

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eightieth Session
March 11, 2019**

The Committee on Health and Human Services was called to order by Chair Michael C. Sprinkle at 1:38 p.m. on Monday, March 11, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/80th2019.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chair
Assemblyman Richard Carrillo, Vice Chair
Assemblyman Alex Assefa
Assemblywoman Bea Duran
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblywoman Connie Munk
Assemblywoman Rochelle T. Nguyen
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Daniele Monroe-Moreno, Assembly District No. 1

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Christian Thauer, Committee Manager
Terry Horgan, Committee Secretary
Alejandra Medina, Committee Assistant

Minutes ID: 558



OTHERS PRESENT:

Carol Reitz, Executive Director/Cofounder, JUSTin Hope Foundation, Reno, Nevada
Arthur Reitz, Private Citizen, Reno, Nevada
Thomas D. Dunn, representing the Professional Fire Fighters of Nevada; and Reno
Fire Fighters Association, Local 731
Mary Beth Collins, Private Citizen, Reno, Nevada
Latisha Roberts, Private Citizen, Las Vegas, Nevada
Kathy Clewett, Legislative Liaison, City of Sparks
Santa Perez, Private Citizen, Las Vegas, Nevada
Steven Cohen, Private Citizen, Las Vegas, Nevada
Tom Krompetz, Private Citizen, Reno, Nevada
Eric Spratley, Executive Director, Nevada Sheriffs' and Chiefs' Association
Christina Conti, Emergency Medical Services Program Manager, Washoe County
Health District
Corey Solferino, Legislative Liaison, Washoe County Sheriff's Office
Stephen Schumacher, Council Chair, Nevada Governor's Council on Developmental
Disabilities
Diana Rovetti, Private Citizen, Reno, Nevada
Steven Conger, representing Power2Parent
Elaine C. Brown, Chief Psychologist, Aging and Disability Services Division,
Department of Health and Human Services
Patricia Farley, Private Citizen, Las Vegas, Nevada
Denise Tanata, Executive Director, Children's Advocacy Alliance
Tristan Torres, Private Citizen, Las Vegas, Nevada
Andrew Smith, Private Citizen, Reno, Nevada
Carmen Martinez Flores, Private Citizen, Las Vegas, Nevada
Jesse Michael Fager, Private Citizen, Las Vegas, Nevada
Marilyn Bazaldua, Private Citizen, Las Vegas, Nevada
Karoline Binelo, Private Citizen, Las Vegas, Nevada
Dashun Jackson, Private Citizen, Las Vegas, Nevada
Kate Newman, League Operations Council, Junior League of Las Vegas
Timothy Burch, Administrator of Human Services, Department of Social Service and
Family Services, Clark County
Ryan Gustafson, Division Director, Children's Services, Human Services Agency,
Washoe County

Chair Sprinkle:

[Roll was taken. Committee rules and protocol were explained.] I will be presenting Assembly Bill 129 today, so I will turn this hearing over to my Vice Chair.

Vice Chair Carrillo:

I will go ahead and open up the hearing on Assembly Bill 129.

Assembly Bill 129: Requires certain first responders to receive certain training concerning persons with developmental disabilities. (BDR 40-157)

Assemblyman Michael C. Sprinkle, Assembly District No. 30:

What we are doing with this bill is looking at training first responders, people who interact with our public, sometimes in crisis situations, to understand and recognize the characteristics of people with developmental disabilities. As a firefighter/paramedic, I have already been through this training. In my almost-30 years as a professional in this world, it has helped me to really understand very difficult and complicated situations. When this idea was mentioned to me, it made a lot of sense and I thought that it needed to be mandatory training for all. Look at all the situations during the last year that have gotten a lot of public recognition such as shootings or other incidents when our public safety individuals have come into contact with others—and may not recognize or fully understand what is going on. To me, those situations helped solidify the need for this mandatory training. I say that with the understanding that this need has already been recognized especially in our law enforcement world. They are already doing a lot of the training we will be talking about today. For those of us who are working in the public safety world, it is really important to have this training and to fully understand what may not be an everyday occurrence for us, although it is for some of the parents in this room.

Now, I will go through the bill. Section 2, subsection 4, relates to initial licensure. This is upon initial licensure of firefighters and paramedics and it requires "2 hours of in-person training concerning identifying and interacting with persons with developmental disabilities." It also requires 2 hours of the same type of training whenever licensure or certification is up for renewal. There is a conceptual amendment to this bill ([Exhibit C](#)) that relates to the continuing education aspect of the bill. No longer does that have to be in person. As long as the individual is able to do this online and the curriculum of that training is similar or the same as what they get in their initial training, that would satisfy the requirement.

Section 2, subsection 10, requires this exact same training for physicians, registered nurses, and physician assistants. However, after conversations with stakeholders, I am requesting the original language be replaced with language that says, if physicians, nurses, or physician's assistants are working in the pre-hospital environment, then they are still required to get this training. An example might be a nurse who works on one of our helicopters that transports patients or a physician or physician's assistant who is out in the field working in that capacity. It does not happen very often, but if they are going to be in that pre-hospital world interacting with people in our public settings, they need to have this training.

Section 4, subsection 3, paragraph (b), requires this exact same training for emergency medical technicians (EMTs) from an EMT-Basic all the way up to the paramedic. Section 11, subsection 1, requires the same training for people going through Peace Officers' Standards and Training (POST) Commission certification, and every two years after initial certification. You are going to hear that this is primarily already being done; we are just putting it in statute.

Hopefully, you can understand why this mandatory training is so important. However, I have people sitting with me now who can really go into it, both from professional and personal view points.

Carol Reitz, Executive Director/Cofounder, JUSTin Hope Foundation, Reno, Nevada:

[Carol Reitz read her testimony from prepared text (pages 1 and 2, [Exhibit D](#)).] The JUSTin Hope Foundation was founded in 2011 by parents of a child diagnosed with autism who know firsthand the effects a diagnosis can have on a family. Our mission is to build a community of support and engagement for individuals and families affected by neurodevelopmental disabilities. The JUSTin Hope Foundation is the first organization to pioneer a continuing training on autism and related disabilities in Nevada.

The possibility of a first responder coming into contact with an individual with autism is seven times greater than coming into contact with the general population. In 2014, we saw the need for providing training to first responders about how to identify the signs of autism and how to effectively interact with our individuals. We sought out and received a grant to put the training together. We researched what other states were doing and consulted and collaborated with a board-certified behavior analyst, a police officer, a firefighter, and a behavior specialist in education to produce all of the vital elements in the training. The objectives of the training are to identify certain behaviors and characteristics of individuals with autism and related disorders and provide the tools for safe interactions with everyone involved. Individuals with autism often stim [self-stimulate]—a self-soothing, repetitive behavior that can be displayed as hand flapping, rocking or spinning, or engaging in echolalia, which is repetitive speech. Stimming is not a sign of being uncooperative, being drunk, psychotic, or on drugs, and you should allow that behavior so long as they are not hurting anyone. In the case of a house fire, it would be helpful to recognize that an individual with autism may run back into the home because that is their safe place.

We gave our first training presentation to the Reno Police Department in 2015 and received valuable feedback [pages 4, 5, and 6, ([Exhibit D](#))]. From that inception and to date, we have trained over 2,500 first responders statewide. The 127 trainings have yielded 98.4 percent positive feedback [pages 4, 5, and 6, ([Exhibit D](#))]. All of the participants are thankful for the knowledge and insight they gained about persons with disabilities and the challenges that individuals and families face. When available, in-person trainings allow first responders to interact with our individuals and experience it firsthand.

Last year, we collaborated with the Washoe County Health District and they produced a training video that provides continuing education units (CEUs) for emergency medical services providers. The 30-minute online training that they have created can serve as a refresher for first responders. Training every two years is important, as changes may have occurred in the training, and everyone needs a refresher on critical topics to improve their job performance.

As of last year there were seven other states that have required the training, and as of today there may be even more. I consider Nevada to be a proactive state, and requiring the training

would allow us to not have to react to an unfortunate situation. We all have heard about the tragic deaths, shootings, or unnecessary roughness experienced by individuals with developmental disabilities. We do not want that to happen in our state. The prevalence rate for autism of 1 in 68 when applied to the Nevada population of 2,790,136, suggests that 41,031 Nevadans have autism.

In closing, I would like to share with you my personal life. I am the proud parent of three amazing boys with my middle son, 16 years old, having autism. They are the reason I wake up each morning and why I continue to find ways they will be taken care of long after we are gone. The thought of my Justin enduring any harsh treatment keeps me up most nights. If you can picture a six-foot, 245-pound gentle giant, then you can picture my son. He wants nothing more than attention and affection from everyone he meets. This can be to our disadvantage, as he could be misunderstood as wanting to cause harm when all he wants is a simple hug. Thank you for your attention to this matter. I would now like to introduce you to the cofounder of the JUSTin Hope Foundation who is also a first responder.

Arthur Reitz, Private Citizen, Reno, Nevada:

[Arthur Reitz read his testimony from prepared text (page 3, [Exhibit D](#)).] I am a parent of a child with autism as well as a first responder in the state of Nevada. I am representing myself and I support A.B. 129.

My wife mentioned a study done by Curry in 1993 that said a person with autism is seven times more likely to encounter a first responder than their neurotypical peers. I would like to elaborate on that. In 2000, the Centers for Disease Control (CDC) put the prevalence of autism at 1 in 150. Today's statistic from the CDC puts the prevalence of autism at 1 in 68, which would put that seven times more likely to encounter a first responder a little higher in my opinion. An individual on the autism spectrum having social differences and an inability to communicate often leads to interactions that can produce misunderstandings, at the least, or tragic endings, at the very worst.

In recent years, we have all heard of tragic interactions between a person with autism and first responders from the 2016 incident in north Miami where a police officer shot at a young man with autism who was holding a toy and hit his caregiver instead, to the July 2017 incident in Arizona where a young boy with autism was standing in a park waiting for his caregiver. This young man was engaging in self-stimulating behavior called stimming, which is a behavior such as rocking back and forth, flicking your fingers in front of your face, or cupping your hand in front of your mouth and speaking into it, as my child does. This individual was playing with a piece of string and kept raising it to his nose and sniffing it when an officer patrolling noticed this odd behavior. The officer approached this individual with autism and asked, "What are you doing?" The individual answered, "Stimming." The individual becoming scared and agitated along with the officer not being familiar with autism ultimately had the young individual on the ground. The officer was trying to handcuff the individual when his caregiver finally arrived and asked what was going on. The officer told the caregiver that he had witnessed the individual holding something up to his nose and sniffing it. The caregiver can be heard telling the officer, "He has autism and

was doing what is called stimming." The officer, who was an expert in the field of drug use, can be heard saying, "I do not know what stimming is." These are just a couple of recent examples of first responder interactions.

I have a personal story I would like to share that has to do with my son Justin. Three years ago, we were on vacation in Newport Beach, California. Swimming in the ocean is one of Justin's favorite pastimes. On this particular day, while swimming in the ocean, Justin stepped on a bottle and flayed open his right foot. Being a first responder, I knew Justin would need stitches. I flagged down the lifeguard on that stretch of beach to get medical supplies and was able to bandage Justin up to keep it as clean as possible. We arrived at an urgent care which was only a few blocks away. When we checked in we let the staff know Justin has autism. They took us back to a room where a nurse looked at Justin's foot and agreed that he needed stitches. We let the nurse know that Justin had autism. The doctor came in and said that he had no experience or interaction with a child who has autism and did not feel comfortable moving forward with stitching Justin's foot. He recommended that we go to the emergency room (ER) of the main hospital in that area. We did, and Justin got the care he needed. I truly feel that in this situation that there was no lack of people who wanted to help Justin, but there was lack of knowledge about an individual with autism.

As a first responder, recognizing autism is only the beginning. Responding to a situation involving an individual with autism can challenge all instincts and training. I believe it starts in securing the training for all departments. Taking initiative now may prevent tragic endings in the future. Working together, I believe we can make a difference in the lives of the disability community.

Assemblyman Sprinkle:

I cannot thank Carol and Art [Reitz] enough for bringing this issue to me, training me as a paramedic, and then working with me as a Legislator to make sure all of us in the public safety world have the proper training and experience whenever one of these situations occurs.

Having done my other job for almost 30 years now, I can tell you that continuing education and the more I can learn, the better I am going to be when I am out on those calls every day. I also think that is true of almost any of my brothers and sisters whom I work with out on the streets. I strongly urge all of you to support this bill.

Vice Chair Carrillo:

Are there any questions from the Committee?

Assemblywoman Titus:

Thank you for sharing your story and for bringing this bill forward. Also, thank you for the clarification about the possible amendment which would not require in-house training, because that was a big concern I had. I am a family practice physician who has multiple autistic patients, also works in the ER, and is also a first responder. All the points you made are accurate, and I agree with them. However, that two hours of mandatory, in-house training is a stretch for me as opposed to being able to, as was mentioned, use virtual

training, review compact discs, or do online training—all those potentially interactive things. Why the mandatory two hours of training every year? As a first responder, we do advanced cardiac life support training every two years. The first time, it is a two-day full course—16 hours—but when I redo it, as long as I am current, it is half that amount of time, so I am wondering why we are going to continue to mandate the full two hours every two years.

Assemblyman Sprinkle:

I think the two-hour training is an important part of the recertification every two years. We have made it easier by doing it online, but this is an ever-evolving world with an ever-evolving understanding of people with developmental disabilities. It is not something that I, as a paramedic and a firefighter, come across every day. So while that in-person, hands-on, training is incredibly important at the very beginning, the refresher and going through all those points over and over again is going to help solidify the safety I am trying to get at when we as first responders are placed in what potentially could be stressful, difficult, uncertain situations. If that training is there, we can immediately respond. It is the same thing we do when we are going into a building that is on fire. If I have to take the time to really think about it, it may change the way I act. If I have had the constant reinforcement and training, I am going to base my actions off my training. That is what is going to make these people safe when I am dealing with them.

Carol Reitz:

I completely agree. I think it is very important to be able to go through the points we go through initially to refresh ourselves about the everyday occurrences.

Assemblywoman Titus:

I am trying to align this with some of the other training I have to take all the time such as diabetes and cardiac training and others that we have to stay current on. I would be curious to see what the initial training and that every-two-years training would be like. I appreciate the clarification.

Assemblywoman Duran:

Is two hours going to be enough training with new developments? As things progress and if there are any new findings, are they going to be included in this training?

Carol Reitz:

We try to structure the training around everyone's schedule. A lot of times the feedback we receive from first responders is that they want more time, or they want more videos, or that kind of thing. So we really try to break down the important points as best we can.

Assemblywoman Duran:

So you just want the basic two hours of training to touch on the main points, and if people want more training, would it be available?

Carol Reitz:

Absolutely. Usually what happens is we allot the two hours, and sometimes it goes over to three hours because of all the questions that are asked. We stay and try to answer as many questions as possible and play off the different scenarios.

Assemblyman Assefa:

How did you arrive at the two-hour training period? This is a population that needs protection. Their actions could easily be interpreted as being threatening to a police officer, which could expose the individual to danger. I have no medical background; I do not understand this, but I feel as though this is a population that needs to be protected. Help me understand whether the two hours are sufficient. Who determines the contents of those two hours of training?

Carol Reitz:

When we did our research, we looked at what other states were doing. We wanted to cover all the key points. In talking with a behavior specialist, we determined that the two hours was sufficient. We could certainly go over—I feel it should be an eight-hour course, but trying to get buy-in for an eight-hour course is probably a lot more difficult than two hours. We try to get as much information as possible in the two hours as we can. Within the training we identify key characteristics about what autism looks like and then we try to provide tools and answer any questions they may have.

Art Reitz:

When we first brought the training out, we did a couple of preliminary trainings with the Reno Police Department to gauge how long or short the training should be. Where we run into time constraints is because they only allow two hours for a certain amount of training and they have training all day long in two-hour increments. That is how we geared our training so that we could meet with more departments. That seems to be the window of opportunity for most departments. We try to get as much information as possible in that two-hour period. I could talk all day about autism and it could probably be an eight- or ten-hour training, but you are not going to hold someone's attention for eight or ten hours.

Assemblyman Thompson:

Thank you for sharing your story because it resonates with so many others in our community. In the interim, even though I worked around children with autism, not as a professional but in the community, that awareness during the interim was very intense. Families have said that when they go to the ERs, staff really need to know about their children. It can be a scary situation.

It is possible for this bill to pass. In 2017 I had a suicide-prevention training bill, Assembly Bill 105 of the 79th Session, that this models. I know there are going to be challenges and people saying that this is more and more training, but I want to encourage you to keep moving along, keep all the stakeholders at the table; it is all about compromise when we are doing bills.

Even though the personnel and professionals you are talking about would be trained, how do we make that balance for the community? The community needs this awareness too. I know that is not in the bill, but it relates to it and I know many people are listening and watching. If you could share with us the extent of awareness around autism because, for example, we are seeing a lot of our young people and older people losing their lives around a situation where a first responder did not quite understand the person in the community.

Assemblyman Sprinkle:

It is important to reflect on what we are asking for today in the bill, and this is specifically about public safety. I have already stated why I feel this is relevant and important. One thing I want to stress is oftentimes—either for myself in the fire/EMS world or in the law enforcement world—these situations can be sudden. There can be a lot of stress involved and I promise you that we—everyone in the public safety world—want to make the right decision. We want to do what is best for the people we have taken an oath to serve and to protect. That is why this training, for them specifically, is so important, and that is why I brought this specific bill forward. As far as the broader, more general idea about awareness for communities as a whole, I absolutely agree with you. The bill does not address that, but I think the JUSTin Hope Foundation probably does, so I will let them answer that.

Carol Reitz:

Being a parent, I feel as though I am constantly educating people about what autism is. We continue to do that, whether it is an everyday conversation or in a training of some sort. I feel as though we are constantly trying to educate as many people as possible. Other organizations are reaching out to us and we have security personnel who want to be trained. That is very important and we will address those as they come forward.

Assemblywoman Titus:

I am curious about the training you are giving. Who certified you? Is there a national certification body that certifies what training there is? Who determines what this training should involve and its adequacy, and do we get continuing medical education credits for it? Is there a national certification process involved? How does this all come about?

Carol Reitz:

I wish there was a national certification but there is not; however, other states are doing it. We talked to a board-certified behavior analyst, a firefighter, a police officer, and a special education teacher. All were involved in putting the training together. We looked at the training aspects of what other states were doing. That was how we were able to compile the training.

As far as certification, we offer POST credit because we are POST-certified. We are also working with an organization to offer continuing education units for emergency medical services providers.

Assemblywoman Titus:

But these are not continuing medical education credits for the physicians and other providers.

Carol Reitz:

No, they are not.

Vice Chair Carrillo:

Are there any further questions, Committee members? [There was no reply.] I have a couple of questions. How would you see rolling out this training to current police and fire personnel?

Carol Reitz:

We are currently doing the training. We just wanted to be able to expand to other departments. We are currently collaborating with other departments. It is part of their crisis intervention training (CIT) programs.

Vice Chair Carrillo:

How long do you think it would take for an agency such as the Las Vegas Metropolitan Police Department (Metro)—and they are currently doing it. Is there a timeline?

Carol Reitz:

As far as Metro is concerned, we are training them once a month during their CIT program.

Vice Chair Carrillo:

Is this training about autism or about developmental disabilities?

Carol Reitz:

It is about developmental disabilities with the emphasis on autism because that is a hidden disability. A lot of times, that is where we are fighting the most—the most impact on how to train them effectively.

Assemblyman Hafen:

I believe there is a two-year period during which they are required to get the training. Are there other organizations to do this training? Are we going to run into an issue where there are not enough trainers to train all the emergency services individuals?

Carol Reitz:

I have heard of other organizations that have done the trainings. I am not opposed to allowing someone else to do the training. I am not the ultimate arbiter of what the training should look like.

Assemblyman Sprinkle:

This training is already going on in our POST certification for law enforcement, and the Washoe County Department of Health already has their online training in conjunction with the JUSTin Hope Foundation. There are others who recognize the need and the value, and as this becomes a standard, I would hope that others would be willing to step up as well and start providing this training.

Assemblyman Hafen:

With all the jurisdictions throughout the entire state, if it is just your organization doing the training, is two years enough time to go to the rural communities and train throughout the entire state? I want to make sure the language in the bill is not restricting ourselves too much.

Assemblyman Sprinkle:

I believe my proposed amendment will ease some of that burden as well. No longer will the training be in-person every two years everywhere in the state. It is just that initial training for certification. Once this training is online, people will be able to access it on their computers.

Assemblyman Assefa:

You mentioned that law enforcement already does this training. Are they required by law to do it as part of their training or are they doing it just as a routine?

Carol Reitz:

I think they do it as a necessity. They realize that it is something that is necessary. There are other departments that have not quite bought into it yet, and those are the ones we are really trying to reach. We have done trainings in the rural areas. As I said, we do the training for Metro and also here for the Reno Police Department.

Assemblyman Sprinkle:

In my meetings with stakeholders about this to try to make sure they were all on board, this was one of the things that was mentioned to me—they have been doing this for a while because they recognized the need for it. It is not a matter of having to meet continuing education requirements or that it is a mandate—even though we are going to try to put that in statute—it is simply that there is a need. It is a philosophical, fundamental shift that our law enforcement community has gone through over multiple years. We have all taken an oath to protect and to serve, and understanding the people we are protecting is of value to all of us.

Assemblyman Assefa:

As a clarification, is law enforcement included in this bill?

Assemblyman Sprinkle:

It is.

Vice Chair Carrillo:

Committee members, if there are no further questions, we will go to testimony in support of A.B. 129.

Thomas D. Dunn, representing the Professional Fire Fighters of Nevada; and Reno Fire Fighters Association, Local 731:

Art and Carol Reitz are members of our fire family. It is important to recognize today that the Reitz family started the JUSTin Hope Foundation because there was a need in the northern Nevada community for education and awareness of autism and developmental

disability issues. They filled that need not only by their foundation, but also by creating the JUSTin Hope Spring Forward for Autism event that happens every April. Along with that need, they created a small business to help fund their foundation. They run a small business with all the profits going directly to the foundation to keep services going. They also found out that there was a need to provide a facility for autistic kids to go to in our community, and they have filled that need as well.

They identified the fact that first responders—our EMS, fire, and law enforcement professions—needed training in this particular field. There may be concerns today with the premise of in-person training, but let us consider the following: Your law enforcement, fire, and EMS agencies are already responding to calls involving people and families with developmental disabilities. These are some of the most vulnerable members of our communities and they deserve the same level of care and compassion as do all our residents. The families whose members have developmental disabilities are already under incredible emotional and financial strain. First responder training will make our interactions with these families positive by the time we leave. This training will allow your public safety and EMS agencies to identify and interact in an informed and educated manner with those who have developmental disabilities. Finally, it is the right thing to do for our residents in our communities. The Professional Fire Fighters of Nevada are in full support of A.B. 129.

Mary Beth Collins, Private Citizen, Reno, Nevada:

[Mary Beth Collins spoke from prepared text ([Exhibit E](#)).] I am here representing myself and my family. I strongly support this bill. My 7-year-old son suffers from a severe seizure disorder. As a result of the seizures, he suffers from developmental delays. He was a healthy, typically-developing child until just before his fourth birthday when he had his first tonic clonic seizure. Since that time, he has struggled with hundreds of seizures a day. Along with his health issues, he also has some behavioral struggles. My family benefits from the services the JUSTin Hope Foundation offers, so I would also like to give my thanks to the Reitzes for providing such an incredible service in our community.

Because my child has health issues, we have a ton of interactions with first responders. We know our local ambulance drivers and our local firemen. We have generally had positive experiences. We love our first responders, but it does not reduce the fact that I live in fear for my son's future.

I would like to share a few statistics with you. Nationally, 50 to 80 percent of officer interactions involve an individual with some sort of disability, and some sort of first responder is usually the first to arrive on a scene. Individuals with disabilities experience more negative outcomes due to natural and manmade disasters and emergencies than do people without disabilities. This vulnerability appears due in part to knowledge gaps among public health and safety emergency planning and response personnel. If you are interested in more research, there are some very interesting and sad academic papers about the response to Superstorm Sandy in New York, and how many people with disabilities were not adequately or properly served during the evacuation process. People needed various services after that

storm, but people with disabilities did not get them because people did not know how to serve the folks with disabilities.

Individuals with developmental disabilities are 4 to 10 times more likely to become crime victims than are individuals without disabilities. The victimization rates for persons with disabilities is the highest for sexual assault—which is more than 10 times as likely than for a typical peer, and robbery is more than 12 times as likely. Individuals with disabilities will interact with first responders during their lifetimes, and how police officers perceive and understand disability plays a significant role in how these cases develop and evolve. Clearly, first responders play a critical role in the health and safety of all the members of our community, but it is very hard to expect them to provide high-quality service to people they do not understand.

I would like to tell you some ways my son Jimmy does not respond like a "typical" child. My son Jimmy struggles mightily with elopement behaviors. That is a fancy way to say that the kid runs off. Sometimes he wanders off; sometimes he runs off at full speed. I lost him in a hotel once and had the entire hotel staff searching for him. We found him playing in the elevators. I have chased him at full speed three-fourths of a mile through our neighborhood trying to catch him. Luckily, he is still seven and I can catch him. He does not have particularly good judgement. He will dart out into traffic. He is a risk to himself and we have not needed first responders to help us find him yet, but possibly in the future we may need search and rescue support to find this kid.

His seizures cause significant variability in his ability to communicate. On some days, my son is completely nonverbal and can hardly move. On those days, he would not be able to understand or follow any instructions. On a good day, he can follow a one-step instruction but not a two-step instruction. That means I can say, "Go get your jacket," and he will go get it. But if I say, "Go get your shoes and your jacket," he will probably not get either. I know that, but would a first responder coming to assist him recognize that someone with a developmental disability may not be able to follow those two-step instructions a first responder might be giving. Whether it is to keep him safe or it is a peace officer trying to interact as in Art Reitz's testimony, he just cannot, and I think it is really important that first responders know that about children like mine and adults with these disabilities.

My son loves police cars, fire trucks, ambulances, and everything about first responders, but he is terrified of strangers. He loves occasions like the JUSTin Hope Foundation's events where kids like my Jimmy can interact with first responders in a nonthreatening environment, but he will not talk to them. He will not make eye contact nor will he go near them. He loves going to the event, but he refuses to talk to first responders. That is amusing when we are at a park in a safe environment, but it is terrifying when you think that someday he might need those first responders to keep him safe. He is easily overwhelmed by loud sounds or bright lights, and new situations cause him to cover his ears and hide. If our house were to burn down, he would probably be hiding behind the couch with his hands over his ears, and probably would not come out even if a fireman was calling him.

Sadly, people with developmental disabilities such as seizure disorders are frequently misunderstood by society. First responders can misinterpret the actions of people with developmental disabilities and the consequences can be tragic. You can read an example of that in my written testimony ([Exhibit E](#)). This training is so important; please support the bill. You will be protecting our citizens and you will be empowering our first responders.

Latisha Roberts, Private Citizen, Las Vegas, Nevada:

I am in support of A.B. 129. I am here as a mother who was a foster parent turned adoptive parent. I received my son when he was 2 years and 9 months old. He was not able to speak. After about 6 months, he started speaking and talking and using the restroom. But then, at the age of 5, he first eloped. Since then, he has been in 17 mental health institutions. He is now 13 years old and he is outsourced because Nevada does not have anywhere for my son to live.

He is not only a danger to himself, but he can also be a danger to society. He is 13 and stands six feet tall. He is aggressive, has multiple disabilities, is bipolar, and has schizophrenia. I am here today because the least we can do is support these first responders. The more information they have, the better it will be—not only for my son but also for children and adults like my son. For me, it is a life and death situation. He is aggressive, so when a first responder showed up at the school, he was flipping desks. Of course, they have to be safe also, but I was there screaming at them that he is autistic. It was a very dangerous situation and, at the age of 11, to have guns pulled on him was not okay. We need help, and today I am supporting this bill because it will help society. It will help him become a better person. He is going to grow up someday and I want him to be able to live in society.

Kathy Clewett, Legislative Liaison, City of Sparks:

I am here in support of A.B. 129 with the amendments. I appreciated the opportunity to work with Assemblyman Sprinkle on this bill and get online training for my first responders. That was one of their concerns, that they would not have time to do the training as often as they would like.

Will this bill also cover the mobile outreach safety team (MOST) workers who go out with our police officers? In Washoe County, those workers go out with all three jurisdictions—Washoe County Sheriff, the Reno Police Department, and the Sparks Police Department. They are out for their entire shift with an officer, and they are usually the ones getting the calls even if they are not quite sure what the call is for. They have to respond, they have to wear flak jackets, and they are the ones sitting talking to people—so I wondered if this bill will cover that particular group. They do not necessarily fall under "emergency responders" within the counties. I believe Clark County also has a MOST unit, so that question would apply to them as well. I checked with the woman in charge of the MOST unit in Washoe County and she said that they do not get this kind of training but would welcome it. They were okay with the fact that the training takes two hours and would have to be kept up every other year.

Vice Chair Carrillo:

Speaking with our committee policy analyst, we will check into that and see what needs to be done.

We will move to the south for those in support of A.B. 129.

Santa Perez, Private Citizen, Las Vegas, Nevada:

[Santa Perez spoke from prepared text ([Exhibit F](#)).] I am a member of the Governor's Council on Developmental Disabilities, but today, I am only Santa Perez. I would like to tell you how A.B. 129 is so important and how it will help people with developmental disabilities and intellectual disabilities.

I had an incident with the Las Vegas police department, the Las Vegas fire department, and paramedics. In Las Vegas, I was at the Kmart shopping center parking lot. I was going toward the bus stop on the corner of Rancho and Craig. In the parking lot an African American couple in a beige color four-door sedan came towards me and asked if I needed some help. I politely said, "No, thank you," and went on my way. The parking lot was not very full, only 40 percent full, and no cars were around me. I went by a tree to think for a while. When I was by the tree, I heard the fire truck come. When they came to me, I tried to get away from them because I did not want to go through everything. There were two firemen, one white and one black. The white fireman asked me what my name was. I told him that I did not have to tell him that and he said that I had to. They never told me their names and proceeded to hold my arms to the armrest of my wheelchair. I repeatedly asked them to let me go and they ignored me.

Meanwhile, a female policewoman came on the scene, never saying her name or addressing me. She talked to the firemen. The firemen told the policewoman that they got a call saying that I was darting in and out of cars and I was driving irrationally and I was full of urine. I was never spoken to or asked any questions and was left out of the conversation. Two paramedics came on the scene. They began to observe me and began telling all of them I was on drugs.

Without my permission, they began to look through my side purse and portfolio. They took my cellphone away too. The white fireman called my home and talked to Tim, my roommate, and told him to come and pick me up. There was a confrontation between Tim and the white fireman. Then Tim called back and talked to the policewoman. Tim told her to let me go and they had no right to hold me. I was yelling at Tim, telling him that they were holding me down and to help me. John, the paramedic, did ask me what medications I was on and I told John that I had asthma. John found my business card from the university and called my cell. Obviously, my cellphone rang and he said, "I am calling you (looking at me)."

Tim called again and talked to the black fireman. He asked to talk to me. The fireman asked the policewoman, "Do you want to talk to him," and she said, "No, I am not talking to that asshole." I kept saying that I wanted to talk to Tim. The white fireman said, "No." The

policewoman told everyone that since no one was coming to get me, she was going to put me on a Legal 2000 hold and take me to the hospital for drugs testing. That policewoman ordered John to give me a shot. They placed me in the ambulance, ripping out my purse from a secured place on my wheelchair. The only time the policewoman addressed me was to ask my age. I told her, "Forty-four." She replied, "Forty-four?" I said, "Forty-four, yes."

While in the ambulance, John was starting an intravenous (IV) line. The black fireman said to John, "Hey, man, can I do that? I need the practice." John allowed him to proceed to put in the IV. John also gave me a shot in my arm. He did not inform me what the name of the medication was nor the side effects. The medicine made me feel sleepy and dopey. John did not ask me if I was pregnant. It did not matter if I was or not.

At the hospital, all the nurses and doctors asked me why I was there. They all understood me and immediately recognized that I had cerebral palsy. They also realized I was not mentally ill and I was not full of urine. I was released within two hours. I feel that if the officers had the appropriate training that is in A.B. 129, the whole situation would have been avoided and I would not be scared of law enforcement.

Steven Cohen, Private Citizen, Las Vegas, Nevada:

Shortly after moving here we did not have a primary care physician, so we were sent to Montevista Hospital for a mental health evaluation. The attending physician that night had no clue what autism is. We support this training for first responders and medical professionals.

Tom Krompetz, Private Citizen, Reno, Nevada:

I am a captain with the Sparks Fire Department and the father of a child with autism. I am here today to advocate for A.B. 129, legislation ensuring that all first responders, including law enforcement, fire service, and EMS, receive training in neurodevelopmental disabilities. I would hope that if there was ever an emergency at my home, the first responders arriving would know how to treat my son, knowing his specific needs. This legislation will ensure that first responders will have that education and training.

When this legislation is passed, you will be saying to the citizens of Nevada—your customers—that you see the need and that you are willing to act on that need. To this point, training in this area has only been achieved through efforts of mothers and fathers such as Carol and Art Reitz and myself by promoting the need. Thank you for the opportunity to speak with you today.

Eric Spratley, Executive Director, Nevada Sheriffs' and Chiefs' Association:

We are here today in support of A.B. 129. We thank Assemblyman Sprinkle for bringing the bill and for working with us on the amendment that makes it easier to continue the education by video. As was stated in testimony, much of this type of training is already covered in Nevada POST Academy training as well as in crisis intervention training, so we welcome this additional and focused-type of training as outlined in the presentation of the bill.

Christina Conti, Emergency Medical Services Program Manager, Washoe County Health District:

We support this bill with the proposed amendment. To give you a little bit more information, it was my program, the Washoe County Health District's Emergency Medical Services Oversight Program, that went after grant funding from the Nevada Governor's Council on Developmental Disabilities. A member of my team, Brittany Dayton, did all the research and created two different training videos. One is a shift-briefing video taking into account police officers and the quick turnaround time with briefings. The other one is the continuing education units (CEU) video. We have it approved for POST as well as for EMS credits. At this moment, it is available statewide free of charge. Again, we absolutely support this bill with the amendment and look forward to our product being a part of this.

Corey Solferino, Legislative Liaison, Washoe County Sheriff's Office:

With almost 20 years of service as a trainer to law enforcement, you will never hear me come to the table and lobby against training. We appreciate Assemblyman Sprinkle bringing this important measure forward, and Carol and Art Reitz for meeting with me a couple of years ago when I was a training sergeant and bringing this important training to our training division. Providing that friendly amendment will enable us to reach out and touch our 441 commissioned officers and make that more reachable for everybody in the department. We appreciate that and support this necessary training.

Stephen Schumacher, Council Chair, Nevada Governor's Council on Developmental Disabilities:

I support A.B. 129. I also am a person with a disability. The training for first responders will be great. My sister is a first responder. When she and other first responders get this two-hour training, they will know how to deal with people with autism and other people with disabilities. I have a learning disability myself. I needed first responders to come to my residence because I had a seizure. My parents did not know what to do. Luckily, first responders came to my rescue. That is why I believe my sister became a first responder, and that is why I support the bill.

Diana Rovetti, Private Citizen, Reno, Nevada:

[Diana Rovetti spoke from prepared text ([Exhibit G](#)).] I have been an advocate and leader in the disability community since my son Jack was born 20 years ago. You met Jack a couple of weeks ago in your Committee. When I had Jack, it became my life's mission to support him and other people like him. Our kids are now being raised in an inclusive environment with other students, so I am hoping that eventually this will no longer be a problem. Like you and me, we probably were not raised around very many people with disabilities, so we need the training. Hopefully, the world will become more accepting.

We have mostly had all good interactions with first responders. Kids with Down syndrome also tend to elope, and we lost Jack a lot of times. I have four daughters and Jack, and we would all run out of the house and look for Jack all around the neighborhood. One time we could not find him. We got a call from the police department who told us they had Jack and were just down the street and were bringing him home. Here they came, two police cars with

their lights on, and they brought him home. Jack was happy; he loved it; however, we were not happy. We were scared. The police officer then said to me, "You better not ever let this happen again. We are going to call social services, and we will have him taken from you." I thought that was a little harsh.

Jack eventually went on to serve in the Reno Police Department's Explorer Program where he was welcomed. The Reno Police Department was excellent. Maybe my example of Jack at 5 years old is not one that caused harm, but fast forward to 2013 when a young man with Down syndrome was killed by police officers because he would not leave a movie theater in Maryland. Ethan Saylor was 26 years old. He loved going to the movies, and ironically, he loved police officers. He was with support staff seeing the movie *Zero Dark Thirty*. Ethan decided he wanted to see the movie again. When he refused to leave, a theater employee called three off-duty Frederick County sheriff's deputies who were working security at the Westview Promenade Shopping Center and told them that Saylor either needed to buy a ticket or be removed. When Ethan would not leave the theater, he was handcuffed and put face down; he suffered a fractured larynx, and died of asphyxia. The family received a \$1.9 million settlement. Even though that money will not bring him back, his family has been dedicated, as have the Reitzes, in educating first responders how to interact—not only with people who have autism, but also people with Down syndrome because they can be stubborn, they can elope, and they sometimes do not listen.

There are things first responders can learn that will help them be able to deal with our kids. Ethan's mother, Patti Saylor, said that as a parent of a child with disabilities, you are fighting and standing up for them from the moment they are born. While the advancements in training are part of Ethan's legacy, Patti Saylor said she advocates for law enforcement officers to sit down with people from the disabled community in order to build relationships with them. I agree with Ethan's mom. In addition to the first responder training, it has to go beyond simply sitting in a training session and learning about a disability. Having relationships between law enforcement officers and people with disabilities—that is sustaining and that will be longer lasting. It is my hope that the first responders can spend time with people with disabilities and learn to get to know them.

Steven Conger, representing Power2Parent:

One of the reasons we exist as an organization is under the principle that we believe every child is an individual and every child deserves individual consideration. We are in support of this bill and we appreciate the work Assemblyman Sprinkle is doing.

Vice Chair Carrillo:

I do not see anyone else who wishes to speak in support of A.B. 129 either here or down south, so we will go to opposition. Is there anyone in the south or in Carson City who is in opposition to A.B. 129? [There was no reply.] Is there anyone neutral to A.B. 129 either here or down south?

**Elaine C. Brown, Chief Psychologist, Aging and Disability Services Division,
Department of Health and Human Services:**

For over 15 years I have had the privilege of working with community partners to provide education and training to law enforcement and first responders aimed at supporting families, children, and adults with disabilities to promote living fully inclusive lives within our communities. These efforts have included specific requests from leaders who have recognized the need to attend to our changing and evolving communities and the important roles that law enforcement and first responders play. Families have communicated appreciation knowing their daughter or son with a developmental disability will be supported when there is a crisis, when a child goes missing, or when there is suspicion of victimization. Law enforcement officers have expressed gratitude and increased understanding of how to best protect and serve after hearing people with developmental disabilities describe their experiences in community life.

Roughly 48 percent of children with autism wander from safe environments—nearly four times the rate of children without autism. Accidental drowning, falling, and wandering accounts for 91 percent of total U.S. deaths reported in children with autism ages 14 and under. The rate of violent victimization for women with disabilities has been reported at more than triple the rate compared to persons without disabilities. And people with intellectual disabilities are the victims of sexual assault at a rate seven times higher than those without disabilities.

Assembly Bill 129 is aimed at equipping law enforcement and first responders for the best possible outcomes in responding to the needs of children, families, and adults with developmental disabilities in our communities.

Vice Chair Carrillo:

Seeing no one else who wants to speak, would the bill's sponsor like to make any closing comments?

Assemblyman Sprinkle:

I cannot thank everyone who has come up and given their personal and very touching testimony enough. This truly speaks to the value of the bill that is before you. As with any of my pieces of legislation, I am happy to work with anyone who wishes to bring ideas to make it stronger and better, but in the end, I think the bill speaks for itself and I hope you will support it.

[([Exhibit H](#)), ([Exhibit I](#)), ([Exhibit J](#)), and ([Exhibit K](#)) were submitted but not discussed and are included as exhibits for this meeting.]

Vice Chair Carrillo:

We will close the hearing on A.B. 129.

[Assemblyman Sprinkle reassumed the Chair.]

Chair Sprinkle:

We will open up the hearing on Assembly Bill 150.

Assembly Bill 150: Authorizing certain adopted children to enter into an agreement to receive services and payments from an agency which provides child welfare services. (BDR 38-453)

Assemblywoman Daniele Monroe-Moreno, Assembly District No. 1:

It was my honor to chair the Legislative Committee on Child Welfare and Juvenile Justice during the 2017-2018 Interim. It is in that role that I come before you today to present Assembly Bill 150. Assembly Bill 150 was approved by the Legislative Committee on Child Welfare and Juvenile Justice in August at the request of the Children's Advocacy Alliance.

Patricia Farley, Private Citizen, Las Vegas, Nevada:

I am the former State Senator for Senate District No. 8 and former Vice Chair of the 2017-2018 Interim Legislative Committee on Child Welfare and Juvenile Justice. I would like to thank Assemblywoman Monroe-Moreno for making this issue, along with concerns for the care of Nevada's most vulnerable children, a priority this session.

I stand in support of A.B. 150 as proposed to be amended to provide much-needed programs to the current child welfare program. It will extend Nevada's voluntary court jurisdiction program established through Assembly Bill 350 of the 76th Session to allow certain youth who are in care at the age of 14 but achieve permanency before attaining the age of 18, to be eligible for the program on a voluntary basis. I also support formally extending Nevada's foster care program to age 21, allowing youth in care at the age of 18 to voluntarily remain in foster care until their twenty-first birthday.

I am a foster mother of two girls ages 13 and 8 and will be adopting both girls sometime this summer. I, like many families now, am suddenly in a position to add two more people to my dinner table due to the ravages of the opioid scourge. My family is lucky. I can welcome these girls into my home, buy them clothes and food, and give them shelter. If I had not been this lucky, or able, these two girls might have a frightfully different story. The child welfare system and the laws are designed to really achieve one of two outcomes—reunification or permanency. Children who do not reunify with their parents or achieve permanency through adoption or guardianship will most likely be raised in a group home. All three outcomes still leave children in a very tenuous situation. Reunification, which in my opinion is that the parent has reached the lowest bar of parenting acceptable, means the parent has regained custody of the children. Adoption or guardianship of children not living in homes of the truly rich will still need care and services provided by the state.

While completing the required courses for my foster license, I noticed one notable fact about the demographics of the program—about 65 percent were 20-plus years older than me. About half of those grandparents were holding very young children in their laps. I am pretty sure their retirement plan never included the raising of their grandchildren, and I am pretty

sure that these same grandparents took in their children's children never realizing that in 18-plus months of care, the court is going to require permanency for the children.

At this point, if the parent has not achieved the lowest bar possible of parenting, the foster family must decide if they are going to adopt the children or allow the state to seek permanency for them. I think we can all agree children are only removed from the custody of their parents under the most dire of conditions. The child has most likely seen and been a victim of horrible crimes at the hands of these monsters, which are normally their parents. The emotional and physical abuse and neglect are unimaginable. However, these children are removed and placed in healthy homes with adults committed to their safety, or at least we hope that this is more often than not the case.

A lot of the children in foster care require intensive intervention, support, and structure not imaginable in a normal home. We want to believe that once a child finds a permanent home that all is well, but all may not be well. Even children who are placed in the healthiest environment struggle every day with what we would assume to be normal life. These kids spent years being tortured, abused, neglected, and hungry. This does not end overnight, in a month, or in a year, and these kids typically do not blend well into normal family life. This is why so many kids disrupt out of good foster homes, and why we are starting to see a rise in numbers of reversed adoptions. The parents cannot imagine the child's behavior and the child's needs for services that were ended with permanency. If the child is the priority, allowing the adopted parent and the child to seek assistance and support from the state may stabilize that family.

It is true that good families may decline permanency even if given the support interventions that come with adoption. If you have already experienced a high-needs child, you know the day after adoption that that child is not cured, and parents know if they are not equipped to provide interventions, they most likely will not continue to have that child living in their home. Adoption is an expensive proposition. I have worked 20 years and saved and planned for the care of my two daughters. I have college accounts, car accounts—everything you can imagine that a parent should do for their child. A year ago I realized I now had two children to get through high school, college, and help provide with a start in life, along with feeding them, clothing them, and sheltering them today. Over the past 13 years, I had planned for two children and now I have four. If I were a retired grandparent living on a budget, I would not be sure if I could survive raising children without the continued support of the state. The nature of this bill will provide adoptive guardians and kinships more support in the home. The bill will allow children to maintain current support levels while they complete a plan that statistically includes them not transitioning into the adult system.

Assemblywoman Monroe-Moreno:

Over the past few sessions, this body has been gradually expanding support for foster children, adoptive children—of which I am one, I am a former foster child—and children in need of protection. This bill will continue those efforts.

Denise Tanata, Executive Director, Children's Advocacy Alliance:

I want to clarify a couple of points about the bill language. There was miscommunication about the intent of the language in the original bill. Right now, the language in the bill says that any child who had ever been in foster care at any point will qualify for these services. I want to assure you that was not our intent, which is why we have put this amendment forward ([Exhibit L](#)). I also want to provide some clarity concerning why we are looking for these changes to the law.

The first section is really about lowering the age of eligibility for our current Assembly Bill 350 of the 76th Session program—our voluntary jurisdiction. A lot of this came from conversations I had with youth who are currently in the foster care system or who were previously in the foster care system—and you will hear from some of them shortly. When they become teenagers and get into the independent living program, they start learning about some of the stipends they will receive when they get out and some of the supports they will be getting. A lot of times, if they are presented with an option of adoption or guardianship or a placement, knowing that if they do not age out at the age of 18 they will not be eligible for those programs, a lot of them are choosing not to go into permanent placements. There are also situations where youth have been adopted at older ages—as teenagers—because there are financial adoption incentives for an adoptive parent to take on special populations, and older kids are among that population. Then, when those children turn 18, they are basically getting kicked out of the home.

Once a child comes into the foster care system, the state is the parent of that child, and the state remains the parent of that child and is responsible for his or her well-being. If we are placing a child in a placement, whether it is a guardianship or an adoption, and it does not work out, the state becomes a parent again and needs to take responsibility for that child.

Part 2 of this amendment ([Exhibit L](#)) is similar in nature, and I will explain some of the differences. There is a federally reimbursable extended foster care program which Nevada does not take part in, although about half of the states in the U.S. participate in it. This bill would require the state to establish that program. On the handout ([Exhibit M](#)), I provided you with some data and statistics so you can get an idea of how many kids are receiving independent living services, how many are aging out, and how many are exiting the system who would then potentially be eligible for those additional services.

I also want to point out that there are some supports for foster youth that currently exist. One is the Chafee Foster Care Independence Program [page 2, ([Exhibit M](#))] which is federal funding that comes into the state. We know that funding has recently been cut, but those funds are for services to youth to help them achieve self-sufficiency. The Funds to Assist Former Foster Youth are state funds that are used. These are funds that do not go directly to the youth but can be distributed on their behalf. Then there is the voluntary court jurisdiction, a result of A.B. 350 of the 76th Session that we have talked about. Those are payments that could go directly to the youth.

This is coming from direct conversations we have had with youth currently in the system, those who have exited, and those who wished that they had different choices. Some of the youth recognize that they made bad choices when they aged out and want the opportunity to come back and correct them, but they do not have that chance. As the mother of a 23-year-old, she was not completely independent when she turned 18. She is still not independent. Anyone who has kids knows that just because they turn that magic age of 18 does not mean that all of a sudden they are completely capable of taking care of themselves and we cannot expect any more from our youth in foster care than we do from our own kids.

Chair Sprinkle:

Are there any questions from the Committee? [There was no reply.] I have a question. The current statute allows for these transitional plans as long as the legal system maintains custody after they turn 18. So these plans already exist. Is this bill allowing the local child protective service agency to also enter into agreements?

Denise Tanata:

The current program under A.B. 350 of the 76th Session that was established in 2011 authorizes voluntary court jurisdiction. Right now when youth age out at age 18, they have the option to go into that voluntary court jurisdiction where they are still under the jurisdiction of the court. There are certain requirements that they have to meet such as meeting with a case worker and engaging in productive activity. Then they will get a monthly stipend—a cash stipend that goes directly to that youth that can be used as the youth would like.

The other option is youth can decide they do not want to have anything to do with the agency or the system anymore, and they can go completely on their own. The difference with the extended foster care that we are trying to add with the state is that it is a federally reimbursable program. It also allows youth to remain in their foster care placement up to the age of 21. It is not that the foster care systems right now are not allowing some youth to stay in foster care past the age of 18, but we do not have a formal program to allow that. There are a lot of housing issues with finding those appropriate placements, but if we have the extended foster care, those youth could remain in a placement if they choose to, and that payment would continue to go to the foster parent. There would still be requirements for things that youth would have to do in order to remain in care.

I have been researching other states and how they are using the extended foster care program. A lot of states have more transitional programs where maybe you start by remaining in your foster care placement and that payment goes to the foster parent. When you are ready, you start transitioning into independence; maybe you live more independently on your own, but the agency is helping to pay by using that foster care payment to help pay some of your services. The final stage would be very similar to A.B. 350 of the 76th Session where that youth could then receive the payment themselves. It would allow for a better transition rather than being in a foster care placement with the foster parent getting the funds, and then when the youth turn 18 they age out, and all of a sudden the youth is receiving the payment.

Chair Sprinkle:

It is more than just the monetary aspect, right? If I understood you correctly, the way it is currently, they turn 18 and are in this extended plan through the courts. They get the payment, but it sounds as though the services become more limited. What is being proposed here would be a continuation of the foster care program the youth are already in, but it is designed to help them start transitioning into independent living and being out on their own. Do I understand that correctly? Are agencies already doing this? I thought they were.

Denise Tanata:

To answer the first part of your question, yes. It allows for more of a transition period for those foster youth and also gives them more options. Just like everyone else, youth are all different. Some are in a really good place when they turn 18 and are very responsible and ready for that move, others are not, and there are multiple stages in between.

Yes, the agencies are doing independent living programs, and you will hear from some youth today who are in those programs. Is there more we could do for our youth who are in those programs? I will let them answer that question for you.

This is not a magic bullet. This is still going to require our agencies to use those resources appropriately and create some additional options for our youth. In Clark County, transitional housing is a huge issue. Youth are going from a situation in which they are staying in a home and basically having a parent supervise them. Really, the next option is being able to be completely on their own in an apartment, but resources that provide those in-between supports are very limited.

Chair Sprinkle:

This amendment ([Exhibit L](#)) allows for termination of the agreement and then reinstatement of the agreement, and it gives three different examples of how an agreement might be terminated. If the agency is the one that terminates the agreement because the individual is not adhering to the agreement outline, is it mandatory that they must enter back into an agreement if the youth or the person in transition chooses to reenter? Do they still have the authority to say that because it did not work once they will not enter into an agreement a second time?

Denise Tanata:

Sometimes the second youths turn 18, especially if they have been in a foster care system, a group home, or had some negative experiences, they are out, they are gone. They do not want anything to do with the system; they do not want to remain where they are. But a lot of times—six months, a year, or a year-and-a-half later—they realize that they do need the help and support. This would allow youths to come back to the system and go back into foster care, independent living, or back into the extended foster care program. They would be able to do that until they reach the age of 21.

The situation you described of a youth being in the extended foster care program, not meeting the requirements, and being terminated from the program by the agency for failure

to comply and then wanting to come back in—I believe that would be a question for the agencies about what the procedure would be for that. I do not think this legislation speaks specifically to that. I would hope that youth would have an opportunity to make mistakes and not be punished for the rest of their lives or not receive support because they made some mistakes, but I believe that would be more part of the regulations that the agencies would put in place to implement the policy.

Chair Sprinkle:

Are there other questions from the Committee?

Assemblywoman Duran:

When you say that they leave, go out on their own, and then come back in, are they allowed to work? Are there any rules or limits?

Denise Tanata:

There are requirements for a youth participating in this program. They have to continue to have a case plan—a plan for what they are going to do to achieve independence. They have to work a certain number of hours and/or attend school a certain number of hours.

Chair Sprinkle:

Those in support of A.B. 150, please come forward.

Denise Tanata:

As I mentioned, there are some current and former foster youth who wish to speak. Thank you for indulging them, but some are only comfortable using their first names and some want to share their stories but are not comfortable coming to the table. I have one very short statement I would like to read on behalf of one of the youth:

To the Assembly Committee on Health and Human Services, my name is Jose and I am 18 years old. I am on an independent living agreement. I am also still in foster care for the support. Many youth feel pressure to leave care at the age of 18 because their homes will not keep them. Many youth need the support in order to be successful. Foster youth need more options. This bill would give you advice and time to have a mentor, also a chance at employment. Please approve A.B. 150 and extend foster care. Assembly Bill 150 would have helped me by giving me more resources and helped me by being more stable.

Tristan Torres, Private Citizen, Las Vegas:

I was in foster care for nine months—not that long a period of time. I ended up getting reunified, but with the reunification my government benefits were rescinded, so I did not have that stability anymore. I was fortunate; I beat the odds. I am 21 now and I live in an apartment I pay rent on, I live there by myself, I own my own car, and I am employed full-time. Not all foster youth have the same outcome. I just got very lucky. The most recent data you have before you on extending support for transition-age foster youth shows

that over half of the foster youth at age 21 do not have full- or part-time employment, and one-third do not have stable housing [page 1, ([Exhibit M](#))].

Assembly Bill 350 of the 76th Session provides a stipend, but that is only for those youth who qualify—those youth who age out of the system. Assembly Bill 150 provides youth with more options concerning what direction they can go in—whether they want to stay and receive the benefits or, if they have aged out and want to go back, that option would be available. The need for services is there. There is no family safety net. As a foster youth, you cannot go to your parents and ask if you can live with them—that is not an option. Nevada and its policymakers need to be accountable for these youth because these youth are displaced. They are Nevada's future. Do you want a future of former foster youth who are homeless and on the streets, or do you want them to be educated and have the resources they need to be successful adults?

Andrew Smith, Private Citizen, Reno, Nevada:

Once a queen bee hatches an egg, it takes 21 days for that egg to become mature. It takes most trees 20 to 30 years to become mature and 4 to 8 years to ground their roots into the earth. Oceans cover 70 percent of our home planet. They govern the weather, clean the air, help feed the world, and provide living for millions. Without bees, 21 known crops from almonds to watermelons, would cease to exist. If trees were to die off, we would all suffocate, and 14 billion pounds of trash is dumped into our oceans every year—mostly plastic-related.

We are all human, we make mistakes, and we learn from them. Obviously, I am not here to give you facts about oceans, bees, and trees, but I will tell you this. I am a young father of a 19-month-old daughter. I support this bill because when I turned 18 I tried to commit suicide. I was not on drugs, I did well in school, I was with the mother of my child for six years—who just recently departed—but I did not know how to be alone. Both my parents were in prison. I did not have anyone to go to, and I made a lot of mistakes.

You know who you are at 18 versus who you are at 20. You are an arrogant child and you do not understand things. This bill would be the golden ticket to foster youth—giving them no excuse not to succeed. Youth is the future. You have the power to change lives for a lot of my friends who have nowhere to go, who hide their emotions in drugs and in jokes. If they would have had a second opportunity to realize that they may not have known what they were talking about when they wanted to leave the system—maybe realizing I am a child and I need to learn.

I have no friends. All my friends who were in foster care are either strung out or in prison. At the end of the day I think it comes down to who you are as an individual. Again, you have the power to change a lot of lives. I support this bill because I am a young father who just put myself through college. I have my associate's degree in human studies and family development. I would not have changed my mindset had I not gone through those experiences, but at the same time, my daughter would not have her father had I died that night. At 18, I could have used a second opportunity.

Carmen Martinez Flores, Private Citizen, Las Vegas, Nevada:

I am here to represent every undocumented foster youth. I am an undocumented foster youth and I want to advocate for them as I had a chance to be present today. I am in favor of A.B. 150 because it protects us immigrant youth who are not prepared for the real world. One of the reasons I am in favor of it is because immigrant youth like me are not able to get a job and have less opportunities than citizen youth. For example, we are not allowed to apply for scholarships because it requires us to have our social security card. Many of us have the pressure of taking care of ourselves as well as having to live on our own and having to manage how to adapt to the real world.

I know that many foster youth are immigrants, are homeless, are helpless, and struggling at this moment. I should have to wait for several years to be approved, to get a green card, and from there request a security card, and it is a long process. In the meantime, how can we take care of ourselves? Assembly Bill 150 can help us by protecting us immigrant youth to stay in foster care of the government until we get our green card and security card, and it will help us to have less pressure to think about how we can help ourselves from ever becoming homeless. Assembly Bill 350 of the 76th Session helps us financially. Although it funds us, it does not help much for us immigrants because it is not enough for the whole month. Extended foster care will allow us to have more time to prepare and also give us time to finish some college years before having to go out in the real world—that way we can have something to help us when we do receive our green card and security card to work.

Jesse Michael Fager, Private Citizen, Las Vegas, Nevada:

I am for A.B. 150. I have been in foster care for 15 years because my dad went to prison and my mom is a drug addict. The A.B. 150 bill is to help us. Currently, I am in an adoptive home, but after A.B. 350 of the 76th Session passed, I had to choose between the adoptive home, the forever family, and the funds. Even though the funds from that bill are good, they have their limits. Assembly Bill 150 is more helpful because there are going to be other people in my situation who are going to have to pick between family or money.

Denise Tanata:

I want to clarify that when the youth are referring to "A.B. 350" they are referring to the program that was passed in 2011. It is a program they go on where they receive stipends after they age out.

Marilyn Bazaldua, Private Citizen, Las Vegas:

I am 16 years old, I am in foster care and have been separated from my blood sister. I came from a mentally unhealthy family who betrayed my sister and me at an early age. Even though there is a sibling bill of rights, I am not placed with my sister and would like to be there in the future with her. I came from an unstable placement, and I think it is not fair to have to be feeling pressured about having to leave foster care at age 18 without being ready. I want to be able to transition out of care when I am ready so I can be reunified with my sister at the same time before she transitions out of care, especially since she is exactly a year younger than me. But if extended foster care was an option, I would be able to live with my sister as opposed to being separated and having to leave foster care early. Please pass

A.B. 150. This will allow me to be reunified with my sister from whom I was sadly separated in my early foster care years.

Karoline Binelo, Private Citizen, Las Vegas, Nevada:

I am 17. I am here to represent other foster care youth in regards to extending foster care to the age of 21. Foster care youth need to learn more about the real life like how to get a job and cooking—general independent living. Currently, independent living classes can be provided to foster care youth, but if an individual has already attended those classes, it is all extra. Yes, I learned a lot, but I did not learn how to be able to do all those things for the future. Please pass A.B. 150 to help extend foster care to the age of 21 for foster care youth like myself to be able to gain more resources and a stronger support team.

Dashun Jackson, Private Citizen, Las Vegas, Nevada:

I am a former foster youth. Like those before me, there is so much importance when it comes to supporting this bill. It allows foster youth just that extra bit. There is an African saying that it takes a village to raise a child. It never says that the village ends at 18 to support the child. This bill provides youth exactly that—the support to move on. It provides them the extra kick they need. If you were all to place yourselves in our situation—there is no support when a child turns 18. The system can say we are completely done. If this was you in your regular home, your family does not end at 18. If you need support, if you need assistance, they continue to help you. They continue to provide the support and guidance. This does that same thing. It ensures that foster youth have some cushion, some support, to bounce on. The reality is that those of us who have aged out of the system do not have those people we can go to. We do not have a support system, we do not have that family network unless we build it. This allows an extension—or a piece of it. By also lowering it to age 14, the reality for many foster youth is that youth in care have to grow up a lot more quickly than those that have not experienced foster care. When we look at what this bill encompasses, it encompasses a lot of support. It encompasses a lot of guidance, and what it does is it provides youth the opportunity to have a future, to have a voice, and to have meaning.

Kate Newman, League Operations Council, Junior League of Las Vegas:

I am here as a representative of the Junior League of Las Vegas. We are in favor of Assembly Bill 150. We are an organization made up of over 500 women in southern Nevada. We work with community partners that are focused on children of this age, particularly children who are aging out of foster care. We believe that A.B. 150 addresses the needs of this community, provides stability, and the ability to tailor a specific situation to an individual child who is aging out of foster care by offering support and services both to the child and to a foster family, if they choose to keep them. We encourage your support of A.B. 150.

Steven Conger, representing Power2Parent:

We support this bill. Many of our members are foster parents, and we know the struggles kids have after they age out of the system. This would provide that extra support, so we are in favor.

Chair Sprinkle:

At this point, I am going to bring anyone up who is in opposition to A.B. 150.

Timothy Burch, Administrator of Human Services, Department of Social Service and Family Services, Clark County:

We registered in opposition to A.B. 150 only in its original draft. Hearing the amendments presented today, we strongly support extending foster care in a way that it triggers federal Title IV-E funding, which, for the record, also extends adoption subsidies. So children who are adopted would also continue to get their subsidies as well as those elderly grandparents who perhaps are now guardians. It extends all of those payments, and we would stand in support of the amendment as presented.

Chair Sprinkle:

I want to be sure you are speaking in support of this bill as it would be amended and not in opposition, which is what I called for.

Timothy Burch:

We registered in opposition because we did not have access to the proposed amendments that were presented. Hearing them all, and the testimony from the young people, we definitely stand in support.

Chair Sprinkle:

Is there anyone else in opposition to this bill who wishes to come forward? [There was no reply.] Is there anyone wishing to come forward as neutral to A.B. 150?

Ryan Gustafson, Division Director, Children's Services, Human Services Agency, Washoe County:

Ms. Tanata presented some additional information, as Mr. Burch from Clark County referenced, and that helps a lot. You heard references made to A.B. 350 of the 76th Session. We refer to it as the court jurisdiction program, but in layman's terms we all still call it "A.B. 350" even though we are eight years beyond that legislation now. We have seen some really good outcomes out of A.B. 350, but there were also some limitations, and I think this bill helps address some of those limitations.

As an agency what we would like to see is reunification with parents, or we would like to see the kids get adopted—really we would like to see solid permanency. For kids who do not have the opportunity to achieve permanency, the court jurisdiction program comes in. That would offer some case management along with a stipend for youth up to age 21. We did see positive outcomes in employment, in graduation rates, even in college registration—so that was a really good thing. As one of our brave youth here referenced, he was in an adoptive home and he was left with a choice—if I get adopted, I do not qualify for the court jurisdiction program because I have now achieved permanency. Part of what this bill addresses is that piece of it; if you have youth who do get adopted, they could still qualify for this program specifically.

As an agency, we support the idea of giving youth some second chances. There are some guidelines around the jurisdiction program and this program as well, in that there is an expectation that youth would seek out employment and continue their education. Offering second chances to youth is certainly something that Washoe County would support. Currently in Washoe County, we are assessing what the impact would look like. If you have additional youth who qualify for the program, that can also lead to the need for additional staffing resources because the case management fees are a big piece of this program with the agency, so we are currently assessing what that staffing resource need would look like.

Chair Sprinkle:

Does anyone else wish to come forward as neutral to A.B. 150? [There was no reply.] Would you like to make closing comments, Assemblywoman Monroe-Moreno?

Assemblywoman Monroe-Moreno:

As a kid, one of my favorite movies was *Willie Wonka and the Chocolate Factory*. I loved the fact that one of the youth said what A.B. 150 would be is a "golden ticket" to this community of kids, so I hope we earned your support today.

Chair Sprinkle:

With that, I will close the hearing on A.B. 150. Does anyone wish to make public comment? [There was no reply.] I will close public comment, and we are adjourned [at 3:42 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblyman Richard Carrillo, Vice Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is a conceptual amendment to [Assembly Bill 129](#) presented by Assemblyman Michael C. Sprinkle, Assembly District No. 30.

[Exhibit D](#) is written testimony and First Responder Trainings Satisfaction Stats from various Nevada police departments presented by Carol Reitz, Executive Director/Cofounder, JUSTin Hope Foundation, Reno, Nevada, and Arthur Reitz, Private Citizen, Reno, Nevada, in support of [Assembly Bill 129](#).

[Exhibit E](#) is written testimony presented by Mary Beth Collins, Private Citizen, Reno, Nevada, in support of [Assembly Bill 129](#).

[Exhibit F](#) is written testimony presented by Santa Perez, Private Citizen, Las Vegas, Nevada, in support of [Assembly Bill 129](#).

[Exhibit G](#) is written testimony presented by Diana Rovetti, Private Citizen, Reno, Nevada, in support of [Assembly Bill 129](#).

[Exhibit H](#) is a letter dated March 8, 2019, to the Assembly Committee on Health and Human Services from Kari Horn, Executive Director, Nevada Governor's Council on Developmental Disabilities, in support of [Assembly Bill 129](#).

[Exhibit I](#) is a letter dated March 8, 2019, to the Nevada State Assembly Health and Human Services Committee and its members, authored by Cody Thornley, Mesquite, Nevada, in support of [Assembly Bill 129](#).

[Exhibit J](#) is a letter dated March 11, 2019, addressed to the Nevada Legislature, authored by Ben Martinez, Private Citizen, Sparks, Nevada, in support of Bill Draft Request 40-157, later introduced as [Assembly Bill 129](#).

[Exhibit K](#) is written testimony submitted by Kimberly Palma-Ortega, Private Citizen, in support of [Assembly Bill 129](#).

[Exhibit L](#) is a proposed amendment to [Assembly Bill 150](#) presented by Denise Tanata, Executive Director, Children's Advocacy Alliance.

[Exhibit M](#) is a document dated March 11, 2019, titled "AB 150—Extending Support for Transition Age Foster Youth, Assembly Committee on Health and Human Services," presented by Denise Tanata, Executive Director, Children's Advocacy Alliance, in support of [Assembly Bill 150](#).