health (DPBH), DHHS:

Good afternoon and thank you for this opportunity to talk with you about our work on behalf of Nevada's residents. The Mission of DPBH is to protect, promote, and improve the physical and behavioral health and safety of all people in Nevada. Our purpose is to make life healthier, happier, longer, and safer for everyone.

The focus of my presentation today is to provide an overview of the mental health services provided by our Bureau (Agenda Item VI A-1). Our Bureau is responsible for building community-based mental health services to meet the needs of Nevada's residents. Our services are designed to address mental health conditions that occur across the developmental lifespan from early childhood to senior citizens. Our mental health model parallels the framework used for public health and preventive medicine, which emphasizes early identification and early intervention for conditions that can be life changing, such as diabetes, cardiovascular disease, and cancer. In Nevada, our mental health services are supported by a variety of resources, including the Community Mental Health Services Block Grant that is funded by the U.S. Congress and administered through SAMHSA. We also have available Mental Health Block Grant supplemental funding. We also have available the ability to apply for new competitive awards outside the federal block grant funding stream and also have available to the State General Fund.

Our Mental Health Services Branch partners with other State agencies and community-based providers to deliver a comprehensive system of care to adults with serious mental illness, also referred to as SMI; children with serious emotional disturbance, referred to as SED; family members of individuals with SMI and SED; and individuals who are experiencing mental and behavioral health crises and their family members and partners.

I am going to describe our Nevada mental health system in 2024. This will be a reasonably high-level, system-level discussion to describe how we have developed systems and subsystems for carrying out functions and operations. This shows our current model of mental health care for Nevada's residents. It is a picture of how the overall system is put together and operates through subsystems of care and across three separate but connected levels. The top tier is the coordinated care for mental and behavioral health disorders, and it includes interventions delivered to Nevada's residents by the State and by our community partners.

What is coordinated care? Our evidence-based coordinated care programs include shared decision-making by clients, their family members when possible, and multidisciplinary teams of mental health professionals whose knowledge and clinical expertise span biological, psychological, and social domains. Interventions include psychopharmacology with medication management when needed, individual psychotherapy and group therapy, family psychoeducation, supported employment and education, case management, and peer support services. The coordinated care level is connected via bidirectional arrows to the

three categories of primary mental disorders that commonly appear in community-based mental health clinics—the psychoses, the mood and anxiety disorders, and the substance use and misuse disorders.

The middle tier references community life: where we live; work; play; and pray. This middle tier lies between coordinated care and the crisis response safety net. The bottom tier, the crisis response safety net, includes four subsystems of interventions: crisis call lines, including the newly developed 988 line; the mobile crisis response teams; the crisis stabilization facilities; and our post-crisis wraparound. Bidirectional arrows on the left and right margins link the top tier of coordinated care services with the bottom tier of the crisis response safety net. A frequently asked question is, “How do people enter the treatment services in this model, and how do they navigate among its subsystems?” The answer is it depends on the person and their circumstances. As an example—and please understand this example is a fictional scenario and does not refer to a real person—Isabella is 19 years old and lives in Reno with her parents. Isabella has been experiencing sadness and anxious feelings for several weeks, and during a holiday weekend, she begins to feel a sense of urgency that her feelings are not getting any better. Isabella has heard the 988 line offers help for feelings like these, and she makes the call. The mental health professional who answers her 988 call determines that support and evaluation services are needed. The mental health professional asks Isabella to add her mother to the phone conversation, and together they decide that dispatching Reno's mobile crisis response team to their home could be helpful for Isabella and her family in deciding what she needs most immediately. The mobile crisis response team arrives, and together with Isabella and her family, they decide that community-based services are a good solution for Isabella at this time. Case management services are then provided to Isabella and her family inside their home on the same day, and Isabella is connected with a community-based coordinated care program for mood and anxiety-related distress for transition-aged youth. There is an important note to make about the sequence of events I just described. Isabella and her family are able to use services from two subsystems of the crisis response safety net tier to arrange for and access case management and disorder-specific interventions from that top coordinated care tier. It is a movement between levels as well as a movement across levels.

Other ways to access Nevada's mental health system are through Nevada 211 as well as by self-referral—the person themselves calls a program and asks for help—as well as concerned others' referrals, including a wide range of community resources, such as primary medical care, the crisis response agencies like 988, government mental health and social services agencies, law enforcement and the courts, faith-based communities, and friends and family members. I also want to mention that many intervention programs use websites and social media platforms with their referral information posted. We prepared a handout for you with a list of Nevada's community treatment programs for mental health and behavioral health needs (Agenda Item VI A-2).

Next, I would like to mention and emphasize the conceptual underpinnings of our model, in particular, several factors that emerged from the clinical research beginning in the early 1990s. Duration of untreated mental illness is one of the first factors, and that refers to the length of time between the onset of a disorder and the point when a person enters treatment. The general findings are, for this particular factor, the length of time a person does not receive treatment influences clinical and social outcomes, psychological well-being, and quality of life. The second factor, age of onset, refers to the age an individual is first diagnosed with a mental disorder, which differs across mental disorders and is important for the third factor, the timing of initial interventions. Historically, mental health services have focused on later stages of serious mental illness, which has meant that interventions often occur only after things reach a crisis and only after prolonged periods of untreated illness.

The general findings with respect to the timing of initial interventions are individuals who receive early intervention services for serious mental illness experience better clinical and social outcomes, such as reduced risk of severe clinical symptoms and hospitalization and increased involvement in school and/or work. Collectively, these findings as well as other related findings, have informed the planning of our mental health treatment programs, so we are targeting stage of illness as well as type of illness.

The DPBH provides community-based coordinated care services throughout Nevada. The next two slides show the locations of coordinated care programs that are based on the stage of serious mental illness treated. This map shows the locations of our early intervention programs for early stage SMI, treating young people who are 14 to 30 years of age. The blue and purple circles identify our early intervention programs for early stage SMI, with three first episode of psychosis programs located in Las Vegas, Reno, and Carson City, which as we know, represent the most populous areas in Nevada and include approximately 95 percent of the State's residents. In addition to those three programs, we have two additional early intervention programs: the early stage bipolar disorder with psychosis program, also located in Las Vegas; and a Clinical High Risk for Psychosis Program, also located in Las Vegas. The green circles that appear in the northern part of the State identify the rural communities' mental health outreach program, which provides schools-based early interventions for adolescents and transition-age youth, so individuals who are ages 12 to 25 years. The UNLV (University of Nevada, Las Vegas) tele-behavioral health services and their clinic homes are in two locations: Humboldt County and Winnemucca; and Elko County and Elko.

This shows a map that provides the locations of 12 assertive community treatment programs of coordinated care for later stage SMI. This includes people who are 18 years and older and follows that developmental lifespan to senior citizens. The assertive community treatment programs treat people beginning at the age of 18 and all the way to senior citizens. The distinction from the early intervention programs is this is for later stage SMI. This is for severe and persistent SMI. We have 12 programs of assertive community treatment—two programs are located in Washoe County, Reno; four programs in Carson City; one program in Yerington, Lyon County; one program in Fallon, Churchill County; one program in Elko County; and three programs in Clark County, Las Vegas.

In summary, Nevada's mental health system provides evidence-based coordinated care for serious mental illness delivered by multidisciplinary teams of mental health professionals whose knowledge and clinical expertise span biological, psychological, and social domains. Community-based treatment programs offer coordinated care for early stage SMI for individuals 14 to 30 years of age and later stage severe and persistent SMI beginning at 18 years of age and extending through to senior citizens. Programs are located throughout the State. Our mental health system model parallels public health and preventive medicine frameworks that emphasize early identification and early intervention for medical conditions like diabetes, cardiovascular disease, and cancer. While the State continues to help senior citizens access mental health services that are needed, appropriate, and consistent with best practice, we are building a system of care that will be continuous across the developmental lifespan from early childhood to senior citizens. Our goal is to increase the likelihood that by providing early identification and early interventions, our State residents will enjoy enhanced mental health, improved well-being, and an optimal quality of life into their later years.

President Almaraz:

Do I have any questions, members? [There were none.]

AGENDA ITEM VII—FACILITATOR REPORTS ON ISSUES OF IMPORTANCE TO SENIORS

President Almaraz:

Our next agenda item is to have our facilitator reports. Ms. Tyler is excused for today, and we will hear her report next meeting, Ms. Adin, feel free to start whenever you are ready.

A. LUCILLE ADIN, NORTHERN FACILITATOR

Ms. Adin:

Good afternoon. I have been a little busy, and with my health condition, I have not done all the things I intended to do. I visited a couple of health care homes to see how things were and how the cleanliness was, and they were very good. I also went to a health fair, and that is where I got a lot of information. It was great talking to the ladies as to what they have to offer in the community health care-wise. The next one I have is on April 18 at the Sparks Library from 11 a.m. to 1 p.m., and I plan to attend that one. That is about all I have to report now.

President Almaraz:

Thank you, Ms. Adin, for your report. Does anyone have any questions for Ms. Adin? [There were none.]

AGENDA ITEM VIII—DISCUSSION OF FUTURE AGENDA ITEMS

President Almaraz:

We will move on to our next agenda item, which is the discussion of future agenda items. I would like to open a brief discussion of possible future agenda items and presentations that may be of interest to Forum members. Please suggest any topics you would like to suggest for discussion and consideration. Mr. Troth, it came to my attention you may have a topic for us to consider. Would you like to start and let us know about your topic?

Mr. Troth:

I sent an email to some of the members of the Forum and had some discussions about employment situations and opportunities for seniors. With a lot of the economic situations going on now, we still have a fair amount of people that work past the traditional 65 or so. Are there opportunities to help people do that? The State employment office has a lot of opportunity and actions, and I thought we might want to have a few of those people come and chat about what is going on in maybe the Clark and Washoe County areas, along with the State, for members that keep working past traditional retirement ages, with some of the discussion points. Lots of times, we want to keep working for a lot of different reasons, and are there issues with doing that—age discrimination, all kinds of concepts about pay and those things for seniors that keep working. Is there something we might be able to address or help with that? That was my thought process on that.

Mr. Slaughter:

For the last seven years, I have been working with people with Parkinson's disease at least twice a week. I slowed that down because I have other responsibilities, but what I noticed is with this disease, we do not have a lot of African Americans, Hispanics, or people of low income coming to the facilities. I do boxing with Parkinson's. There is also dancing with Parkinson's. First of all, I will show you the benefits of movement with this neurological disease by bringing in neurologists and also people I have been working with to tell how this movement—getting off the couch, getting out of the house—can affect their lives. One of the reasons I did notice this is because there is not a lot of disposable income, and people maybe worked in the food industry or maid service—that mainly affects minorities. The other thing is transportation. We have two facilities in Las Vegas that cater to people with Parkinson's disease. One is in the north, which is still the Hall of Fame referee, and one is in Green Valley. If we can put together a sliding scale or even be able to get these people into these facilities so they can extend their life—again, I like the word *joy*. They get community and also transportation. I hope I can bring that to the Forum in a couple of months. I am working on it now.

Vice Chair Jordan:

I would like to follow up on Medicaid and Medicare fraud as an issue for our seniors. It is very important to me. I hear stories every day. I have been to a number of centers, and I am hearing horror stories about payments being made for people that are sick, and some people are not even there, and they are sending out doctor's bills. I would also like to have an update from the Attorney General's Office on what is going on with scams, which seems to be very prevalent in many of our senior centers. Quite a few people who are at home are receiving—constantly—telephone calls on a daily basis for different things. People have become very concerned, and they do not know what to do. There are not enough people that can share next steps for what they should do, so I would appreciate hearing what plans the Attorney General's Office has for trying to ameliorate these situations. Those are my two issues I brought to us in the beginning and I would like to follow up on.

Ms. Bongiorno:

I would still like to pursue something I have been speaking about here for almost 15 years. It is how to navigate our system and the things that are available to seniors and how we can disseminate that information to them. Primarily, I like to call it a telephone book or index cards—basically a data bank that would give seniors the information they need when they are trying to locate anything specific, whether it be transportation or health. I think a data bank of that sort, and if we could develop one and give it out to the church and let them pay it forward and continue that way, the cost should not be insurmountable. It is where people can locate information when they need it. I do not think we have anything like that. There are so many variations and so many different departments that a senior can become confused with that. I would like to maybe even pursue it myself.

President Almaraz:

Thank you everyone for your suggestions. They will be taken under advisement. We will talk with our Research staff to see what they can come up with to create programs for us.

Ms. Batts:

The suggestions I made were all discussed today. Four of them were discussed: mental health; housing affordability; homelessness; and transportation for seniors.

President Almaraz:

I would like to remind everyone of our future Forum meetings. They are [scheduled for] May 22, June 26, and August 7. Please mark your calendars, so you may be available. The August 7 meeting is probably going to be fairly lengthy because that is when we decide what our BDR (bill draft request) is going to be, and sometimes they run a little bit long. Lunch will be provided that day. I wanted to let you know that ahead of time.

The other item I would like to discuss with you—I have asked our coordinators if business cards are a possibility. I thought our facilitators would probably need a business card as they are going around different facilities. If anyone would like business cards, please let me know, and we will get those ordered.

[President Almaraz went over additional guidelines for ordering business cards.]

I am finished with my updates, so we will move to public comment.

AGENDA ITEM IX—PUBLIC COMMENT

President Almaraz:

[President Almaraz called for public comment; however, there was none.]

AGENDA ITEM X—ADJOURNMENT

There being no further business to come before the Forum, the meeting was adjourned at 2:05 p.m.

Respectfully submitted,

Julianne King
Assistant Manager of Research Policy
Assistants

Patrick B. Ashton
Senior Principal Policy Analyst

APPROVED BY:

Fran Almaraz, President

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item IV	Stephen Aichroft, Administrator, Housing Division, Department of Business and Industry	PowerPoint Presentation
Agenda Item V A	Michele Fuller-Hallauer, MSW, LMSW, Owner/CEO/Chief Strategist, Winged Wolf Innovations, LLC	PowerPoint Presentation
Agenda Item V B	Deana Searcy, Director, Washoe County Housing and Homeless Services	PowerPoint Presentation
Agenda Item V C	Brenda Barnes, Assistant Manager, Clark County Social Service	PowerPoint Presentation
Agenda Item V D	Michele Fuller-Hallauer, MSW, LMSW, Owner/CEO/Chief Strategist, Winged Wolf Innovations, LLC	PowerPoint Presentation
Agenda Item VI A-1	Ruth Condray, Ph.D., Deputy Chief, Bureau of Behavioral Health Wellness and Prevention, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS)	PowerPoint Presentation
Agenda Item VI A-2	Ruth Condray, Ph.D., Deputy Chief, Bureau of Behavioral Health Wellness and Prevention, DPBH, DHHS	Handout

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