

# **Nevada's Strategic Plan for People with Disabilities**

## ***Annual Report***

### ***July 2009***

#### ***Introduction***

The Strategic Plan Accountability Committee (SPAC) was created by executive order in 2003 to hold the State accountable for the implementation of Nevada Strategic Plan for People with Disabilities. This plan serves as a blueprint for improving disability services in the state, and as Nevada's Olmstead Plan in response to the mandates of the US Supreme Court's Olmstead Decision in 1999.

The SPAC has worked to remain an active and engaged body and to balance its accountability role with its desire to work cooperatively with all the State agencies involved. The SPAC is made up of fifteen members from a diverse background of disability interests. The group meets on an as-needed basis, typically five times per year. The SPAC is staffed by the Office of Disability Services, but most meetings are also attended by representatives from the Division of Health Care Financing and Policy (Nevada Medicaid), Aging Services, Welfare and Supportive Services, Vocational Rehabilitation, Education, Child and Family Services, Mental Health and Developmental Services, Early Intervention and others.

The Strategic Plan covers a 10-year period, beginning in July 2003, and there is much work still to be done to implement the objectives of the Plan. But, a great deal has already been accomplished and Nevada is fortunate to have a governor, a legislature and a disability services system that are committed to the process, and who share a vision of self-directed independence for Nevadans with disabilities.

The SPAC is especially appreciative of the many legislators who have championed the Strategic Plan, and for their unwavering commitment to actualizing the Olmstead Decision in Nevada. Good ideas only become real outcomes through the support of Nevada's lawmakers.

#### ***Year-Six Activities***

The SPAC generally spends one year planning the Olmstead implementation process, and the next year pursuing implementation. Last year, this report detailed several recommended actions for the Executive and Legislative branches of government. This year's report will primarily cover the outcomes of those recommendations and outline some of the salient issues to be explored in the coming months.

With the completion of the legislative session last month, the SPAC has taken an opportunity to review its implementation activities of the past year, most of which had successful conclusions.

The Department of Health and Human Services (DHHS) has again been able to secure federal funding to cover the cost of SPAC meetings during the coming year— some will be held in person and others by video-conference. On balance, the committee's work has been productive

and cooperative. Partner agencies have been held to a high standard while receiving a great deal of support from the committee. Members of the committee have been very committed to the process and have spent significant personal time between meetings participating in related disability oversight bodies. SPAC meetings have also demanded a substantial time commitment as they have typically run four to five hours each.

### ***Year-Six Plan Status***

The SPAC provided 11 specific recommendations to the governor and legislature, which were broken down into three types—recommended resolutions, bills and budget initiatives—and were prioritized according to their urgency. What follows is a summary and status update of those recommendations:

## **RECOMMENDED RESOLUTIONS OR POLICIES**

**#1 When faced with issues or decisions related to disability, the governor and legislature should utilize the insights and expertise available through the State’s various boards and councils.**

### **Issue Summary:**

Objective 3 of the Strategic Plan suggests that *“boards, commissions and decision-making bodies whose actions substantially impact the lives of children and adults with disabilities include the participation of informed adults with disabilities and their families.”* Furthermore, Objective 5 says, *“all state agencies providing disability services regularly consult with adults with disabilities and families of children with disabilities.”*

Nevada’s governor, legislature and executive branch agencies have made a commitment to engaging the disability community through a variety of boards and commissions. The members of these bodies possess a great deal of knowledge and experience, and are proud to serve policymakers and the State. Thus, it only makes sense that State government leadership look for insights and direction from the advisory bodies they have created.

For example, the Strategic Plan Accountability Committee has a good feel for the State’s overall system of services and many of the over-arching issues that Nevada faces. The Governor's Council on Developmental Disabilities has a grasp of issues facing people born with developmental disabilities or who develop disabilities in their younger years. The Independent Living Council can offer advice on strategies and resources for community living. There are other bodies with expertise in vocational, educational, mental health, Traumatic Brain Injury, sensory disabilities, and a variety of other disability issues.

This recommendation does not seek to increase the authority of the State’s disability advisory bodies but, rather, to see that they are fully utilized.

**Current Status:**

During this past legislative session, neither the governor nor the legislature actively sought the input of the SPAC. However, a number of executive branch agencies have been actively involved in the work of the SPAC, and these representatives essentially serve as the governor's proxies. During the 2009 legislative session, members of the SPAC were active in legislative process and provided testimony on a variety of bills. In addition, the SPAC drafted correspondence to key legislative committees outlining its position on disability legislation. SB 79 of the 2009 session creates a new Disability Services Commission and places three existing statutory councils as subcommittees of this new commission. The commission is also charged with oversight of Nevada's strategic plan for people with disabilities.

It is still this committee's belief that the executive and legislative branches could better utilize the State's boards and commissions, particularly when a public body has been created to address a specific issue that is currently under consideration.

**Relevant SPAC Objective(s):** 3, 5**SPAC Contact:** Jan Crandy**Agency Contact:** Mary Liveratti

**#2 As soon as practical, the Division for Health Care Financing and Policy should submit their proposal for a 1915(j) Medicaid Waiver to the Centers for Medicare and Medicaid Services.**

**Issue Summary:**

Objective 72 of the Strategic Plan envisions that "*Nevada Medicaid will implement a 1915(j) option for self-directed services with individualized budgeting.*"

The 1915(j) option under federal Medicaid law enables service recipients to have greater control and flexibility over the services they receive, at a cost that is equal to or less than traditional approaches. Nevada has completed its 1915(j) application, but has delayed submitting it while waiting for the recent State budget crisis to pass.

We urge that the 1915(j) application be submitted as soon as practical.

**Current Status:**

The 1915(j) proposal remains on hold due to the State's budget issues.

**Relevant SPAC Objective(s):** 72, 17**SPAC Contact:** Mary Bryant**Agency Contact:** Betsy Aiello

## RECOMMENDED BILLS

### **#1 Amend NRS 439A to require reporting by health care facilities to a data repository of individuals at risk of entering a nursing facility, so that community-based alternatives can be explored before a person enters a facility.**

#### **Issue Summary:**

Nevada's Money Follows the Person (MFP) project, through a grant from the Centers for Medicare and Medicaid Services, worked for three years to identify people in nursing homes who did not want to live long-term in these facilities. In cooperation with Nevada Medicaid's FOCIS program, over 300 individuals were transitioned out of nursing homes back into the community during those three years. One important lesson learned through the process was that, while people are waiting to leave nursing homes, they have often lost the resources to do so. They have lost their housing, furniture and other necessities while in the nursing home, making a transition back into the community very difficult.

Objective 16 in the Strategic Plan calls for the State to *"identify and transfer people in institutional care who can be served in the community, and who do not oppose such transfer, assuring appropriate discharge planning, transitional supports and targeted services coordination in the process."*

The SPAC and DHHS believe that amending Chapter 439A will address this issue preemptively. Giving consumers the option of community-based living or nursing home placement before they leave acute care, will not only be better for those wanting to live in the community, it will be a policy that is essential to the spirit of Olmstead. The reporting health care facilities should also be responsible for coordinating with the known or pending payer source (Medicaid, counties, private payers...) as well as other sources of assistance such as the Office of Disability Services, the Division for Aging Services and the Centers for Independent Living.

We request that the legislature submit a bill draft request to implement a reporting repository.

#### **Current Status:**

There is an ongoing commitment to Medicaid transition with the FOCIS program, which assists Medicaid recipients to divert or transfer from an institutional to a community setting. Data from the FOCIS "dashboard" show: In SFY 08, there were 242 Diversions in Southern Nevada and 13 in Northern Nevada – a total of 255 statewide. In SFY 09 (through April) there were 156 Diversions in Southern Nevada and 11 in Northern Nevada – a total of 167 statewide.

In SFY 08, there were 90 Transitions in Southern Nevada and 37 in Northern Nevada – a total of 127 statewide. In SFY 09 (through April) there were 144 Transitions in Southern Nevada and 25 in Northern Nevada – a total of 169 statewide.

The State has not sufficiently addressed the transition needs of non-Medicaid recipients, though there are some efforts underway. The Southern Nevada Center for Independent Living has received a grant to assist non-Medicaid recipients to transition, and the Office of Disability Services has supported these efforts with funding for transition-related expenses. The Division for Aging Services has unsuccessfully applied for a nursing facility diversion grant, but will be re-applying in 2009. In addition, an informal diversion pilot project has been undertaken as a partnership between Washoe County, Renown Hospital, and the Department of Health and Human Services.

There was no legislation introduced in the 2009 legislative session to amend NRS 439A. However, this strategy may not be necessary should diversion be accomplished on a voluntary and informal basis. This issue will continue to be monitored in the months ahead.

**Relevant SPAC Objective(s):** 13, 16

**SPAC Contact:** Jon Sasser

**Agency Contact:** Betsy Aiello, Todd Butterworth

## **RECOMMENDED BUDGET INITIATIVES**

### **#1 Move the Client Assistance Program from the Vocational Rehabilitation Division to an unrelated State agency, or privatize it as a nonprofit agency.**

#### **Issue Summary:**

The Client Assistance Program (CAP) is federally charged with providing advocacy supports to clients of the Vocational Rehabilitation and Independent Living programs. Unfortunately, both programs and the CAP are part of the same agency. This alignment sometimes puts CAP and division staff on the opposite sides of an issue, and could compromise the CAP's ability to independently represent their clients.

In the mid 1990's, a similar State government advocacy agency was privatized and is now known as the Nevada Disability Advocacy and Law Center (NDALC). The CAP could also be privatized as a new agency, could be rolled into NDALC, or could be moved into a State agency with less proximity to the programs for which it has advocacy responsibility.

**Current Status:**

This issue has been a historic concern and is at least an issue of public perception, if not reality. Even when the CAP has ably represented its clients, it has not had a record of driving systems improvements through the process of individual representation. It is the belief of the disability community that this would change if the CAP became an independent entity.

For its part, the Rehabilitation Division does not support the separation of the CAP from the agency. In the recent past there have been no complaints about the independence of the CAP, and both the Independent Living and Vocational Rehabilitation programs have been meeting their performance objectives relative to client satisfaction and impacts.

**Relevant SPAC Objective(s):** 70, 71

**SPAC Contact:** Paul Gowins

**Agency Contact:** Deborah Braun

**#2 Return long-term residential services for people with Traumatic Brain Injury to Medicaid's physical disability waiver.**

**Issue Summary:**

These services were funded by the 2007 Nevada legislature, but then became a casualty of the 2008 State budget crisis.

Objective 24 of the Strategic Plan calls for the State to “*identify the service needs of out-of-state residential placements and develop in-state capability to return those residents to Nevada.*” Several Nevadans with Traumatic Brain Injury are unnecessarily forced to live out-of-state in order to receive needed services. This placement is necessary mostly because the State does not pay in-State providers of specialized services the same rate as out-of-state providers. By increasing the rate paid to in-state providers, more Nevadans with TBI will be able to access services locally and remain in Nevada.

The SPAC urges the governor, the Department of Health and Human Services, and the legislature to prioritize this initiative in their 2010-11 budget.

**Current Status:**

Due to State budget issues, no rate enhancements for this service were funded in the FY 10-11 DHCFP budget. Assembly Bill 7, relating to this issue, did not receive any action in the legislative session.

**Relevant SPAC Objective(s):** 24, 51

**SPAC Contact:** None

**Agency Contact:** Betsy Aiello

### **#3 Reinstate the elimination of the unearned income limit for the Medicaid buy-in program (HIWA).**

#### **Issue Summary:**

Objective 52 of the Strategic Plan challenges the State to “*continually expand Nevada’s Medicaid Buy-In Program to equitably provide, by 2008, medical insurance coverage or wraparound to all people with disabilities who, by virtue of becoming employed, have established an income above poverty level, but cannot obtain the health care coverage and services required to terminate reliance on public benefits.*”

The Health Insurance for Work Advancement (HIWA) program enables people with disabilities, who want to go back to work, to buy-in to the Medicaid program to ensure that they will not lose health insurance coverage in the process of getting a job. Unfortunately, the window of eligibility for the program became so small that only 21 people were enrolled. A bill to expand this window of eligibility failed during the 2005 legislative session but then passed in 2007. This promptly had an impact in getting people with disabilities back in the workforce. However, like other programs with impact, HIWA fell victim to the 2008 State budget cuts.

The SPAC urges the governor and the Department of Health and Human Services re-eliminate the unearned income limit as soon as practical and to include this initiative in their 2010-11 budget.

#### **Current Status:**

Assembly Bill 7, having to do with this issue, again failed in the 2009 legislative session.

**Relevant SPAC Objective(s):** 52, 86

**SPAC Contact:** Jon Sasser

**Agency Contact:** Betsy Aiello

### **#4 Maintain service levels in Nevada Medicaid.**

#### **Issue Summary:**

Nevada’s Medicaid program ranks 51<sup>st</sup> nationally in per-capita spending, and near the bottom in enrollment as a percentage of our total population. Our low Medicaid participation rate is the primary reason for Nevada’s high uninsured rate.

In 2007, the U.S. Census Bureau released a report showing that Nevada ranked last in federal money returned to the state, per-capita, with the biggest discrepancy in

Medicare and Medicaid. The national average in these categories was \$1,891 per resident while Nevada got \$1,001 per resident.

Given these data, Nevada simply cannot afford to reduce Medicaid service levels.

**Current Status:**

The 2007 report remains the most recent report on the Census Bureau web site.

**Relevant SPAC Objective(s):** 21, 22, 30

**SPAC Contact:** Jon Sasser

**Agency Contact:** Betsy Aiello

**#5 Adequately fund Nevada Early Intervention Services to meet the needs of those applying for services.**

**Issue Summary:**

Objective 20 of the Strategic plan proposes to, *“Assure all children (age 0-3) referred for early intervention services receive a multidisciplinary child evaluation and family needs assessment, and an individualized family service plan (IFSP) and have their plans completed within 45 days to comply with federal law.”*

Nevada Early Intervention Services (NEIS) provides services to children age 0-3 with disabilities under the Individuals with Disabilities Education Act (IDEA). When accepting these federal funds, Nevada assures that all eligible children in the state will receive services in accordance with IDEA which includes developing an Individualized Family Service Plan (IFSP) within 45 days after a family applies. In addition, there is a requirement to initiate the services identified on the IFSP within 30 days of parental consent for services.

Nevada has been under “special conditions” on its federal grant award since 2005, due to noncompliance in its waiting times. Progress on this noncompliance was made in FY2007, but slippage has occurred in FY2008.

NEIS is currently budgeted to serve 1,747 children on any given day. The number of children receiving services on March 31, 2008 was 2,072—325 above capacity.

The recommended caseload for a Developmental Specialist is 18-20 children, with rural specialists having a somewhat lower caseload due to the travel involved. Current caseloads run from 19 children in rural areas, up to 32 children in the southern region. On April 25, 2008, there were 12 Developmental Specialist vacancies at southern NEIS which impacts approximately 240 children and their families.

Statewide, the early intervention caseload continues to grow; there was a 24% increase between the 3rd quarter of FY07 and the 3rd quarter of FY08. Caseload projections for FY 2011 anticipate a growth rate of 51% over current funding levels.

Funding for NEIS must be a priority.

**Current Status:**

The Nevada Legislature approved new funding for Early Intervention Services to address the children on the waiting list and caseload growth. New funding includes federal stimulus dollars and an increased commitment from the State general fund. In FY 2010, the additional amounts are \$1,950,500 (federal) and \$ 1,092,041 (general funds); in FY 2011, funding continues at \$1,950,500 (federal) and \$4,078,744 (general funds).

These additional dollars are targeted for the community providers to address caseload needs for Early Intervention Services. In FY 2010 and 2011, early intervention services will be provided by public and private early intervention programs. The following are preliminary planning numbers for expanding early intervention services by community organizations. During the first year of the biennium, additional contracted dollars will be available to serve an average of 60-69 new children each month. In FY 2011, the funding continues at FY 2010 level with the addition of an average of 12 new children per month. If a community provider is unavailable or unable, the state-operated programs must then contract with an individual community provider for these specialized services.

The state operated programs are budgeted to maintain their current statewide capacity level of 1,800 children with only one position (northern regional program manager) eliminated in the state operated programs statewide. No new state positions were added to Early Intervention Services; however, state-operated early intervention programs are beginning to fill existing vacant state and AccuStaff positions when justification-to-fill forms have been approved by State Health Administration and the Director's Office. Since the close of the legislative session, some of the vacant state positions are being posted for recruitment.

As of December 31, 2008, there were 566 children statewide waiting for various early intervention services. Rural, Northern and Southern Regions will receive a percentage of these new funds each month based on the number of individualized family service plans (IFSP's) that each program reported on December 1, 2008. The highest percentage of the funds will be designated for the southern region. These new contracted dollars will be first made available to community organizations in their respective regions.

**Relevant SPAC Objective(s):** 20

**SPAC Contact:** Karen Taycher

**Agency Contact:** Janelle Mulvenon

**#6 Ensure that Vocational Rehabilitation is able to take advantage of the full federal appropriation available to Nevada.**

**Issue Summary:**

Vocational Rehabilitation has historically experienced difficulties in retention and recruitment of its rehabilitation counselor positions, which in turn have significantly limited the bureau's ability to fully utilize its federal Section 110 funding. In response, the Rehabilitation Division implemented several new recruiting strategies, and has made significant progress toward minimizing vacancies.

The Rehabilitation Services Administration (RSA) allocates Section 110 funding based on disability population demographics. For the current federal year (October 1, 2008 through September 30, 2009) RSA allocated \$7,538,648 million more to Nevada than the State was able to match. At the required match ratio, an increase of approximately \$1,884,662 in State funding would be required to match Nevada's Section 110 allotment.

Objective 77 of the Strategic Plan calls for the SPAC to *“Monitor and report to each session of the legislature matched funding returned to the federal government.”*

Vocational Rehabilitation receives a 4 to 1 match on their State funding; it is a tremendous disservice to Nevadans with disabilities to leave this money on the table. The SPAC urges the governor, the Department of Employment, Training and Rehabilitation, and the legislature to prioritize this match funding in their 2010-11 budget.

**Current Status:**

For FFY 10, Nevada is projected to leave approximately \$5.8 million in federal funding “on the table.” A State commitment of just \$1.4 million would enable these funds to be drawn down, and used in putting Nevadans with disabilities to work.

**Relevant SPAC Objective(s):** 76, 77

**SPAC Contact:** Jack Mayes

**Agency Contact:** Deborah Braun

**#7 Continue funding for the Autism programs within Mental Health and Developmental Services and the Office of Disability Services.**

**Issue Summary:**

In August 2008, the legislatively-created Autism Task Force will publish its report of findings and recommendations related to the epidemic of Autism in Nevada. A draft

of the report is calling for a renewed commitment to the State's existing Autism services, rather than for the creation of new services.

Currently, the Office of Disability Services and the Division of Mental Health and Developmental Services have separate, but very similar Autism services. These two programs each serve distinct populations, but closely coordinate with one another to offer support to those affected across the Autism spectrum; this addresses the needs of both lower and higher functioning children, ages 18 months to 19 years old.

By expanding its commitment to these programs, Nevada can reduce the impact Autism is having on families and schools as they try desperately to cope with this disability. With early and intense treatment, many children with Autism can grow to become functional and successful adults; without intervention they will need lifelong supports. Providing intervention now is cost effective, whereas lifelong care can cost as much as six million dollars for a low-functioning adult.

Children currently receiving funding through the ODS and MHDS programs must continue to receive services, or be at risk of regression once services are stopped. These programs offer services that have both a social and fiscal impact on Nevada, and the impacts are significant, measurable and life-long.

**Current Status:**

The Office of Disability Services Autism program received a two-year appropriation of \$3.2 million to continue services to approximately 110 children over the FY 10-11 biennium. The companion program at Developmental Services has been funded for 176 placements statewide for each year of the 2010-11 biennium, at a cost of \$2,272,193.

**Relevant SPAC Objective(s):** 33, 35, 63

**SPAC Contact:** Jan Crandy

**Agency Contact:** Jane Gruner, Todd Butterworth

**#8 Prioritize funding for children's mobile crisis services.**

**Issue Summary:**

Objective 23 of the Strategic plan proposes to *"implement a statewide system of outsourced mobile units for outreach, assessment and referral of children and adults with disabilities who are homeless and in crisis."*

In 2007, 1103 youths entered Clark County emergency rooms for behavioral health problems. This is a 53% increase over 2005 admissions, and over one-third are youths aged 10-14 years. Over 25% of those admitted were uninsured and one-third were on Medicaid. Even more troubling, in the last year, the number of children sent out-of-state to a treatment facility more than doubled from the year prior, due to a

lack of effective community based services. UMC Emergency Department staff has identified the need for emergency room diversion as a top priority for this population.

The desired outcome of this recommendation is that youths with serious behavioral health care needs will have access to services proven effective to their needs, without needing to enter the emergency room or hospital to get those services. Early and effective treatment for these behavioral crises will save substantial public dollars and are likely to reduce the need for future critical intervention.

**Current Status:**

No significant progress has been made in this area.

**Relevant SPAC Objective(s):** 23

**SPAC Contact:** Jim Osti

**Agency Contact:** Barbara Jackson, Shannon Coubrough-Vigil

***Accomplishments To-Date***

An obvious question is: What good has come from Nevada Strategic Plan for People with Disabilities? In addition to being a deliberate and coordinated attempt to comply with the US Supreme Court's Olmstead decision, Nevada's strategic plan has resulted in many improvements in how we support our citizens with disabilities. Here are some of the highlights to-date:

- Nevada has made significant progress in improving its balance of community-based services in response to Olmstead. Institutional and communi-based service funding are now approximately equal in the state. During these difficult economic times, Nevada has increased the number of service slots in all of the community-based Medicaid waivers, except one. The physical disability waiver maintained its existing service level for the new biennium.
- The 2-1-1 telephone and website system was launched in February 2006 and has provided valuable information to thousands of Nevadans. The service is currently available from 8 a.m. to midnight, Monday through Friday, and from 8 a.m. to 4 p.m., Saturday and Sunday, excluding holidays. The service continues to help approximately 60,000 Nevadans each year, despite reductions in the State's financial commitment to 2-1-1.
- The Office of Disability Services was created, within the Department of Health and Human Services and helps thousands of people to live independently.
- Over 500 Nevadans have been transferred from nursing home placement, back to their homes, during the past five years. The cost of serving a person in the community is substantially less than institutional care, but varies based upon the service mix and level of care needed by each person.
- A budget category was added to the State budget for items related to Olmstead compliance, giving tangible evidence of Nevada's commitment.

- Tobacco settlement funds have been designated to give families a hand-up in caring for loved ones with disabilities, through respite care, independent living services, positive behavioral supports and the disability Rx program.
- Nevada’s helmet law has remained in place—despite attempts to repeal it in 2003, 2005, 2007, and 2009—and has protected hundreds of people from Traumatic Brain Injury.
- A regulatory regime for Personal Assistance Services was developed, adding needed accountability in this growing industry. Additionally, the regulations allow care recipients to choose a self-directed model that enables them to have a high level of control over their care and who delivers that care.
- Services for seniors and people with disabilities have begun a process of integration through the new, federally funded Aging and Disability Resource Centers, the availability of disability supports through Nevada’s senior centers, and the recent merger of the State’s aging and disability services agencies.
- Comprehensive assessments and training are now provided for users of Paratransit services in Clark and Washoe counties.
- A surveillance registry of Nevadans with Traumatic Brain Injury was developed, to help track the needs of our citizens and to optimize the resources dedicated to their care.
- An online registry of American Sign Language Interpreters, and real-time captioning professionals, is being developed to make these services more accessible and to ensure the public is fully informed about the services they are purchasing.
- A Legislative Committee on Persons with Disabilities met for three interim sessions to examine and advance vital public policies.
- The Department of Health and Human Services developed a caseload reporting system that provides policymakers and the public with quarterly information on a variety of key disability and social service programs.
- Approximately 10 families have incorporated their own “microboard” as a vehicle to direct their care resources in the most prudent and effective way. This is a small start toward the goal of 100 families.
- Early and Periodic Screening, Diagnosis and Treatment workgroups and the Medicaid Managed Care Organizations have been successful in increasing the number of children who routinely have their EPSDT visit. To-date in Nevada, EPSDT rates have risen over 20% since the work began in 2006.

***Year-Seven Planned Activities***

A self-directed pilot is part of the new (10/1/08) Medicaid Waiver administered by the Regional Centers. The vendor selection process is nearly completed for support broker and financial services management. The pilot will take place in rural Nevada, with the following slots available:

- Year 1, 35 slots
- Year 2, total of 60

Year 3, total of 75  
Year 4, total of 80  
Year 5, total of 85

Over the coming months, the SPAC will work to identify additional Strategic Plan objectives that are readily achievable or urgently needed, and will outline a plan to move those objectives forward. With the sunset of the interim Legislative Committee on People with Disabilities, members of the SPAC and staff of the Office of Disability Services will work to provide input to the legislature through the new interim committee on Seniors, Veterans and Adults with Disabilities. Additionally, the SPAC will continue its relationship with the many executive branch agencies that serve people with disabilities. The committee's next annual report will outline its recommendations for the development of agency budgets and proposed legislation in the 2011 session.

### ***Conclusion***

We appreciate the opportunity to serve the State and the disability community in this very worthwhile endeavor. The Olmstead Decision was a landmark case for people with disabilities. Nevada should take pride in its proactive response to the challenges offered by the US Supreme Court, and in the excellent Strategic Plan we are implementing in pursuit of Olmstead's ideals.

We would especially like to thank: Governor Gibbons, who supported disability issues by making them a priority in his budget; Mike Willden and the many staff of the Department of Health and Human Services who have worked cooperatively as our partners in the Strategic Plan for People with Disabilities; the Office of Disability Services for staffing our committee and working hard to coordinate our many initiatives; and, the many other State and private agencies that have been so supportive of the process.