

Nevada Association of County Human Services Administrators

Minutes

February 11, 2020

Active Members:

Mary Jane Ostrander, Carson City

Shannon Ernst, Churchill County

Karen Beckerbauer, Douglas County (phone)

Nikki Linn, Humboldt County (phone)

Shayla Holmes, Lyon County

Karyn Smith, Nye County

Amber Howell, Washoe County (phone)

Associate Members:

Affiliate Members:

Tracey Bowles, Washoe County Public Guardian (phone)

Guests:

Dagny Stapleton, NACO

Jessica Flood, NRHP

Valerie Cauhape, Regional Behavioral Health Coordinator (phone)

Dena Schmidt, ADSD

Randy Reinsoso (phone)

Vinson Guthreau, NACO

Cheyenne Pasquale, ADSD (phone)

Jennifer Richards, ADSD

Fran Howze, Clark Regional Behavioral Health Policy Board (phone)

Item 1: Call to Order

The meeting was called to order at 1:05pm by Shannon Ernst.

Item 2: Introductions

Shannon Ernst asked those attending the meeting to introduce themselves and introductions were made.

Item 3: Public Comment

Shannon Ernst inquired as to whether there was any public comment. There were none.

Item 4: Verification of the Posting of the Agenda

Karyn Smith verified the agenda had been posted according to NRS.

Item 5: Review and Adoption of Agenda

Shannon Ernst called for a motion to adopt the agenda as submitted. Shayla Holmes made a motion to adopt the agenda as submitted. Mary Jane Ostrander seconded the motion, and it passed unanimously.

Item 6: Review and approval of Minutes from the September 27, 2019, October 22, 2019 and December 6, 2019 Meetings

Shannon Ernst asked if there were any revisions or changes to the minutes from the September 27, 2019, October 22, 2019 and December 6, 2019 meetings. There were none.

Mary Jane Ostrander made a motion to approve the minutes from the September 27, 2019, October 22, 2019 and December 6, 2019 meetings. Shayla Holmes seconded the motion, and it passed unanimously.

Item 7: 2020 Census and how counties can help make it a success

Shannon Ernst stated that she applied for a \$2000 grant which was very easy to apply for to help with the 2020 Census. Churchill used those funds on sweatshirts and blankets for the homeless count to make individuals that are harder to find and encourage them to participate. They will be there at the next meeting to do a full presentation and two days after that, the census goes live.

Mary Jane added that they've met with them quite a bit and they have a Nevada Regional Coordinator that's going around to all the communities, which you apply with the Nevada Census. They have a lot of materials, flyers, handouts and posters and she wants to give her contact information to Karyn who can send it out to the rest of the group. Mary Jane stated that we didn't need to apply for the grant because they have public computers in their lobby to help clients get on.

Dagny stated that it's good to hear that the application was easy. She represents counties on the Governor's Committee and have been keeping the NACO Board up to date on this in terms of the importance of outreach, grant opportunities and contacts. There is training for county employees from the US Census from the federal folks with general information on how to conduct that regional committee and how to share the message. If anyone is interested in that, I have a contact on someone that can come to your county to conduct the training.

Item 8: Regional Behavioral Health Efforts

Valerie Cauhape stated that the Substance Misuse Specialist that are a part of the OD2A Program which are positions that were sent down from the state through the OD2A Program to the Coalitions specifically. I've been working with some Coalitions in my region to kind of design these programs and positions that will be useful to Human Services and other organizations as well. She also stated that they're working on data collection projects and identifying ways that we can support other sources and initiatives in the region.

Jessica Flood stated that in their region, they are looking at a gap in their services in JPO (Juvenile Protection) in trying to fill in the gaps for Youth Support Services specifically in case management and their continuum of care. We met with all the Juvenile Probation Chiefs in our region and we were hoping they could have one program they can all gather around for the marketing piece of it, but they don't. However, we are looking into the Stepping Up Initiative and trying to apply that for youth, which I think would be very interesting for the National Association of Counties. We are potentially looking at doing a Youth Stepping Up Initiative mapping workshop. Three years ago, we had Stepping Up Initiative workshops in each one of our counties where we had a huge intercept model map on the wall. The facilitator went through each one of the intercepts and wrote down what our county had and didn't have, and we wrote down our top 5 priorities. This is kind of how Crisis Intervention, Mobile Outreach and other programs really have gained support from each county. We wrote reports on them.

Dagny stated that she would love to see some reports on it. They were promoting it but never was able to go to a workshop or see any details on it. Jessica stated that we had a big strong push for Stepping Up, but it's fallen a little bit and our region is trying to figure out how we do it at a regional level to reenergize the initiative. At the last legislative session, they were able to pass the Criminal Justice Reform. It would be a shame to see that momentum die after all that work.

Valerie stated that the Rural Crisis Access Point, particularly in the rural counties, is working with all the Regional Behavioral Health Coordinators who are on board with the Crisis Now models and the state really wants to implement what it's going to look like in different communities. Jessica has been super involved, and it sounds like we will be going to Colorado to do some site visits and see how their rural counties are doing this. Jessica stated that she wanted to give a little background to people who don't know about Crisis Now. It's creating an alternative Behavioral Health Crisis Response System that is composed of Mobile Outreach Teams, IT Control system and a Crisis Stabilization Unit. In Colorado they have these models with peers in trailers that can assist people. It seems to be working for them and we want to see how we can implement it in a safe way and work with the liability around that.

Jessica stated that we have some hospitals with Nevada Rural Hospital Partners that are willing to do a pilot like that if we can pin the numbers down, how much it will cost, etc. Each one of the Regional Coordinators are going to sit down and assist their regions in mapping out the gaps and needs for Crisis Now. Since Jessica's region is very different with the counties and activity, each one of the counties are going to do a mapping workshop to get an idea what their needs are. We will then roll it up to the Regional Board. Each one of the coordinators are doing that as they see fit.

Shannon asked if they are doing a Crisis Now conference in May in Las Vegas. Jessica stated that she doesn't know if they are still doing that, because they are using the money to do it at more of a county level. They are trying to pull everyone together in a statewide way in a Zoom meeting. Shannon stated that they just attended a meeting regarding open beds. They are going to do a demo the last week in February to see how that will look at how it falls and is part of the Crisis Now. Jessica stated that yes, it is the mechanism for Crisis Now and goes hand in hand with it. You'll have the Crisis Now call center which is known as Crisis Support Services of Nevada that will create a transparent behavioral health referral system. It will help us to find out where people are going for different levels of care, how long it takes to get accepted, etc.

Valerie stated that they were going to be developing a tool for the Crisis Asset Mapping that is standardized for each county, so that when we have this information, we can compare. Jessica stated that the first mapping opportunity is going to be in Lyon County on February 21. We will be scheduling those and doing some advocacy for those. Valerie stated that the 6 of us are sharing the responsibilities on this and working closely with Nevada Medicaid to see where we can change reimbursement for services and help improve the reimbursement process. Our next meeting with them is on February 21st and we will meet monthly with them. Jessica stated that the thought behind this is potentially work force development and connecting the communities with Duane Young to gain some traction. A good example of low reimbursements is for psychiatrists. A lot of them don't come to Nevada because the reimbursement is so low, and we can investigate changing it.

Valerie stated that we asked Medicaid to provide us with a list of the most requested services for reimbursement as well as their most utilized reimbursed with this. We need to look at what services we need to leave alone and what services that are not available for reimbursement and add those as well. Jessica stated that all the boards are looking at the BDR right now to identify their needs for the next legislative session and if you have any great ideas, please let your coordinator know for that region. Valerie stated that yes, they are doing the meeting for BDR Development for her region this coming Friday at 10am-11:30am via Zoom. The login info is on the weekly email invite I sent out. She can send it back out if you haven't received it. We are trying to build that foundation and community support and advising the board.

Jessica stated that the Mental Health Crisis Education packets are going to come out on March 1st. We got a new publisher who is working with the Department of Education and I will send them out when I get them. Valerie stated that she wanted to let everyone know that they are working on communication presentation pieces where all the RBHCs get asked by different stakeholder groups if they can present their programs and services to the board. The last board meeting was close to 3 hours which can be lengthy, however there is a lot of great information presented and it would be great if there was a forum people can watch these meetings. She is working with Jessica and Stacy who is the southern coordinator on having these people do their presentations via a webinar or record it and upload it to YouTube. For the stakeholders that want to present to all 5 boards, we are working with DPBH and discussing the idea of having some presentation for a joint meeting of all 5 boards and members of the Commission of Behavioral Health and get all that information out at one time. DPBH will then record it and upload it to a video library for everyone to access. That is something that could be coming up in the future.

Jessica stated that she wanted to give Valerie a shout out for utilizing technology to reach more people and the podcast she is doing. Valerie stated that she is working with Jessica and Stacy as well on who we can have do a podcast interview because so many times stakeholders hold their presentations with a lot of good information that I think more people, including legislators, need to know more about. We had an idea where we do a podcast where we hold a conversation allowing people outside the community to hear what's being done, what their challenges and successes are, etc. Valerie stated she has completed 4 interviews so far and if anyone else wants to do one, it is working well via Zoom. She wants people to get their stories out there especially for legislators to hear.

Dagny stated that she would love to promote that podcast in their NACO newsletter. She asked Valerie to add her to her email list so she can listen in and promote that to NACO. Valerie stated that they don't have anything put together yet, however when they do, she will be happy to send that to Dagny. Dagny stated that those are the exact things we want to get the message across to legislators. Shannon asked if there were any more questions for Jessica or Valerie. There were none.

Item 9: Updates on monthly Maximizing County Medicaid Reimbursements

Karen Beckerbauer stated that the initial conversation was a discussion with Duane starting a few years ago about the potential of counties being reimbursed for case management services. With the intro of Community Health Workers and some of the other meetings we had, it doesn't seem like this is going to go in our favor. She is not sure if this should be a standing item and she will defer to Dagny if anything else is going on. Dagny stated that she helped facilitate the meetings with the state, however she doesn't have any additional information. Karen stated this should be shelved until it might look like it will favor the county.

Dena asked how it doesn't favor the counties if we bill for Medicaid services. Karen stated that we don't bill for Medicaid services, we get charged for them on our Match bill for certain services. No counties are receiving a direct Medicaid reimbursement for any services that we're providing on a social service level. Shannon stated that the conversation started looking at the Community Health Workers, and how does that expand across the whole state. When you look at the cost of counties to be able to bill Medicaid and trying to understand the definition of Community Health Workers is a concern. We need to dive in on what those definitions are and who is eligible because so many agencies have them. Shayla stated that the impact of the cost statewide, versus what the counties would be able to bill will most likely not work in our favor.

Dagny asked if there were services Washoe and Clark bill for. Shannon stated that Washoe bills for senior services. Dagny stated that Richard was frustrated and wants to help the rurales but needs help. We need to see what the existing services are and what we need to do to bridge that gap to be able to bill. If we can get someone from the state to come to one or two counties to help us get started on it. Dagny stated that it is both sides and there needs to be some leadership with it. Jessica stated that we talked about having a full time Medicaid coordinator that will stand side by side with the counties. Dagny stated that the issue on the county side is the administrative capacity to make those connections doesn't exist. If there is someone on the state side that is willing to come into individual counties to help and support, that may be a better solution.

Shannon stated that we started the conversation with being able to bill Medicaid for a lot of things we are doing. Becoming Medicaid eligible to bill is very costly and time consuming. In 1915i they are going to have a piece that helps people become Medicaid eligible to bill. Jessica stated that we need someone with the level of knowledge who will be able to think through all the different options. Dena stated that she has a team of people who worked with Medicaid agencies and she will touch base with 3 of them to see if any of them can help provide some support and consultation with the Board. Shannon stated that we leave this item on the agenda because we don't want to let it go. The original conversation was Medicaid and got taken over to Community Health Workers. We need to get the conversation back to Medicaid. Dagny asked what the best way is to have the conversation. Dena stated that she will consult with her team and coordinate it. Shannon stated that next meeting we can meet afterward and discuss this via roundtable and Zoom.

Item 10: AB122 Overview and Advisory Committee

Dagny stated she got an email from the university to see if counties wanted a representative on this work group that came out of AB122 to study feasibility of long-term care facilities in the rurales. She did a little research and on the minutes there's little info on AB122. She shared the fiscal note the state had. Initially there was a proposed additional waiver and we wanted to know how it was going to work and if the counties would pay the nonfederal share. The university is working on a feasibility study and finding a private operator who could do this in the rural counties. Dagny stated that Dena said Eureka County has a building where they said they can do something there if the state would run it. It's better to have these facilities in the rurales opposed to the urban areas since we're paying for them regardless.

Dagny stated that this program is back in a preliminary phase and we will try and track it and wanted everyone to know these discussions are happening. Dena stated that keep in mind that there's a challenge with providing multiple services in different facility types. How do we provide assisted living, respite care and adult day care in the same facility, what barriers are there, etc. If a provider comes in, we would need to overcome those things. We realize you can't make a business case with just assisted living, nor just respite or adult day care. If you combine the three, there might be a business case. We know there's regulatory rules with that and this study will look at those rules and create a business plan. This will be great because we do have people driving hundreds of miles to get into an assisted living facility. The university has a team of people looking at it, so hopefully we get a template to move forward. They are asking for input from counties, so they aren't missing anything.

Dagny stated that she will sit on the committee and represent the counties. Shannon stated this will be something great to keep on the agenda so Dagny can bring things back to us. Shannon thanked Dagny for stepping up and doing this for us. Karen stated that she would offer one of her contacts to Dagny to assist her on that. Dagny stated she will include Karen on any emails regarding this.

Item 11: Update on IAF Application Reimbursements and other NACO business

Dagny stated there was a big change approved last Friday with a very intense meeting. As you all know the IAF funds are used in part for reimbursements to counties to help with the assessments if you apply and the second part is for the Indigent Accident claims which have been very few due to the ACA and Medicaid. There are also federal funds to the hospitals to help with Medicaid payments as well. The IAF

Board approved on Friday a redistribution of funds to help the counties with their assessments. Each county contributes a penny and a half of their indigent funds whether you want to or not directly into the IAF. This agreement was made years ago because hospitals were suing counties because they were sending counties bills for indigent folks before the ACA. An arrangement had to be worked out to pay for all of that. Now there are very few claims because there are few indigent folks going in. Hospitals have benefitted from this program and have received payments that have increased more than 250% over the past 4 years which goes to help pay for their Medicaid costs.

Dagny stated that the board decided instead that a larger majority of that penny and a half that comes from counties in the IAF should come back to counties, especially since the assessments increased more than 50%. There's 11-12 billion dollars available through the IAF that come from the county property tax contribution and the board voted to put \$8 million back to counties in 2021. That takes the place of the applications that you submit each year to get money back for your assessments. Those applications will go away and for this year \$8 million have been allocated by the IAF Board to counties. Part of this is subject to approval by the Interim Finance Committee in April because it is part of the governor's budget. Of that \$8 million, all counties will receive it in equal proportions. At the next IAF meeting, the board will decide how to distribute those funds and be in proportion to the amount of your assessment. Each county will automatically get an IAF payment each year.

Dagny stated that because this will reduce the amount the hospitals receive; we struck a balance and did a phase in with the payments that are federalized that the hospitals receive and won't be reduced too much in 2021. In 2022 the board will vote to put the balance of that penny and a half county money to counties. It will be \$8 million in 2021 and 2022 it will be more about \$10-11 million but won't know exactly the amount until next year. When the board approves the distribution, we can share that with all the counties in terms of what your county will receive individually. Shannon asked if there were any questions. There were none. Shannon stated she wanted to thank Dagny because this is a huge thing. In Churchill there was a discussion a day before that hearing to reallocate tax funds and it was very exciting for this to come about as we work our budgets. Dagny stated that this money must go directly to pay your long-term care match assessments which will free up other indigent funds to pay for other programs. The NACO board will also hear this officially on February 21. The IFC meeting is in April.

Item 12: Updates on Senior and Disability Rx Changes, Transition of the Medicare Services Programs and Community Providers Project

Dena stated that the Senior Disability RX changes are that we transitioned to a subsidy only program, so a Part D premium subsidy only. Historically a part of our benefit was a premium subsidy and part was gap coverage. Now that the gap has evened off and closed, and there's no benefit. We were paying for the gap which was causing more problems. Your copays will stay the same now and as of January 1, 2020, we are a subsidy only program now. With our current budget, our subsidy is set to \$37 a month so people can get up to \$37 to cover towards the plan they choose and will decrease out of pocket expenses. We recommend working with our SHIP counselors to help walk them through.

Dena also stated that the other two changes were the Medicaid Savings Program and the community provider project. Historically the State Health Insurance Assistance Program (SHIP) which is mostly a volunteer-based program the state operates with a community partner. We are putting a state share

out as a grant opportunity with communities, so we aren't operating it ourselves. That program is out for bid right now. The other one on that is the Senior Medicare Patrol which we have a couple staff but have a team of volunteers that we manage to do those programs. The more we looked at it, our administrative costs eat up a lot of the direct service dollars so we realize there might be other community partners that can do this at a lower cost and allocate the funds. These are the big changes and all of them are out for bid right now. Dena stated that the programs will look the same but will be operated by someone else.

Item 13: Needs Assessment and opportunities for collaboration

Cheyenne asked if everyone got the handout she sent out. She wanted to give everyone an update on the outreach efforts we took in terms of the state plan for Aging Services and a brief overview of the draft and opportunities we have. On line #4, we started with partner round tables with Reno, Las Vegas, Elko and did a webinar. We invited our current sub recipients and providers to this meeting and had about 75 people attend the round table meeting. In those meetings, one of the concerns was the low provider rates offered for services with the new minimum wage requirement that was passed. There was a desire to have better communication and more awareness of services among providers and some opportunities to facilitate conversations around services. There was a desire to have more caregiver support and our providers talked about having more flexibility in the delivery of services, specifically in grant funded programs. There's a perception that there's not a lot of flexibility in the delivery of services.

Cheyenne stated that when we talked with our providers about what the needs for services are, and transportation was at the top of the list. There was a high priority given to Nutrition Programs, Case Management Services and Caregiver Support. We will also talk about the priorities from our Consumer Focus Group. In terms of our focus group on slide 5, we did 22 focus groups throughout Nevada. We worked with the Senior Centers in each town to recruit participants. Cheyenne stated that the conversations became quite organic and we ended up making a lot of shifts with the focus groups and morphed into informal one on one conversations. On slide 6, these are the major things we had and in general the communities would like better representation. There's a lot of conversation about one outside provider needing to visit more frequently than a few times a year.

Cheyenne stated that in terms of the top services noted by the focus groups, there is requests of more in home services/homemaker services which we weren't expecting. Transportation and information about services are in line from other needs assessments we've done. The number one concern for consumers was access to healthcare, particularly specialty services. For caregivers, there's limited respite available throughout the state and report feelings of isolation. Another thing we noted was that volunteers are limited in the smaller areas. A lot of older adults throughout the state were more focused on lunch service and not in other activities. It was a 50/50 split across the state as far as multigenerational activities at the Senior Centers.

Cheyenne also stated that outside the focus groups and looking at things internally, we know there is an average 4% growth each year in individuals aged 60+ in Nevada and a lot of our funding isn't keeping up with that growth with the Baby Boomer generation. We're already operating with limited funding and providers, so looking forward, we are looking for ways of increasing funding and providers. We talk a lot

about partnership and collaborating with each other, but how do we coordinate services to make the most of what we do have. From an ADSD perspective, there's been a lot of focus in our grant funded services on output versus outcomes. We recognize output is important, but number of people served doesn't always mean quality services. Shifting that conversation and focus to find a balance between output and outcome. Those were some of the major findings of the outreach that we did. Cheyenne asked if anyone had any questions and there were none.

Cheyenne stated that the next slide provided gives you an idea of what services are available through our grants today. We have 10 core services we've had in place for a while: Adult Day Care, Aging and Disability Resource Center, Case Management, Home Maker, Personal Emergency Response, Senior Companion, Transportation, Legal Services and Nutrition Programs. In addition to that, we have 14 other services that are available in different aspects and have come about in the last several years. When preparing for this assessment last year, we looked at our core services by county for FY18. On Slide 9 it shows the main social services and the number of people that were served by each county. The middle is a lot of our rural areas and many services there is nobody receiving them in our rural counties. We are looking at ways we can make sure these core services are widely available, this is one of our main priorities as you may have seen in our notice of funding opportunity this year.

Cheyenne stated that Slide 10 and 11 is a brief overview of the state plan for Aging Services and the required components of the plan. We get guidance from the Administration for Community Living and we are in the process now of building out the whole state plan and it will be published for public comment in the beginning of March. We are working on tweaking them now. We have 5 goals with the first one making sure that people can make more informed choices and know what services are available and how to access them. The second goal is promoting Age Friendly Communities, making sure that we increase the visibility and access to Medicare assistance programs, leveraging partnership opportunities with a variety of entities within the health services arena, and improving access to social determinants of health.

Cheyenne stated that our third goal is to strengthen our system responsiveness to targeted groups based on national and state priorities. Focusing on making sure we are inclusive and supporting people with cognitive impairment and dementia and targeting individuals that have resources but are close to Medicaid spend down. The fourth goal is around building community's capacity and leveraging resources and creating activities around that to strengthen our system. The final goal is increasing health care advocacy and protections for adults who are vulnerable and making sure people are aware of those services with the appropriate education and outreach. Also broadening our network and offering legal assistance throughout Nevada.

Cheyenne stated that on slide 17, she included 3 links. Last year DHHS did a Nevada State Health Needs Assessment and she provided a link. They also did county profiles in terms of the Health Needs Assessment. We also looked at the Needs Assessment Data from the DHHS Community Needs Assessment they do every 2 years. Karen asked about slide 9 and wants to know where those numbers came from. Cheyenne stated they are from their client data base system from the grantee. Karen clarified and asked if it is only recognizing what goes into the Aging grant funding stream. Cheyenne stated yes. Shannon stated that she's enjoyed this presentation and wants to help if they can coordinate

better in the future. Cheyenne stated that on slide 18, they have opportunities and ongoing county level engagement and she believes there's still opportunity to coordinate some Needs Assessment activities and data collection activities. We are looking at ways to continue to work together and reduce duplication of efforts. Another opportunity is to look at county profiles under Social Services and health related services and building out a more robust profile.

Item 14: State Updates Not Previously Provided

Dena Schmidt wanted to introduce Jennifer Richards who is their new Advocacy Attorney. Jennifer stated that she is coming from the world of legal aid and most of her career has been providing direct services to seniors. She stated that she works in a lot of rural areas at the senior centers citing evictions, consumer issues, benefits issues, etc. Recently she worked as a Guardianship Attorney, defending people in Guardianship petitions. She stated that she is excited and wants to take a wholistic approach with the clients.

Dena stated that the Commission on Aging is a Governor appointed board that advises us on senior related issues. We have two openings that have been long standing. One opening must be a member of a county government and the other must be a member of a city government. If you or anyone you know is interested in applying, they can go on the Governor's website and do so. That commission has a subcommittee and if anyone's interested in participating in those meetings, it is a policy subcommittee. We will be looking at Medicaid policies, eligibility policies and things that need to be addressed because they haven't been in years. Dena stated that if anyone has thoughts or ideas, please contact her so you can get invited on the subcommittee.

Dagny Stapleton stated that at the last NACO board meeting they said something about the County Commission but didn't get any bites. She asked that Dena send out a blurb on what it's about, they will put it out in the newsletter. Dena stated that they partnered with UNR, the Center of Healthy Aging and DPBH to do the Elders Count 2020 which will give you a county level breakdown of the seniors, what their health needs are, etc. The last time we did one as a state was 2013 but are putting in an initiative to do it every 2 years now so we have updated data on seniors as we go into session. Dena will send it out when it's done, which will be spring or summer. Dena stated that the data team pulls from about 100 different data sources we found to be the most important ones. The university identifies data sources we can use, and a group of academics will do the analysis and the narrative. Once we get the whole thing done at the state level, we will have it broken up by counties.

Karen stated that earlier Dena mentioned the competitive funding opportunities out right now that cover ten different spheres of care, including Nevada Care Connection, that currently is where Access to Healthcare provides the SHIP services. Karen stated that there is a statewide initiative to apply for some of those funds to get them pushed further out into the rurales. If that happens, is it only one entity per category/program and how competitive is that process? Cheyenne stated that it's a completely competitive process where the current, as well as new providers, can apply for any of the services and notice of funding opportunities. Because of the way that the funding decisions are made, doesn't necessarily mean that the same providers will get the bid again. Karen asked does it also mean that the existing provider can also be awarded again, or is it one award per group? Cheyenne stated that it depends on the funding allocations. There could be more than one provider in a county. Dena stated

that her team is super excited to help and map out which services are available. Dagny asked if they will do an add on workshop. Dena stated that she will try to schedule it.

Item 15: Approval of Treasurer's Report for September 2019, October 2019, November 2019 and January 2020 and approval of bills submitted for payment

Mary Jane stated that we are accruing a little bit of interest which is the only activity since October. On October 8th, we paid for our 2018 tax return with Frushon Accounting for \$100. The current checking account balance is \$539.31, and our savings account balance is at \$3,820.11. We don't have any bills pending; however, I would like a motion to pay Frushon Accounting another \$100 for our 2019 taxes. Mary Jane stated that she could probably do them herself, but it's probably best to have an outside person doing them. Shannon asked if there were any questions. There were none.

Karyn Smith made a motion to approve the Treasurer's Report for September 2019, October 2019, November 2019 and January 2020 and approval to maintain Frushon Accounting to complete the 2019 taxes. Karen Beckerbauer seconded the motion, and it passed unanimously.

Item 16: Setting of Annual dues

Mary Jane stated that our Bylaws state that the number of dues payable by each member, active and associate, shall be established by a vote of the association. Membership dues are due and payable each July and become delinquent on August 1. She asked what we want to do for dues. A couple years ago we proposed \$100 per county. Do we want to stick with that or change the amount? Shannon stated we should keep it at the \$100 per county and bring it back to the next annual meeting for the next year. Shannon asked if there were any questions and there weren't any. She stated that we can start it on July 1, which will be nice so they can put it in their budgets now. Mary Jane stated that in the Bylaws there is a waiver for any of the counties to apply for if they cannot afford the annual dues.

Shayla Holmes made a motion to set the Annual dues starting July 1, 2020, for \$100, being delinquent past August 1. Karyn Smith seconded the motion, and it passed unanimously.

Item 17: NACO Staff Update on Items Not Agendized

No updates.

Item 18: Comments, Updates and Reports Not Agendized

Fran asked if the Regional Behavioral Health members are a part of this board. Are they supposed to sit formally on the board, or sit in and provide insight when needed? Shannon stated the Board primarily consists of Human Services Administrators across the state, however the Regional Behavioral Health members provide updates each meeting for us. Shannon asked if there was anything she would like to add to Item 8, which Jessica and Valerie already did. Fran stated that she doesn't have anything, but glad to know she will be prepared for next meeting and will know what to do.

Mary Jane stated that she received a Developmental Services assessment showing a credit of \$34,000. The DHHS one came with a \$36,000 assessment, but this one came as a credit. Shannon stated that had to do with the agreement with Dena. We paid based off the previous year, and they do a Tru-Up for the next year. Shannon asked if Mary Jane over paid. She stated that she must have. Dagny asked if it was

better overall and Shannon stated that it's been awesome. Mary Jane stated that theirs has been running about \$30,000 each year.

Dagny stated that DHHS asked everyone to update your contracts for the Long-Term Care Assessment with a new clause, so they will match the contract with the changes that Clark made in theirs. Dagny stated that most of the counties should have signed a new contract. Shayla and Shannon stated that there was no contract sent out. Dagny stated that Clark County never followed up with her and she didn't get the answer she needed. Shayla stated that they sent out an email with revised language. Dagny stated she sent that to Clark asking if theirs matched the new contract and they said yes. They never sent out a revised contract. Dagny stated that when they get revised contracts, let her know.

Shayla stated that she has sad news regarding the Robert Wood Johnson Foundation, they responded with our grant application to fund a study to identify a Cross Jurisdictional Health District model. It made it to the final review process but was not funded. Robert Wood Johnson was more money but HRSA is still pending so we are crossing our fingers for that. Shannon stated that she has an update regarding Guardianship. Two years ago, the Nevada Guardianship Association was trying to reform but didn't really reform. It's resurfaced again because the National Guardianship Association is pushing that we have a Nevada Guardianship Association which was a nonprofit. There are conversations around what it should look like, what the membership should be.

Shannon stated that there's a concern on the Bylaws and she is reworking them, and they are having a call in two weeks on the 21st from 12-1pm. Shannon wanted to let everyone know they had some ideas on it, since there was a lot of changes at legislature on Guardianship. Karyn and Shannon want to hold a Guardianship update workshop. Karyn stated she has Christi working on it, but they aren't that organized right now. Shannon suggested we reach out to Jennifer and collaborate with her since it is very confusing and would be helpful.

Item 19: Scheduling of Next Meeting

Shannon stated that we were looking at having meetings every two months, on the second Tuesday of the month. We were asked by Washoe and Clark to hold those in the afternoons at 1pm. Shannon asked if April 21 works for everyone. Shannon stated we are having NCAA and CoC in May in Vegas. Shannon asked if May 22 works for everyone. Karyn stated that May 22 was the NCAA Annual Retreat in Las Vegas and TBD for the time. Shannon asked if we can do 2pm on May 21 after the CoC meeting with the location to be determined. Everyone agreed that will work. We will skip March and April. We will do the workshop with Dena in March on Medicaid.

Shannon stated that the meeting after May will be July 14th at 2pm in Carson City. Karyn stated that the Thrive Conference will be in Pahrump on September 8th. The next meeting can be held September 8th at 2pm in Pahrump. November 17th's meeting will be in Fallon during the week of the NACO conference at 10am.

Mary Jane Ostrander made a motion to schedule the future meetings in May, July, September and November. Shayla Holmes seconded the motion, and it passed unanimously.

Item 20: Future Agenda Items

We will be discussing all of today's agenda items at the next meeting, due to no quorum.

Item 21: Public Comment

There was no public comment

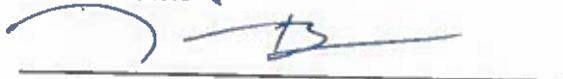
Adjournment

There being no further business to come before the committee, Shannon Ernst called to adjourn the meeting at 3:05pm.

APPROVED:



Shannon Ernst, Chair
Nevada Association of County Human Services
Administrators



Tim Burch, Vice-Chair
Nevada Association of County Human Services
Administrators