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**Commission on Services for Persons  
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Director Richard Whitley  
Department of Health and Human Services  
4150 Technology Way  
Carson City, NV 89706

Dear Director Whitley,

On behalf of the Nevada Commission on Services for Persons with Disabilities (CSPD), I am attaching the Report related to the use of Master Tobacco Settlement Funds (MTSF). It is the recommendation of the CSPD to allocate funding evenly between Lifespan Respite programs, Independent Living, and Positive Behavioral Supports dollars. (Please note that I am serving as the point of contact for CSPD while the Commission's Chairman is on medical leave). As all services are important for persons with disabilities and their families, even distribution of funding is recommended.

Diane Thorkildson, Vice-Chair

Nevada Commission on Services for Persons with Disabilities (CSPD)

# **Report of the Commission on Services to Persons with Disabilities**

*In Response to NRS 439 of the 2011 Nevada Legislature*

*June 2020*

Diane Thorkildson, Vice-Chairperson  
Commission on Services to Persons with Disabilities  
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## *Executive Summary*

This report has been written in response to NRS 439 of the Nevada Legislature. It meets the statutory requirement for the Commission on Services for People with Disabilities (CSPD) to advise the Director of the Department of Health and Human Services in the delivery of disability services using Master Tobacco Settlement Funds (MTSF) through the Fund for a Healthy Nevada.

In response to the Commission's statutory mandate under NRS 439, this report examines the value and need for the three key services outlined in the statute: respite, independent living, and positive behavior supports. These services remain absolutely vital. **The Commission recommends to the Director that the FHN allocated to Nevadans with disabilities be evenly divided between Respite, Independent Living and Positive Behavior Supports.**

## *Introduction*

Senate Bill 421, passed during the 2011 Legislative Session, changed the manner in which MTSF supporting the Fund for a Healthy Nevada are distributed in Nevada. NRS439.630 requires the Nevada Commission on Service for People with Disabilities (CSPD) to submit a report to the Director of Health and Human Services, with recommendations regarding MTSF to support the needs and priorities of people with disabilities.

The statute limits the distribution of FHN dollars to three services targeted to Nevadans with disabilities, in addition to pharmaceutical subsidies:

- Programs that provide respite care or relief of informal caretakers;
- Programs that provide positive behavioral supports; and
- Programs that assist persons with disabilities to live safely and independently in their communities outside of an institutional setting.

## *Respite Services*

Respite services remain a tremendous benefit to family caregivers, care recipients, and all of those affected by disabilities and/or aging. These services also have a significant impact to the communities in which they are imbedded. Due to the impact and benefits of respite, Nevada has joined other states in the quest of making quality respite services accessible and available regardless of age, condition or location. Over the last few years, Nevada has implemented innovative ideas by utilizing data collection and technologies as well as new programs and training so Nevada's caregivers can continue their efforts in caring for their loved ones. Most currently, Nevada state partners have implemented a standardized consumer satisfaction survey to collect outcome data related to respite services. The Aging and Disability Services Division is analyzing this information as part of their Lifespan Respite Grant from the Administration for Community Living.

In addition to grants, other important respite activities have occurred in the past few years. The Nevada Lifespan Respite Care Coalition, which is a coalition of respite providers, has worked to increase outreach and awareness of respite to Nevada's caregivers.

## ***Positive Behavior Support Services***

Positive Behavior Support-Nevada (PBS-Nevada) is a state-wide community-based support that provides services to families and caregivers of individuals with disabilities and/or challenging behaviors. The mission of PBS-Nevada is to enhance proactive life skills, independence, and the quality of life of individuals with disabilities or those who engage in challenging behavior by helping families and caregivers learn to build and implement a preventative behavior support plan within a nurturing, positive environment. PBS-Nevada strives to meet the needs of the community as well as partner with other organizations to help support our community.

PBS-Nevada provides trainings, technical support and consultation services to families through series of workshops and direct in-home supports, through which teams develop multi-component behavior plans to address behavior across all environments. PBS-Nevada offers 3 levels of workshops based on intensity of needs. At the primary level, PBS-Nevada offers a workshop called PBS101- Building Cooperative Behavior in which family members and community members learn how to create supportive environments and encourage positive pro-social behaviors. At the secondary level, a series of targeted workshops are offered in which families create a plan and make materials to help them execute the plan based on one of the following life skills: (1) toilet training, (2) picky eating, (3) relationship building, (4) daily living skills. At the tertiary level, PBS-Nevada provides “Addressing Challenging Behavior” workshop, which is a 4-week intensive workshop. The team is guided through a functional behavioral assessment, identifying the relevant antecedents and maintaining consequences. Additionally, the team determines the function of the behavior and develops a multi-component behavior support plan. As part of the service model, families will receive one direct in-home support session for every class session attended to help facilitate the implementation of the plan.

PBS-Nevada provides services across the state through a regionalized model of service delivery in which case managers and clinicians centrally located in Reno, Elko and Las Vegas. A priority of the project is to reach low-income, disparate populations, and rural communities.

## ***Independent Living Services***

Over the 2020 calendar year, the COVID-19 pandemic has taught us several important lessons. The impact of vulnerable populations being forced to self-isolate has brought the urgent needs of the disability community to the forefront of the independent living network in Nevada. Addressing additional independent living needs such as maintaining basic services vital to staying in the community and avoiding unnecessary and dangerous institutionalizations has become a priority. The Statewide Independent Living Council has facilitated open dialogue between community service providers in an effort to promote collaboration and to streamline vital services such as food delivery, first aid needs, mental health support and to ensure consistency in home caregiver support.

The Council has also worked directly with the Nevada Care Connection to ensure services are readily accessible for individuals reaching out to Nevada 211 and the Nevada CAN program, a state program designed specifically to assist Nevada’s most vulnerable populations for the duration of the pandemic. It is through these efforts that the continued need for independent living services is emphasized. While the SILC continues to plan for

future disaster preparation and advocates for independent living to be recognized as a priority in the State, the Commission recognizes that it is more important than ever for FHN to maintain continued support of existing independent living programs.

### ***Recommendations***

Respite, independent living and positive behavior support services have one vital attribute in common; they help people with disabilities and their families to help themselves. A family that gets an occasional break from care giving can continue to provide thousands of hours of valuable care at no cost to taxpayers. A wheelchair user who receives transportation or a ramp at their home can continue to work, volunteer and, more significantly, become more independent.

There is an interrelationship between the services of respite, independent living, positive behavioral supports. All help reduce the care demands on caregivers who are supporting someone with disabilities or special health care needs. However, a caregiver might not be able to access respite, for example, if a behavioral challenge makes it difficult to provide care. Independent living skills might reduce some of the care needed, but that does not completely eliminate a caregiver's need for respite. Similarly, any relief to a caregiver will not be achieved if an individual's Independent Living goal to work is prevented by a behavioral issue that is not addressed first.

In reviewing the significance of each area and the great needs for services in each of the three areas, the Commission believes that people with disabilities in Nevada will be best served by dividing the Fund for a Healthy Nevada allocation evenly among Respite, Independent Living and Positive Behavior Supports.

The Commission further recommends that equity be considered between North, South, and rural areas for statewide coverage when grants are awarded. In addition, special attention should be given to populations such as those who are deaf and hard of hearing, or blind or visually impaired; to ensure organizations that are awarded grants have accessible programs to serve all populations.

The Commission would welcome the opportunity to present this report and discuss our recommendations.