MINUTES OF THE
JOINT SUBCOMMITTEE ON HUMAN RESOURCES/K-12
OF THE SENATE COMMITTEE ON FINANCE
AND THE ASSEMBLY COMMITTEE ON WAYS AND MEANS

Seventy-third Session
March 8, 2005

The Joint Subcommittee on Human Resources/K-12 of the Senate Committee on Finance and the Assembly Committee on Ways and Means was called to order at 8:00 a.m. on Tuesday, March 8, 2005. Chair Barbara K. Cegavske presided in Room 3137 of the Legislative Building, Carson City, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

SENATE COMMITTEE MEMBERS PRESENT:

Senator Barbara K. Cegavske, Chair
Senator William J. Raggio
Senator Dina Titus
Senator Bernice Mathews

ASSEMBLY COMMITTEE MEMBERS PRESENT:

Ms. Sheila Leslie, Chair
Mr. Mo Denis
Mrs. Heidi S. Gansert
Ms. Chris Giunchigliani
Mrs. Debbie Smith
Ms. Valerie Weber

STAFF MEMBERS PRESENT:

Michael Chapman, Program Analyst
Gary L. Ghiggeri, Senate Fiscal Analyst
Bob Guernsey, Principal Deputy Fiscal Analyst
Carol Simnad, Committee Secretary

OTHERS PRESENT:

Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services, Department of Human Resources
Dave Luke, Ph.D., Associate Administrator for Developmental Services, Department of Human Resources
Marcia L. Bennett, Director, Rural Regional Center, Division of Mental Health and Developmental Services, Department of Human Resources
Troy E. Williams, Data Processing Manager, Division of Mental Health and Developmental Services, Department of Human Resources
Robert A. Desruisseaux, Chairman, Strategic Plan Accountability Committee for People with Disabilities
Jan M. Crandy, Vice Chair, Strategic Plan Accountability Committee for People with Disabilities, Families for Effective Autism Treatment
Michele Tombari
Nancy H. Neill
Roberta Beutler
Toni W. Richard
Wendi Semas Fauria

Christiane Dumas
Bonnie Dietrict
Janice Rice
Stephanie Clifton
Lavonne Brooks, Chief Executive Officer and Executive Director, High Sierra Industries
Pamela Hill
Julia Jones
Ed Guthrie, Executive Director, Opportunity Village
Robert C. Simola, Vocational Programs Coordinator, The Ormsby ARC
Isabel Cool

CHAIR CEGAVSKE:
Before we discuss the Disability Services budgets, I would like to ask Dr. Carlos Brandenburg if the inclement weather in Las Vegas hampered the construction on the mental health facility.

CARLOS BRANDENBURG Ph.D, (Administrator, Division of Mental Health and Developmental Services, Department of Human Resources):
Yes, the construction effort was delayed about two weeks due to the stormy weather in Las Vegas. The contractor has assured me of completion by the initial deadline of May 2006.

The Division of Mental Health and Developmental Services (MHDS) works with two important populations. In the Mental Health area, we serve the severely and persistently mentally ill, and in the Developmental Services area, we serve intellectually challenged individuals. I would like to have Dr. Dave Luke present the Developmental Services budget.

MENTAL HEALTH AND DEVELOPMENTAL SERVICES

HR, Sierra Regional Center - Page MHDS-62 (Volume II)
Budget Account 101-3280

HR, Desert Regional Center – Page MHDS-72 (Volume II)
Budget Account 101-3279

HR, Rural Regional Center – Page MHDS-86 (Volume II)
Budget Account 101-3167

HR, Family Preservation Program – Page MHDS-82 (Volume II)
Budget Account 101-3166

DAVE LUKE Ph.D. (Associate Administrator for Developmental Services, Department of Human Resources):
We are addressing individuals that have intellectual disabilities, sometimes called mental retardation, and related conditions such as cerebral palsy, autism and some types of epilepsy. Our most important objective or indicator is when a person is able to live, work and participate in their community. This has been our goal for quite some time. This is also a mandate from the Olmstead Act, which is a 1999 U.S. Supreme Court requirement that all states place qualified

individuals with mental disabilities in community settings, rather than in institutions, whenever such placement is appropriate.

Our section of the Division receives a great deal of funding from the federal government. We use Medicaid heavily; we also use Title XX funds and Temporary Assistance to Needy Families (TANF) funds. Approximately 46 percent of our budget is revenue collections and 54 percent is from the General Fund. This budget presents a growth of $45.9 million over the biennium. This is a growth of 27.1 percent. Part of that growth transfers from other parts of state government. We are moving Group Home Care from the Medicaid budget to this budget. We are also moving some funds from Welfare to consolidate it within this budget.

I would like to tell you who we serve and what our services are. A 10-year-old child suffered a serious brain injury during birth and now functions at the profound level of mental retardation. This child is unable to walk and has little control of his limbs and bodily functions. His personal care needs place a heavy burden on his family. The Rural Regional Center assists this child's family through a family support arrangement that provides $600 a month. The family can spend this money for the child or appoint a case manager and have that person supervise the child's treatment. The family also receives $350 in cash assistance each month from the Family Preservation Program. This child's family remains together and strong with assistance of the state.

A young man, 36 years old, suffers from moderate retardation and a seizure disorder. He used to live in an institution. Now, he lives in a house he shares with three friends. Provider staffs come to his home and assist with his daily activities. The Desert Regional Center in Las Vegas funds this. The service coordinator from the Center arranged for the funding. With this help and the family working together, this young man selected a private provider who helped him find a home. This young man works six hours a day in a small, supervised work group in a local hotel. This group is called Enclave. He is earning $2.50 an hour. One-half of this income pays for his foster care and the other half he uses for his own interests. The Community Training Center sponsors the Enclave program. This young man is happy now and does not want to go back to an institutional setting.

Our last example is of an 18-year-old girl who suffered severe head trauma from an auto accident. She is now 54 years old and living in her own apartment. The brain trauma led to mild mental retardation. After 30 years in and out of group homes and institutions, she, with the help of Sierra Regional Center, finally found a good fit. She now has a supported living arrangement (SLA). She lives in a private apartment and a private provider gives assistance with her budgeting and trains her in cooking and laundry. This woman has her own space and feels less stressed. Many of her problems have diminished. At first, the Sierra Regional Center had to pay $20 a week of assistance through the SLA. Now the Regional staff only stops by about four hours a week. Job coaches, paid for by the Sierra Regional Center, have helped this woman find competitive jobs in the fast food industry. The past six years, on her own, have been the longest stability in her life.

The three previous examples are composite cases. They represent the 3,900 Nevadans served by the Division's Developmental Services.

Our key performance indicator is the level of our clients' community integration. In 1999, 82 percent of our clients lived in community settings. As of today, we have 95 percent living in the community, and upon the approval of this budget, we will move to 98 percent. We are close to our ideal of 100 percent.

The common themes across the various budgets are the Base Budget, funded to serve 3,936 people at a total of $186 million over the biennium.

There are four budgets in Developmental Services. There are three regional centers: Desert Regional Center, Sierra Regional Center in Washoe and Rural Regional Center which is based out of Carson City. The Family Preservation budget provides cash assistance to certain families.

M-200 Demographics/Caseload Changes – Page MHDS-64

M-200 Demographics/Caseload Changes – Page MHDS-74

M-200 Demographics/Caseload Changes – Page MHDS-88

A common decision unit in all center budgets, M-200, is caseload growth. This module will add another 277 individuals, in total, into services. The increase takes place through the biennium. There would be a total of $7.8 million devoted to this. It would help keep our waiting list down. Of the 277 families and individuals entered into service, 99 would receive family support services, and 135 would receive SLAs in apartments or homes. One hundred twenty-eight would receive jobs and day training. There are 16.3 full-time equivalents (FTEs) associated with caseload growth in all four budgets.

CHAIR LESLIE:
When was the caseload data compiled?

DR. LUKE:
We used information up through December 2003.

CHAIR LESLIE:
This data is somewhat old.

DR. LUKE:
This is the best information we had at the time we prepared this budget.

CHAIR LESLIE:
Are you confident there is not going to be a waiting list? Alternatively, what do you think will be your waiting list?

DR. LUKE:
We designed our budget methodology to reach a 90-day waiting list. In recent experiences, we were running ahead of schedule. However, due to the delay in data projections, our waiting list time will be increasing.

CHAIR LESLIE:
What is the increase in time?

DR. LUKE:
We estimate there will be 300 more families than planned and approximately 150 of these will be added to the waiting list.

CHAIR LESLIE:
It would be better to run the caseload data closer to the time of the budget hearing so that the estimates might be more accurate.

DR. LUKE:
We will put your suggestion into effect as we plan our budgets in the future.

CHAIR LESLIE:
We have started to make progress on the waiting list and I hope we will not fall behind again.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Do you have any way of arriving at data that are more current?

DR. LUKE:
We update our calculations every six months, so we have information that is more current.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Please provide the current data to the Committee. If we have extra money in the General Fund, let us put it back into programs so this money is not wasted.

M-502 Federal Mandate - Page MHDS-66

M-502 Federal Mandate – Page MHDS-76

M-502 Federal Mandate – Page MHDS-90

DR. LUKE:
Decision unit M-502 recommends adding four FTE quality assurance specialist positions to provide quality assurance oversight of the existing caseload to assure compliance with the Medicaid waiver requirements. Centers for Medicaid and Medicare issued an interim procedural guideline in January 2004 stipulating that better quality management in the community is necessary for payment of their funds. With our system of more community-based living for our clients, this has created challenges in monitoring these funds. This module will provide extra staffing in each of the three regions to enforce these guidelines and work with the provider network. This is a critical need as we close down state-run institutions and place our clients in a community setting.

CHAIR CEGAVSKE:
Are you asking for full-time positions rather than part time?

DR. LUKE:
We are requesting two positions in the Desert Regional Center and one and one-quarter of a position each in the Rural Regional Center and Sierra Regional Center making four and one-half positions total.

CHAIR CEGAVSKE:
The Rural Regional Center caseload is less than one-half of the Sierra Regional Center's caseload.

DR. LUKE:
There are two full-time professionals at Desert Regional Center and one each in the other Centers. In the Rural Regional Center, it takes our employees extra time to visit and maintain their caseloads due to the distances involved.

CHAIR LESLIE:
Do we need a full-time position in the Rural Regional Center because of the travel time?

DR. LUKE:
The travel to clients is necessary along with travel to providers' locations.

CHAIR LESLIE:
Why are you asking for a supervisory pay grade when the other positions are at a clerical level?

DR. LUKE:
The Rural Regional Center has never had a quality assurance position. We need a leadership position there.

CHAIR LESLIE:
Will the only position in the Rural Regional Center be a supervisory position?

DR. LUKE:
This is not totally a supervisory position.

CHAIR LESLIE:
We will need to see more justification for this position. Can we use Title XIX Medicaid revenues to finance this position at the Rural Regional Center?

DR. LUKE:
Yes, we can use those funds.

CHAIR CEGAVSKE:
Will you work with our fiscal staff on obtaining information regarding the funding of a quality assurance specialist for the Rural Regional Center?

DR. LUKE:
Yes, I will.

E-350 Environmental Policies and Programs – Page MHDS-66

E-350 Environmental Policies and Programs – Page MHDS-77

E-350 Environmental Policies and Programs – Page MHDS-90

DR. LUKE:
I would like to review decision module E-350. This decision unit is a rate increase for providers. The success of our community services depends upon our providers. We have 98 providers across the state. During the last Legislative Session, our providers received a 15-percent rate increase. The state has employed an outside consultant to determine what the proper payment level should be for these providers. The plan identified the need of a 33- to 37-percent increase. We have made progress, but more needs to be done. Decision unit E-350 proposes an increase of 3 percent the first year and 5 percent the second year for an 8-percent rate increase over the biennium. This amounts to about $6.1 million statewide in terms of additional resources to providers. This need is critical because continuity of staff is one of the major criteria that makes these programs work. If there is a high turnover of staff, the quality of life and of services is low. I would like to draw your attention to our Division's handout, Executive Summary: Developmental Services Provider Rate Study 2005 (Exhibit C). It shows the results of the last provider rate increase. As you can see, a large amount of money went to the direct-care workers.

E-425 Enable, Motivate and Reward Self Sufficiency – Page MHDS-67

E-425 Enable, Motivate and Reward Self Sufficiency – Page MHDS-78

E-425 Enable, Motivate and Reward Self Sufficiency – Page MHDS-82

E-425 Enable, Motivate and Reward Self Sufficiency – Page MHDS-91

CHAIR CEGAVSKE:
Decision unit E-425 is a good program for families. It will transfer TANF funds to the Family Preservation Program.

DR. LUKE:
The Family Preservation Program was established by the Legislature about 20 years ago. There was direct-cash assistance to families who care for a severely or profoundly retarded member at home. If the families cannot meet the challenge, the retarded member qualifies for institutional care.

The purpose of this decision unit is to keep the Family Preservation Program alive by accessing TANF funds and welfare revenues that are paying for 112 of the families. We have a series of decision units in this budget to consolidate all the Family Preservation program costs into the Family Preservation budget. It will standardize requirements and cut down on the paperwork thus bringing more efficiency to the program. There are ten decision units. We are not adding new money, but taking existing money and moving the General Fund to the Family Preservation budget. We are asking the regions to collect the TANF money directly which they can do.

CHAIR LESLIE:
I agree it is a good idea to consolidate these funds. Are we raising the payment to these families to $350 a month?

DR. LUKE:
Yes we are.

A shortcoming of this program is the families are never sure of how much money they will receive due to a fixed total amount to pay from and an increasing recipient payout base. They may receive anywhere from $300 to $330 a month. However, the TANF recipients remain stable at $350 each month.

CHAIR LESLIE:
What is your plan? Are we capping the dollar amount, or are there other criteria?

DR. LUKE:
The plan is to standardize the money at $350 a month for each family. Our intent is to pay all eligible families $350 each month.

CHAIR LESLIE:
I am glad that is your intent. We should not treat families differently.

CHAIR CEGAVSKE:
Dr. Luke, please review decision unit E-450.

E-450 Effectiveness of Family Services – Page MHDS-67

E-450 Effectiveness of Family Services – Page MHDS-78

DR. LUKE:
Part of our overall strategy is to move our clients to community living and out of Intermediate Care Facilities. At one time, Nevada had as many as 198 funded long-term care beds under Intermediate Care Facility (ICF) licenses.

CHAIR CEGAVSKE:
Is the plan to close the beds totally?

DR. LUKE:
We are looking at closing the Sierra Regional Center by 2010.

CHAIR CEGAVSKE:
Do adequate providers and facilities exist for the individuals scheduled for community placements?

Dr. Luke:
We have to develop our provider network and an adequate emergency service network. We are proposing a gradual approach. We want to help our clients move when they are ready. We are proposing a reduction of 16 beds: 10 at Sierra Regional Center and 6 at Desert Regional Center. This will bring us down to 50 percent of the 198-bed count.

CHAIR CEGAVSKE:
Do you have a plan in place for continued ICF bed closures beyond the current biennium?

DR. LUKE:
Yes, we do.

CHAIR CEGAVSKE:
Our Subcommittee would like to see the plans for this process.

DR. LUKE:
I will provide them to you.

CHAIR LESLIE:
Please explain what will happen to the ICF homes once the individuals transition into supported living arrangements.

DR. LUKE:
Several of the homes will be used for office space and a few will be kept for emergency support.

CHAIR LESLIE:
I understand the intent is to move clients into the community, but there is always the potential that this move would not be suitable for all the cases.

SENATOR TITUS:
As you move people into the community, what are you finding? Are there enough places that can accommodate these clients with special needs?

DR. LUKE:
We have found that when we provide the resources, the private sector has been accommodating, especially now that the payment rates have increased.

E-452 Effectiveness of Family Services – Page MHDS-68

E-452 Effectiveness of Family Services – Page MHDS-79

E-452 Effectiveness of Family Services – Page MHDS-91

CHAIR CEGAVSKE:
Will you explain what will happen to the ten private resident homes if enhancement decision unit 452 takes place, transitioning the private ICF beds to community placement?

DR. LUKE:
These are private-licensed providers. They operate as six-bed group homes in the community now. This module would convert those to supported living arrangements. These are run by large organizations. We would be converting a total of 60 beds, or 10 of these homes, over the biennium and they would be converting to SLAs. These providers are also in that business so they would move their services from institutional based to community based. These

providers have had experience in this conversion. Several providers are doing it in other states, so they are familiar with the process.

CHAIR LESLIE:
Is there extra cost to the state for the additional SLA arrangements?

DR. LUKE:
There is a slight additional cost to the state. The entire project will be transferring about $6 million from the Medicaid budget to our budget. Medicaid has been paying for these facility-type services. We would pay for individualized living, and this will entail more cost. We receive large federal participation, but the federal government will not pay for the room and board component.

CHAIR LESLIE:
Are you concerned about these individuals feeling isolated? Will they be able to access their friends and family?

DR. LUKE:
All three of our regions are accredited. One of the critical accreditation standards is continuity and security where people connect in social situations. We do not want to force people to be in an apartment by themselves if they do not want to be. In the new program they have the opportunity to choose with whom they want to be.

CHAIR CEGAVSKE:
Do these private facilities qualify as service providers for the community placement?

DR. LUKE:
The programs that will be phasing out will be the intermediate-care facilities. They will be going into SLAs. Our Division will support these. The providers need to qualify through our Division to offer this service.

E-810 Other Salary Adjustments – Page MHDS-68

E-810 Other Salary Adjustments – Page MHDS-79

E-810 Other Salary Adjustments – Page MHDS-92

CHAIR CEGAVSKE:
There are two other areas of this budget. The first is E-810 Salary Adjustment for Nurses. This will be a two-grade salary increase for the Division's nursing staff.

E-811 Unclassified Changes – Page MHDS-69

E-811 Unclassified Changes – Page MHDS-79

E-811 Unclassified Changes – Page MHDS-92

CHAIR CEGAVSKE:
The second decision unit, E-811, recommends total funding of $83,746 ($43,710 General Fund) in the biennium to support the transition of selected positions from classified to unclassified service and associated salary increases in the three regional centers.

DR. LUKE:
The decision unit E-810 will be a 10-percent increase for registered nurses. There is a severe nursing shortage, and we hope this will help build our nursing staff. We have a bill draft request that would work with the nursing board where supported living providers could train staff that could provide assistance to people and assist with medications. This is another way we are trying to address the nursing shortage and maintain quality care.

Module E-811 is an initiative from the Governor's Office to create equity and consistency in unclassified positions across the state.

E-903 Transfer in Clinical Prg Planner from Admin – Page MHDS-69

DR. LUKE:
Decision module 903 transfers a clinical program planner from Administration to the Sierra Regional Center. This person will manage the family preservation program. The duties of the position will be to help coordinate and simplify this program.

M-503 Federal Mandate – Page MHDS-77

DR. LUKE:
Decision unit M-503 recommends a new 0.51 FTE developmental specialist position to perform preadmission screening and resident review (PASRR) follow-up for 29 youths in 6 different nursing homes in southern Nevada who are Medicaid recipients. These clients have medical conditions, in addition to developmental issues, requiring care that is not available either in the on-campus facilities or in SLAs. The PASRR screening includes quarterly contacts, coordination of day program services, and advocacy and coordination for identified problems. This position will be working out of the Desert Regional Center.

E-427 Enable, Motivate and Reward Self Sufficiency – Page MHDS-83

CHAIR LESLIE:
Were the numbers in decision module E-427 in the family preservation budget done in December 2003 or are they more current?

DR. LUKE:
These numbers are more current. This is a program where we pay people in advance to know what we will be paying the next month.

CHAIR LESLIE:
Are you confident with your caseload projections?

DR. LUKE:
Yes, I am.

E-710 Replacement Equipment – Page MHDS-92

CHAIR LESLIE:
In decision unit E-710, please explain the need for the 12 local color printers and 1 expensive color printer at the Rural Regional Center. How many copies a month do you use?

DR. LUKE:
I would have to ask the staff from that program.

CHAIR CEGAVSKE:
A high-end color printer, which costs $6,360, makes approximately 200,000 copies a month. Do you need all of these extras in a printer?

DR. LUKE:
In the Rural Regional Center there are six different office locations. We do not need the highest capacity printer in every office. We do need a base-level printer in each of these locations. The Rural Regional Center puts out a newsletter to improve communication. This is the major use for the printer in this Center.

CHAIR CEGAVSKE:
Does anyone know how many copies you make per month?

MARCIA L. BENNETT (Director, Rural Regional Center, Division of Mental Health and Developmental Services, Department of Human Resources):
We make about 4,000 color copies a month. I will look into the feasibility of a lower-end system and get back to you.

CHAIR CEGAVSKE:
Please work with our fiscal staff in the coordination of this information.

ASSEMBLYMAN DENIS:
Do you know what model of high-end printer you want to purchase?

MS. BENNETT:
I do not have that information with me. I will research this question and let you know.

ASSEMBLYMAN DENIS:
On your request for six local printers, is that one for each office?

MS. BENNETT:
Yes, the satellite offices need these printers.

ASSEMBLYMAN DENIS:
Would the high-end network color printer be in your main office?

MS. BENNETT:
Yes, this printer will be in the main Carson City office.

ASSEMBLYMAN DENIS:
Please explain the need for an advanced AutoCADD desktop computer.

MS. BENNETT:
I have information from our information technology (IT) staff. I will be happy to give you a copy.

ASSEMBLYMAN DENIS:
Are you doing actual design work?

MS. BENNETT:
We are working within a Web base, database system. All of our billing for targeted case management and our contracts for providers in the supported living arrangements are on the Web base system.

ASSEMBLYMAN DENIS:
The AutoCADD computer system is primarily for designing buildings. Please find out your exact need for this system.

MS. BENNETT:
I will find that out for you.

CHAIR CEGAVSKE:
Please give all of the information you have to our fiscal staff.

ASSEMBLYMAN DENIS:
I have been trying to meet with IT people from all of the organizations. Please have your IT people call me so that I can ask more questions.

MS. BENNETT:
I will have our IT staff call you.

CHAIR CEGAVSKE:
We will now look at budget account 101-3164.

HR, Mental Health Information System – Page MHDS-95 (Volume II)
Budget Account 101-3164

CHAIR CEGAVSKE:
In the Nevada Mental Health Plan Implementation Commission, one of the things that everyone has been asking for is a centralized system. That is a system whereby health professionals, in any hospital, could access a database to see their patient's past medical history. The goal would be to speed up the treatment process.

DR. BRANDENBURG:
In our information system budget we have centralized within our office in Carson City.

E-275 Maximize Internet and Technology - Page MHDS-97

DR. BRANDENBURG:
In decision unit E-275 we are requesting funding for a gap analysis between the Division's current information system and the new Avatar client information and billing system. The goal of the analysis is to determine if the Avatar software system, as recently implemented on the Mental Health side of the Division, could be used by the three Developmental Services' Regional Centers: Desert, Sierra, and Rural.

Module E-276 Maximize Internet and Technology – Page MHDS-97

The next decision unit recommends adding two FTEs. This staff would be for ongoing information technology implementation, ongoing staff development and improvement of the Avatar system.

CHAIR CEGAVSKE:
Where will those positions be located?

DR. BRANDENBURG:
One position would be at Northern Nevada Adult Mental Health Services center in Sparks and the other would be at the Southern Nevada Adult Mental Health Services center in Las Vegas. These positions would assist Mr. Troy Williams in terms of making sure we have the staff at the location to assist the agencies with staff development, information technology, and monitoring of the Avatar system.

CHAIR CEGAVSKE:
Will the clerical staff you now have be able to assist the two specialists when needed?

DR. BRANDENBURG:
Yes.

E-900 Transfer Computer Costs to Rural Clinics – Page MHDS-98

DR. BRANDENBURG:
I will review decision module E-900. With this decision unit we are requesting the transfer of the communication line costs from the central office to the Rural Clinics' budget account to align costs with the appropriate budget account.

I will be happy to set up an appointment with Assemblyman Denis and my Information Technology Administrator, Mr. Troy Williams, to discuss our management information system.

ASSEMBLYMAN DENIS:
Are you requesting two new positions even though you have three existing positions?

TROY WILLIAMS (Data Processing Manager, Division of Mental Health and Developmental Services, Department of Human Resources):
We have four existing positions of which two are IT positions. When we initiated Phases I and II of the software update program, we brought in hundreds of new users and we are lacking that infrastructure to be able to

support the statewide integrated system as well as bring together a statewide help desk.

ASSEMBLYMAN DENIS:
Do you currently have a statewide help desk?

MR. WILLIAMS:
We do not currently have a statewide help desk. We have some in individual agencies, but we do not have a functional system statewide.

ASSEMBLYMAN DENIS:
Why is overtime pay of approximately $18,000 needed in FY 2005 for three existing positions when you are asking for two new specialist positions?

MR. WILLIAMS:
As we begin Phase III, our software programs require a great deal of time in building tables, providing functionality assessments and screen setups. I need the existing expertise as well as the new positions to be able to manage that.

ASSEMBLYMAN DENIS:
Is Avatar the vendor you are working with? Does Avatar have staff that is helping you with this endeavor?

MR. WILLIAMS:
Yes; however, the state runs most of the project. After the vendor trains us, we do all the remaining work necessary for the completion of this project.

CHAIR CEGAVSKE:
What is the progress of the Medicaid billing?

DR. BRANDENBURG:
The billing is going slow, but we hope to finalize it within 30 to 60 days.

CHAIR CEGAVSKE:
Will you keep our fiscal staff updated on this progress?

DR. BRANDENBURG:
Yes, I will.

CHAIR CEGAVSKE:
Regarding decision unit E-275, do you think our state is piloting this software for other states to use?

DR. BRANDENBURG:
With Phase I, we were the only state to have standardized pharmacy software. Therefore, we are in the process of helping the vendor build the system we are piloting and, at the same time, taking advantage of other states' use.

CHAIR LESLIE:
I would like to know whether or not your Developmental Services clinicians have computers or access to e-mail.

DR. BRANDENBURG:
The Developmental Services clinicians do not have the Avatar software package. Developmental Services has their own system they have developed over the years. I hope to have a system that is compatible for Mental Health and Developmental Services. This gap analysis will aid us in accomplishing this.

CHAIR LESLIE:
Do all of your service coordinators have e-mail, and are they able to communicate with their colleagues in the field?

DR. BRANDENBURG:
I know a large portion of them do have e-mail capability.

CHAIR LESLIE:
We need to give our state employees the tools to be effective. I want to know if any of your employees do not have computer access.

DR. BRANDENBURG:
I will be happy to get that information for you. I would like to state that under the Governor's leadership, with your support, within the last five years most of my staff have received new computers and updated e-mail capabilities.

CHAIR LESLIE:
I am concerned that you have mentioned some of your staff and not all.

DR. BRANDENBURG:
I am sure some staff does not have e-mail access. With the Avatar system, most if not all our clinicians in the Mental Health Division have clinical computer workstations. This is what I want to accomplish in Developmental Services.

ASSEMBLYMAN DENIS:
Will the developer of this software system be giving our state any financial benefit since we are piloting a developmental services solution that will be sold elsewhere?

MR. WILLIAMS:
With this project, we have received a $300,000 refund because it was a software upgrade. The Avatar group of products is developed by a company called Creative Socio-Medics. This company is in 24 other states. It is a long-term software company. They build the software frame and we customize it for our needs.

ASSEMBLYMAN DENIS:
How have you spent the $300,000 rebate?

MR. WILLIAMS:
They cut the licensing fees they normally charge by $300,000.

CHAIR CEGAVSKE:
I am going to open the meeting for testimony from the many families here regarding autism issues. I want to thank you for your e-mails and letters which

have helped educate us on this condition. Dr. Brandenburg, would you give a brief overview and let us know what is currently being done in this area?

DR. BRANDENBURG:
The Division has developed a decision unit for autism, decision unit E-352. Please refer to Exhibit D. One of the main reasons autism was not on the immediate list for funding recommendation was that I needed to concentrate on the infrastructure. I have over 200 families on the waiting list at Developmental Services and I could not bring on a new program until we looked at reducing the growing waiting list.

CHAIR LESLIE:
Do you plan to cut respite care?

DR. LUKE:
No, we will not cut respite care.

CHAIR LESLIE:
Is there any additional respite care being provided in the budget?

DR. LUKE:
There will be an additional 99 families receiving family support which is the respite care part of the budget.

DR. BRANDENBURG:
We are providing services to some autistic individuals. It is not an intensive behavior modification program, but we have close to 400 families receiving services.

CHAIR CEGAVSKE:
What services are they receiving?

DR. LUKE:
Please refer to the handout our Division has prepared for you, (Exhibit E) entitled, Health Division Bureau of Early Intervention Services, Overview of Autism-Related Services Provided. On page 4, you will see a description of services provided by our Division. In preparing this information, we identified 290 individuals in our service system with autism. We have obtained newer data from Las Vegas and our service count is now closer to 430. Approximately one-third are adults and two-thirds are children. Some services they receive are respite and family support, family preservation, self-directed services using fiscal intermediary, jobs and day training, counseling and positive behavior supports. This is not a high-intensity behavior modification program.

CHAIR LESLIE:
What was in your request to the Governor that is not in the *Executive Budget*?

DR. LUKE:
The package we had prepared in the enhancement unit E-352, Exhibit D, was to serve 150 children over the course of the biennium. It would have provided 75 children the first year with a fiscal intermediary where people could hire their own training staff. They would be free to hire these intensive trainers, and the

amount in the budget was sufficient for them to access that program. The second year of the biennium we would have worked to amend our waiver. This would make it easier for us to obtain federal participation for those needing services that were more expansive.

CHAIR LESLIE:
The whole program would have fit within the self-directed services using the fiscal intermediary. Is this an expansion of your program?

DR. LUKE:
Yes, you are correct.

CHAIR LESLIE:
Is this program statewide? Are you projecting amounts in separate areas of the state?

DR. LUKE:
This program will be in the entire State of Nevada.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Have you narrowed the scope of access for these services to individuals with autism having mental retardation or related conditions?

DR. LUKE:
We retain the same criteria for access to the expanded program.

ASSEMBLYWOMAN GIUNCHIGLIANI:
How do you interface with local school districts regarding the early education programs and transitions?

DR. LUKE:
We are starting to work closely with Nevada Early Intervention Services. What is confusing about autism is that there are so many different agencies involved. We are developing a smooth transition. Nevada Early Intervention performs the identification and diagnosis. At age three, the school district takes the responsibility for care and therapy three hours a day. Our role is not to replace that, but to support the families the rest of the day. We have joint planning meetings with all of these organizations and try to link our services with theirs.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Where does our program fit in when the autistic child reaches school age?

DR. LUKE:
Our role would still be to supplement, but it would be fewer hours a day and more hours on weekends.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Would you be able to make a flow chart for us so we can see the other agencies involved?

DR. LUKE:
I would be glad to.

SENATOR MATHEWS:
How does the university program and the school districts' program fit in with yours?

DR. LUKE:
The program you are referring to is the program through the Psychology Department at the University of Nevada, Reno (UNR). This provides the intensive one-on-one training, but to a limited number of children. The families are responsible for the payment of these services. This program uses ages three through eight as the target group for therapy. This is the optimal age for treatment. They usually work with a group of twelve.

CHAIR CEGAVSKE:
Is the University of Nevada, Las Vegas (UNLV) doing anything along those lines?

DR. LUKE:
No. UNLV does not have a program for treatment of autism.

CHAIR LESLIE:
Do we have a plan in our state of what we ought to do for autism?

DR. LUKE:
This is, to some extent, in Nevada's Strategic Plan for People with Disabilities. It was a review of the types of services available across the state. It discussed pursuing expansion of the intensive intervention since it appears to be effective.

CHAIR LESLIE:
This is a complex issue. We need to do more work in our state services. I would like to know where our state is going on this problem.

ASSEMBLYWOMAN SMITH:
We need centralized information. The families need a place to go to find out about the many services that are available to them. When we discuss plans, it should include a centralized referral service of information.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Do you work with UNR's special autism program? Do we have any linkage with them?

DR. LUKE:
We work with them on a case-by-case basis.

SENATOR MATHEWS:
This program has been in existence at UNR for years. It started in the Psychology Department and developed outward.

CHAIR CEGAVSKE:
This Subcommittee is concerned and dedicated to this area. We will recommend that autism be one of the areas of work during the next interim session.

ROBERT A. DESRUISSEAUX (Chairman, Strategic Plan Accountability Committee for People with Disabilities):
The Strategic Plan Accountability Committee identified services for children with autism as a priority. These recommendations were not included in the *Executive Budget*. I want you to hear from the families directly involved with this problem.

JAN M. CRANDY (Vice Chair, Strategic Plan Accountability Committee for People with Disabilities, Families for Effective Autism Treatment):
I am the Vice Chair of the Strategic Plan Accountability Committee for People with Disabilities. As a parent and an advocate, I have been a part of the disability community in Nevada since 1996. I am one of the founders of Families for Effective Autism Treatment (FEAT). This organization started to help families advocate for behavior intervention and be a central location where parents could find information. I served on the 1998 Autism task force which developed a vision for the future treatment of this problem. I am currently advocating for a mother who has lost three jobs because of her son's behavior. He has been placed in an out-of-state placement for two years at Nevada's expense. The treatment is costing $1,000 a day with a total to date of $700,000 because he did not receive early intensive intervention. In our handout, FEAT of So. Nevada, Families for Effective Autism Treatment (Exhibit F, original is on file at the Research Library), you will see many letters from parents and newspaper articles addressing the issues of the unmet needs for individuals with autism in Nevada which continue to be unmet today. I began this mission when my child began an intensive behavior modification program. Over time I witnessed a miracle as my little girl came back from autism. My goal is to ensure that every child in Nevada with an autism spectrum disorder receives the same therapy my daughter was given. I ask you to put this autism services package back into the Medicaid budget.

MICHELE TOMBARI:
I came here today, from Las Vegas, because I want you to understand my son's story. Diagnosed with autism in 1996, we were told that Alden would never function in the outside world. My husband and I did not accept this diagnosis. We found a treatment, supported by scientific research, called Applied Behavior Analysis (ABA). There were no therapists trained in this method in Las Vegas. We went to California and found an ABA therapist who has trained us in the ABA techniques and developed programs to treat Alden's unique mix of deficits. I was not able to continue working full time, so our family income decreased by half. The second blow to our finances came when our medical insurance company refused to cover these treatments. We have incurred great debt to continue funding Alden's program.

There is a happy conclusion because Alden has recovered from autism. He graduated from the ABA program last year having successfully accomplished 8,512 hours of ABA therapy. He receives As and Bs in a regular education class. This ABA program has saved my son from a nonproductive and isolated life. I want all Nevada children with autism to have the same chance to reach their potential with ABA therapy.

CHAIR LESLIE:
Is ABA on this program for the 60 families on self-directed services using the fiscal intermediary?

MRS. TOMBARI:
No, however, it is a treatment recommended by the U.S. Surgeon General.

CHAIR LESLIE:
I would like Dr. Brandenburg or Dr. Luke to tell the Subcommittee what we could do to make this treatment available to our autistic children.

DR. LUKE:
The fiscal intermediary uses TANF and General funds for ABA. The families can elect to use it for ABA, but it is limited in amount. The ABA is not payable under our current waiver that is used for our Medicaid funding.

MRS. TOMBARI:
The $6,000 a month for autism from Medicaid was available to us, but we could not use it for ABA therapy.

NANCY H. NEILL:
I would like to refer to my prepared statement (Exhibit G). The fiscal intermediary program has made it possible for me to direct the monies used to help get treatment for my son who has both mental and physical disabilities. It has also made it possible for our family to take him out of institutionalized care and bring him home to Elko, Nevada. In the best interest for a child who has challenges, I feel the fiscal intermediary program works for us all. It creates jobs in Elko, plus gives satisfaction to people who are in the business of caring for others. I ask you to consider increasing the Mental Health Disability Services budget so that my son and others like him can have the quality of life they deserve.

ROBERTA BEUTLER:
I am an older parent of an older handicapped child. We are with Acumen-of-Nevada, a fiscal intermediary program. Not only have we been able to hire four caregivers, giving them jobs, but through this program I have saved $12,000 a year. Our son is now in his own apartment with caregivers and is happy. I want to thank you and say that the fiscal intermediary program works. Please continue it. Let me direct your attention to a handout with my son's picture and story (Exhibit H). My phone number is on this sheet. I encourage any questions or concerns you may have.

TONI W. RICHARD:
Autism has stolen the voices of children with autism. They cannot ask you for help, so that is why we are here. I have a four year old with autism. My son's therapy costs one-half of our income which is about $30,000 a year. The financial stress can destroy marriages. This is why families with autistic children have a high divorce rate. Due to a family hardship, we had to stop my son's therapy. In five months, without therapy, he has gone from a bright-eyed, happy learning child with mild autism to a self-abusing, biting child with a diagnosis of severe autism. He has regressed three years over five months without therapy.

CHAIR LESLIE:
Mrs. Richard, are you taking advantage of any of the state's services?

MRS. RICHARD:
We are using the fiscal intermediary program money. It has been a help. We are paying $2,500 a month for our son's treatment and the fiscal intermediary program pays us $600.

WENDI SEMAS FAURIA:
You have my son's story in front of you (Exhibit I). Our son is almost three years old and has been diagnosed with autism. My son's therapies cost $5,000 a month. Our health insurance does not cover it and we do not receive any funding from Rural Regional or Medicaid. Our biggest problem, like many others, is that services for autism, especially in the rural areas are scarce.

I would like to bring your attention to four areas in the field of autism. Pediatricians need to be educated on autism's early warning signs. Nevada's Early Intervention Services need to perform early diagnostic assessments. Highly-trained personnel need to be employed to have intensive services available throughout the state. Finally, budgets need to increase for the money to fund each child with intensive services. When these four criteria are met, our state will help our autistic children grow to be adults that can contribute to this society by working and paying taxes, instead of having to use more state money to care for them into adulthood.

CHAIR CEGAVSKE:
Did you have insurance when your son was born?

MS. FAURIA:
The insurance companies will not pay for a diagnosis of autism.

CHAIR CEGAVSKE:
I would like to ask the staff to collect all the recommendations made today.

SENATOR MATHEWS:
Is this your only child?

MS. FAURIA:
Yes.

SENATOR MATHEWS:
Have you tried to access any of the services that do not take income as a consideration?

MS. FAURIA:
Rural Regional has approved us and put us on the list, but recipients are on a sliding scale and, with our higher income, we do not receive funds.

CHRISTIAN DUMAS:
I have two children with autism. Due to the stress, my marriage has failed. Autism affects every member of the family. Over the last three years, we have spent over $80,000 in medical expenses. None of our expenses were covered by medical insurance. None of our cost was covered by Medicaid. I am considering moving to another state that has better benefits for this type of

disability. Please initiate a medical waiver so that Medicaid can pay some of the cost.

I have written a poem that describes how autism has affected my family (Exhibit J).

ASSEMBLYWOMAN GIUNCHIGLIANI:
What is available in the community for case management? Do you have trained therapists in the area?

MS. DUMAS:
There are people willing and available to come to Reno and provide their services, but they would have to have at least 15 families that could afford the services to make it work.

MS. CRANDY:
In southern Nevada, we are still bringing providers from California.

BONNIE DIETRICT:
I run a small private provider home for two mentally challenged young men. Due to the financial help from the Rural Regional Centers, we are able to keep the boys in the community. The amount of money for outside activities for these residents needs to be high enough so they can take part in some sports activities. My reason for being here today is to ask you not to cut the budget for Mental Health Disability Services.

JANICE RICE:
There is a large area of confusion and that is the area between developmental disabilities and illness. Confusion also exists between the medical community and the educational community. Due to lack of resources in our state and a lack of coordination of resources for families, there is a disincentive to identify autism. I am here to encourage funding for such programs as early intervention. A study done in January 1998 by the Nevada Early Childhood Autism task force found that we need a collaboration of services between all of these fields for the true benefit for the recipients and the state. Please take action on this plan for coordination of all areas to help disabled individuals.

CHAIR CEGAVSKE:
Please tell us about the study. Who did the study? Please get us a copy of the study.

MS. CRANDY:
The study was done by the Nevada Early Childhood Autism task force in January 1998. It was entitled, The Nature of Autism Spectrum Disorders. I made many copies of it, distributed it to several doctors' offices and did not receive many responses. I will be happy to get you a copy.

CHAIR CEGAVSKE:
Please let us review it, and we will have our fiscal staff evaluate it.

MS. RICE:
The strategic plan was created because of this 1998 study. Ages 3 to 21 were not surveyed in the strategic plan. It was an assumption that the Department of Education would take care of this need. They did not. With the No Child Left Behind federal mandate, occupational and speech therapy times are shortened.

MS. CRANDY:
We initiated a bill, A.B. No. 635 of the 71st Session, Proposal to Establish a Commission on Autism, (Exhibit K). It was not passed.

CHAIR LESLIE:
We put the strategic planning process in place a few years ago. It has come forward with a recommendation and we need to review it and make a decision.

MS. RICE:
There have been glimmers of hope. We need you to ensure that everyone works together.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Is the plan you put forth to the Governor for $4.5 million?

MS. CRANDY:
No, this is not the plan that was before the Governor. The real dollar amount we sent the Governor was $4 million.

ASSEMBLYWOMAN GIUNCHIGLIANI:
We need a seamless approach. Did the plan look at a clearinghouse for disabilities? Not one particular program is going to work for every child. You have to be flexible.

SENATOR RAGGIO:
I want to confirm the request that the Mental Health and Developmental Services sought was $4.5 million during the biennium. This amount would provide services for about 150 families. You have my attention with this testimony. You have made your point. Although it is a problem for legislators, as a citizen you want restraint in spending, but as an advocate for autism you want money spent on these programs. I would like to ask our fiscal staff to let us know what this entire proposal would entail.

MS. TOMBARI:
An untreated autistic child will cost between $2 million and $4 million during that child's lifetime for specialized care. If early treatment is provided, you save a great deal of money in the end.

STEPHANIE CLIFTON:
I supervise 11 people in my home to care for my medically fragile daughter. Her treatment continues 24 hours a day, 7 days a week. Without the Rural Regional Care Center's support I would not be able to be here today. There were no services for children like mine in Nevada in 1990. Mental Health and Disability Services have done a great deal, over time, to allow my daughter to live at

home. I am here to tell you that I do not want my car registration fees returned until all of these human service programs are funded.

LAVONNE BROOKS (Chief Executive Officer, Executive Director, High Sierra Industries):
Our organization serves individuals with all of the disabilities you have heard about today. We are the largest provider of services in northern Nevada. We serve both day services and employment services and also our community outreach program contains SLA supports. We have a handout for you today entitled Average Cost to Serve an Individual by a Private Provider in Northern Nevada (Exhibit L). One of the first things we have to do is educate people about the need for our disabled neighbors. One of the ways our organization is accomplishing this is called the Extreme Ability Challenge. It is the Special Olympics upside down. We put the normal population in blindfolds, tie one hand behind their backs, put them in a wheelchair and ask them to accomplish certain challenges. This is how we let them know what it is like to live the disabled life. This is held once a year and last year we had over a 1,000 people in our community participate and become educated about disabilities and where their tax dollars go. Please let us help you. If you need any data, we have it. We have a pilot project called Committee for the Cooperatively Served. We have been working with the developmental disabilities group, the mental health group, and with local health care providers in trying to develop a seamless way of serving individuals. We are doing this in a small way, so we can work out the business problems between our organizations that prevent us from working together cooperatively. They have made progress. We should be building on this program. We cannot have a centralized referral agency until simplification happens among the entities. We have simplified the SLA process and we need to carry this on to the other programs. My organization is frustrated with the grant and donation process. Because we pay our staff, we do not qualify for many of the grants.

SENATOR TITUS:
During the last two interim sessions, the Interim Legislative Committee on Persons with Disabilities' goal has been to work toward simplification of resource acquisition. One of the ideas is to have the 2-1-1 number for all to call with information on services. It is important that aspects like billing and therapies be the same across the services.

MS. BROOKS:
It can be done.

CHAIR LESLIE:
Are the rate increases going to help High Sierra Industries?

MS. BROOKS:
Yes, they already have.

SENATOR MATHEWS:
Is there an appropriation for special needs in southern Nevada and why can we not do the same for the north?

GARY GHIGGERI (Senate Financial Analyst, Fiscal Analysis Division, Legislative Counsel Bureau):
I would have to defer to the Budget Division. The Governor just recommended the funding for the south.

CHAIR CEGAVSKE:
There is a parent group entitled Parents Encouraging Parents. Is this a program you are using?

MS. BROOKS:
Yes, we are.

PAMELA HILL:
My grandson is in an institution with severe aggressive and violent behavior at a cost of $1 million a year. He is close to coming back to the community with no services set up for him. My grandson's therapy started too late and he has suffered because of it. My purpose here is to ask for funding for all autistic programs, especially ABA.

JULIA JONES:
My son has autism and three weeks ago leukemia was found in his body. His leukemia treatment is covered by our health insurance, but his treatment for autism is not. Leukemia is widely recognized as treatable, autism is not. Cancer treatment is necessary, autism treatment is not. No one would allow a child with cancer to go untreated, yet children with autism go untreated. Autism is treatable and children can recover, but only if their parents can afford the treatments and then find someone to provide it. Please help us get funding so that children with autism can receive the medically necessary treatment they desperately need.

ED GUTHRIE (Executive Director, Opportunity Village):
The decision unit for autism, E-352, Exhibit D, was part of the Medicaid rate task force recommendation. I chaired the rate task force as part of a long-range plan for mental health services. We served 75 people the first year and 150 people the second year. We tried to incorporate a Medicaid waiver for individuals so we could maximize the amount of federal reimbursement available. Opportunity Village has been trying to work with UNR's Psychology Department to develop a satellite program in southern Nevada similar to the program they use in northern Nevada. The UNLV does not have a specialty in applied behavioral analysis. The strength in this area is here at the UNR. There is a special appropriation for $1 million in A.B. 100. This money is to help Opportunity Village build a campus on the southwest corner of Las Vegas. One of the four buildings on the campus will be a 15,000 square foot facility to provide a home for an ABA clinic and treatment center. The total cost of this facility will be $4.5 million. The difference will have to be collected from other sources.

ASSEMBLY BILL 100 (1ST Reprint): Makes appropriation to Department of Administration for allocation to Opportunity Village. (BDR S-1212)

You have, in front of you, research done by Opportunity Village on Service Slots: Community Training Centers in Southern Nevada, Monthly Program

Enrollments, and Rate Adjustments for Community Training Centers and Supported Living Arrangements (Exhibit M). On page 3 of Exhibit M, you will see the Desert Regional Center seems to have budgeted for a caseload growth of 34 people each year for the next 2 years, at least in jobs and day training services. We have researched the MHDS annual reports for the last 7 years from 1997 to 2004. It appears they have had an average annual growth of 70 individuals each year rather than 34 each year. Over the last 3 fiscal years, it appears to have been 123 people each year rather than 34 people each year. We recommend more research take place on this; otherwise, we will have many people not able to receive services even though they are eligible. In terms of the transition services, there will be nowhere for the disabled individuals to go because there will be no money to pay for services and because the caseload growth will not have been accurately adjusted. I may have identified about $675,000 for caseload growth and job and day-training services at Desert Regional Center. We are betting that it is more like $1.5 million. In regards to the rates, we are thankful for the rate increase that occurred last session. The 15-percent increase we received went directly into our service staff salaries. We went from a starting salary of $7.80 an hour to a starting salary of $9.00 an hour. It has helped us reduce turnover. The 8-percent increase we get this year will just cover inflation. We are still not making the progress toward the goals we would like. Our rates are not competitive with neighboring states.

CHAIR LESLIE:
I agree we need to work on the rates. I would be more open to spending $1 million on the building in Las Vegas if we had a commitment from someone to provide the services.

MR. GUTHRIE:
We are not going to build the building until we have a provider. Many of the children that go untreated end up in my program as adults. I need these services for my adults as well as for the children.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Does Easter Seals have an adult day care program?

MR. GUTHRIE:
They are going to be doing regular senior adult day care. They will then integrate some of their people with disabilities into the normal social adult day care programs. Easter Seals does a great job with this throughout the country.

ASSEMBLYWOMAN GIUNCHIGLIANI:
Do you work with Easter Seals?

MR. GUTHRIE:
Our organization works with Easter Seals.

ROBERT SIMOLA (Vocational Programs Coordinator, Ormsby ARC):
Whether it is for autism, mental health or physical disabilities, none of us can stand cuts in the budget or go without the funds. I work for a nonprofit organization. We provide a workshop, SLA and employment. I work closely with other providers. Every budget we have discussed today is important to us. Without this support, my organization cannot exist.

ISABEL COOL:
My son's picture and story is in front of you, (Exhibit N). The Rural Regional Center has helped me with my 11-year-old autistic son. My son is not getting enough services. His occupational and speech therapy have been cut due to the federal program, No Child Left Behind.

CHAIR CEGAVSKE:
There being no further business to discuss at this time. I will now adjourn the meeting at 10:52 a.m.

RESPECTFULLY SUBMITTED:

_____
Carol Simnad,
Committee Secretary

APPROVED BY:

_____
Senator Barbara K. Cegavske, Chair

DATE:_____

_____
Assemblywoman Sheila Leslie, Chair

DATE:_____