

NEVADA EARLY INTERVENTION INTERAGENCY COORDINATING COUNCIL

January 8, 2009
MINUTES

ATTENDANCE

Interagency Coordinating Council Members Present:

Nora Behrens	Parent Representative – Northern Region
Ann Bingham, Co-Chair	University of Nevada, Reno, Dept. of Educational Specialties
Yvonne Brueggert	Nevada Disability Advocacy and Law Center
Alice Chernich	Sunrise Hospital
Joti Bhakta for Chuck Duarte	Division of Health Care Finance and Policy
Tina Jeeves	Easter Seals of Southern Nevada
Robin Kincaid	Nevada Parents Encouraging Parents
Sherry Manning	Nevada Governor’s Council on Developmental Disabilities
Kristen McIntyre	Parent Representative - South
Pamela McKay	Division of Insurance
Kimberly Palma	Parent Representative - South
Terri Golish for Johnette Oman	Northwest Nevada Early Intervention Services
Betty Sherwood	Parent Representative - Rural
Michelle Tannock for Nancy Sileo	University of Nevada, Las Vegas, Dept. of Special Education
Shannon Springer	Parent Representative – Northern Region
Sherry Waugh	Early Head Start
Bodi Wallace	Parent Representative – Southern Region
Mary Wherry	Health Division

Interagency Coordinating Council Members Absent:

Jerry Allen	Nevada Division of Welfare, Child Care Financing
Myra Berkovits	Clark County School District Title I HOPE
Paula Crawford	Southern Nevada Early Intervention Services
Betsey Crumrine	Division of Child and Family Services
Dianne Farkas	Family to Family Connection, Las Vegas West
Joyce Larsen	Division of Child and Family Services, Early Childhood Mental Health
Sheila Leslie	Assemblywoman, Nevada Legislature

Office of Disability Services Staff Present

Brenda Bledsoe, Part C Staff	IDEA Part C Office
Daniel Dinnell, Part C Staff	IDEA Part C Office
Wendy Whipple, Part C Coordinator	IDEA Part C Office
Melanie Whitney, Part C Staff	IDEA Part C Office
Eddie King, Part C Staff	IDEA Part C Office
Iandia Morgan, Part C Staff	IDEA Part C Office

Public/Guests Present:

Margaret Paoli	Interim Service Coordinator and Parent, Northeast Region
Martha Schott-Bernius	Program Manager NEIS Northeast
Barbara Stoll	NEIS Northeast
Ruth Miller	NDALC
Mary Liveratti	DHHS
Kate Green	UNR/UCED
Toni W. Richard	Parent
Roz Hagen	Parent
Jan Crandy	Nevada Commission on ASD
Mark James	Therapy Management Group

Lynn Coutu
Marieke Kay
Christy Santoro
Kelly Stringer
Joan Shaffer
Erica Magana

REM Nevada
NEIS South
NEIS South
Parent
ACT Now Nevada
NEIS South

CALL TO ORDER

N. Behrens, Co-Chair, called the meeting to order at 9:10 a.m.

Introductions and Announcements

Introductions were made in Reno and Las Vegas.

Public Comment

Jan Crandy asked for the council's endorsement of Bill Draft Request (BDR) 44, which relates to insurance for Autism spectrum disorders. She is the chair of Strategic Planning and Accountability Committee (SPAC) and is aware that committees can write letters of support which is what she is requesting of the ICC. She explained that if this insurance bill does pass, early intervention programs would be able to bill private insurance for autism services provided. It would cover pharmaceutical, habilitation, rehabilitation and some insurance would also cover speech therapy, occupational therapy, counseling therapy, and physiatrist services. This bill does not have an age cap or maximum payable cap at this time. Although some states do have different maximums specific to certain age groups. She stated one of the challenges associated with this BDR is the lack of a lifetime maximum amount payable. She concluded by saying that the Autism Speaks organization is helping to get this passed in Nevada, as well as 26 other states which currently have bills in the legislative process.

Roz and Jeff Hagen, parents of a one year old daughter with Down 's syndrome, spoke regarding their difficulties with Nevada Early Intervention Services (NEIS). They stated the workers had been excellent but the referral program failed them. Their daughter at 21 days old was evaluated with a determination of "showed no delays" which meant she would not receive therapies but was assigned a Developmental Specialist. They voiced their frustration at the system and lack of written information for parents of newly diagnosed children at the hospital. They also asked if a pamphlet or checklist could be created and given to new parents to help them.

REVIEW AND APPROVAL OF MINUTES FROM OCTOBER 2, 2008

Mary Wherry requested that page 5 of the minutes be amended to reflect her thanking the ICC council for holding her accountable and asked all members to contact her as to which issue group they would like to participate on.

MOTION: Approve the minutes as amended.
BY: Pam MacKay
SECOND: Ann Bingham
VOTE: Motion Passed

DISCUSS AND CONSIDER ACTION BY THE ICC FOR THE POSSIBILITY OF A BILL DRAFT REQUEST TO MANDATE PART C AS REQUESTED BY THE ICC

Kristen McIntyre briefed the council on the work she had done. She stated she had spoken to a lobbyist friend who volunteered to help this committee in any way possible. He tried to contact Assemblywoman Sheila Leslie but received no response from her or her office. He had also contacted Senator Barbara Cegavske who expressed interest in sponsoring a BDR and she had spoken with Senator Dennis Nolan regarding bill sponsorship.

K. McIntyre then referred to the by-laws regarding nonattendance of an ICC member, specifically Assemblywoman S. Leslie. Wendy Whipple explained that she is an appointed member but because this is not an agenda item the council cannot take action at this meeting. However, it could be put on the next agenda. It was agreed by the majority members that some action needs to be taken. It was noted that S. Leslie was not shown as either absent or present on the last minutes which should be corrected. It was also suggested that staff send a registered letter to Assemblywoman Leslie inquiring specifically about her term and her intention on participating in these meetings or sending a representative. In this way, the council could determine her intent and make a decision on how to proceed. W. Whipple noted the appointment for this position is appointed by the governor and has no term. Assemblywoman Leslie would need to resign or the ICC would have to request the governor's office for a new appointment. A brief council discussion on how to go about finding a legislator who would agree to participate and be on the council took place. The name of Debbie Smith arose as a possible contact person and A. Bingham said she could contact her regarding her possible interest in the committee or her recommendation on who to speak with. W. Whipple gave an overview of how these types of appointments are done and noted that the next ICC agenda will have an item regarding this issue.

Discussions returned to the topic of getting a BDR sponsored that would which would mandate birth to 3 services in Nevada. M. Wherry suggested contacting legislators in the majority rather than the minority since the time frame to submit BDRs is fast approaching. Yvonne Brueggert stated she could provide a copy of a BDR from a few years ago which could provide the language needed to get this started. Those members with legislative experience explained that it is best to contact only two or three legislators at a time to find a sponsor. The reason most bills do not succeed is because of the lack of a lead sponsor. It was noted that most bills were due by December 12, but there are opportunities to introduce emergency bills. ICC Members were encouraged to proceed as quickly as possible. Sherry Manning stated that the language for this bill could be attached to another bill already introduced. She also reported she had received a fax of a Las Vegas Sun article that reported on a comment M. Wherry had made regarding the future of Part C in the State of Nevada. M. Wherry explained the reporter asked her specifically if there had been discussions about opting out Part C. She replied yes the discussion had occurred because many of the challenges the staff face with operating this program have to do with the rules and regulations related and associated with Part C. Part C, unfortunately, contributes a very small portion of the dollars to manage this program. The biggest financial burden lies on state general funds to fund the program. The Health Division receives less than 4 million dollars of federal funds for a program that requires 19 million to run and then has to abide by federal rules and regulations. M. Wherry remarked congress has consistently underfunded this program and it presents a challenge. Mary Liveratti stated, as the Department representative, getting rid of Part C is not something the Department is moving forward with but all options do have to be considered at this point.

The Council decided to convene a small workgroup to focus on legislative issues. Members interested in participating in this group were: K. McIntyre, K. Palma, Y. Brueggert, A. Bingham and S. Waugh. Y. Brueggert will email members the sample verbiage for a BDR she already has. A lead legislator will need to be contacted, which at this point the council considers to be Debbie Smith due to her majority status and interest.

MOTION: To write a formal letter from the ICC supporting a bill draft making Part C services mandatory in the state of Nevada.
BY: A. Bingham
SECOND: S. Manning
VOTE: Motion Passed

S. Waugh commented a major issue is funding and it was not addressed in the previous motion. M. Wherry suggested writing letters to the congressional delegates at the federal level asking them to consider asking congress to more fully fund the Part C program so states are better able to operate them. It was agreed the previous motion should be amended.

AMENDED: Contact legislators regarding making Part C a mandated program in the state of Nevada and to contact our federal representatives to support Part C becoming a mandated program federally with full funding.

BY: A. Bingham

SECOND: Y. Brueggert

VOTE: Motion passed

N. Behrens stated earlier in the meeting J. Crandy asked for the ICC to write a letter in support of BDR44. Due to this item not being an agenda item and therefore the council unable to take action, she suggested ICC members, of their own accord, write letters of support. The council determined it would be best to call another meeting in order to address their support on this issue.

REVIEW, DISCUSS AND APPROVE THE STATE PERFORMANCE/ANNUAL PERFORMANCE REPORT THAT IS DUE TO OSEP ON FEBRUARY 2, 2009

W. Whipple explained this is part of the federal reporting requirement to OSEP. In 2004, the state of Nevada submitted to OSEP a six year State Performance Plan (SPP) in which they dictated the 14 indicators to be reported on. OSEP believed these to be key indicators that speak to the health of an early intervention system in a state. She then noted how to tell compliance indicators from non-compliance ones. Compliance indicators have a 100% requirement noted and a target below 100% means it is not a compliance indicator but a performance indicator. Each state establishes its own targets and then strives to achieve those targets. OSEP provided new guidance on compliance. All Part C agencies in states across the nation submit this report. OSEP will review the APR and by the end of April will provide each state with a response which they call a clarification response. States will then have one week to provide clarifications on any questions OSEP has. A determination of Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention will be issued based on these reviews.

W. Whipple stated all of the indicators had been emailed to all members for review prior to this meeting. She would entertain any questions on any indicator and council members were provided with a feedback form in which to make comments regarding the contents. These forms should be forwarded to the Part C Office within two weeks. The APR is sent to the Director's office, all early intervention program managers and supervisors, and broad based constituency groups for their review prior to submittal

W. Whipple began reviewing with the ICC each section of the report. The first part of the report is a short state of the state on Nevada which included information on population growth, where we stand on population, and what is impacting our state in terms of issues and economic climate.

Indicator 1 – Timely Delivery of Service

Programs are currently struggling with this indicator which states once an IFSP is developed, services will begin within 30 days or as specified by the IFSP team. W. Whipple explained we have children on a wait list because there is not sufficient program staff to pick up all the children who are coming through the system with Individual Family Service Plans (IFSP). Within this indicator it is shown what activities are taking place at the current time to try to address this issue. It is also noted that without additional staff and funding this issue will be very difficult to correct.

A question regarding the statewide percentage was brought up. W. Whipple replied because the data was collected from monitoring which is not based on 100% child selection, a statewide percentage was not done. She clarified by stating the data for this time period of Fiscal Year (FY) 2007 was not available because the data came from the monitoring of each individual program site. However, it was during this year the ability in the tracking system was created to collect this data from all programs. She concluded by saying there is a huge compliance problem with this indicator.

Indicator 2 - Natural Environment

This is a non-compliance indicator and Nevada does very well in this one. The target was 96% and our statewide performance was 99.6%.

M. Wherry stated from an administrative and a human resource management perspective, when managing programs and human resources there is a relationship between indicators one and two. The ability to provide services timely also has to do with the amount of time it takes to provide those services. She commented that it is not that natural environment services are valuable, but it is an opportunity to try and find the balance between the two. W. Whipple stated internally there have been discussions and some programs have done piloting on having consults brought back into the program to see if they could better use a therapist's time during the course of the day. However, when it is brought in house, the no show rate goes up. It is a struggle and in the past when resources were not an issue the decision was made to move our services into the natural environment. Philosophically it is firmly believed the best learning environment for children is their natural environment.

Indicator 3 - Child Outcomes Information

W. Whipple explained this indicator is different than the others. She explained in 2004 this was a new indicator and OSEP understood a base line would not be available until 2010 due to the need for the creation of a data collection system. Even though the data is not reported in the APR it is still required to be reported in the State Performance Plan (SPP). This data simply is reflective of how many children were in early intervention for six months when they exited the program and what category they were in when they exited. This is not a report of child performance but of early intervention's performance (i.e. is early intervention assisting children to move closer to their typical developing peers).

Indicator 4 - Family Survey

OSEP requires states to answer three questions which are "do parent's know their rights", "can parents effectively communicate their children's needs", and "can they help their children develop and learn." In Nevada, the family survey is utilized to answer these questions. The University of Nevada Reno (UNR) does the survey and Kate Green from UNR was present to answer any questions. W. Whipple discussed how the 20 questions on the survey were selected and the process for determining which questions best align with those asked by OSEP. The OSEP requirement is for the survey be sent to families of children who have active IFSPs and have been enrolled in early intervention for at least six months. She noted this is not a compliance indicator and for two out of three questions the target percentages were exceeded.

M. Wherry asked if in the next survey we could clarify "Gender (survey responders)" on page 11 and "your relationship to the child" on page 36 as she thought these were the same. It was explained Gender (survey responders) is related to the gender of the child in the population not the person completing the survey. Y. Brueggert asked if there are specific questions in the survey regularly not answered which may be problematic for the survey and need to be reworded. K. Green stated she was not aware of one but would report back on that at the next meeting.

Toni Richard, a member of the public, asked if the families who were on the waiting list or who never received an IFSP could be part of the survey process. W. Whipple stated for the purposes of this report OSEP provided the parameters, as mentioned previously, and that is who received the survey. She also noted that it does not mean programs could not survey families but there would be additional costs to this. ICC members briefly discussed how to best get feedback from those families on the wait list or haven't yet received services so that their concerns could be brought to the attention of OSEP. Many were in favor of another survey or focus group meetings

W. Whipple concluded this indicator discussion by stating the survey was disseminated to all regional program managers and supervisors. The programs take this survey seriously and have a review process of the data and comments. K. Green reported that all comments received were included and are verbatim. The only changes were to protect confidentiality.

Indicator 5 and 6 - Child Find

These are non-compliance indicators. Indicator 5 is specific to the population of children who are birth to one. The target was established on baseline and significant improvement has been made in the birth to one population. The statewide target was .65% and our performance was .91%. This percentage surpassed the target and puts Nevada very close to the global target of 1% nationwide.

Indicator 6 is specific to the birth to three population as a whole. The national target is just above 2% and Nevada's statewide target is 1.67% which was met. Meeting the target does not mean the programs are done or they should not be striving to meet the national target. It does however represent a big improvement.

Indicator 7 - 45 Day Timeline

This is a compliance indicator and statewide we are at a 94.1% which is an improvement over last year. Each of the programs improved with the exception of REM which went down 1%. Despite the state financial crisis programs have worked hard to maintain this indicator and not let it slip further from 100% which is where it needs to be.

Indicator 8 - Transition.

This is a compliance indicator and there are three components to transition. (1) The number of children who have an actual transition plan within their IFSP with the appropriate steps and services to help them move through the transition process. (2) Notification to the local education agency of children who are potentially eligible for Part B services. (3) A transition conference which must be held no later than 90 days before the child's third birthday.

W. Whipple reported for this first component all programs were at 100% compliance with the exception of REM who is at 70%. She then explained for component number 2 the process the Part C office follows in notifying each school district of those children who will possibly be transitioning from Part C into Part B. The school districts are provided with directory information only; name of child and parents, child's date of birth, and address. For this component we were at 79%. We were reporting this data to LEAs every six months and realized we needed to increase to quarterly reporting. For the third component all programs now have memorandums of understanding with every single school district within the state. All programs were at 100% with the exception of the Northwest who was at 96.6% and REM who was at 61%. The Part C office is working closely with REM around corrections related to transition issues.

Indicator 9 - General Supervision

This is a compliance indicator and is a reflection of the Part C office's performance of duties in monitoring programs. W. Whipple noted the data for this indicator relates to findings reported in the 2005 APR where programs had a year to correct any non-compliance. This is the most complicated indicator because the Part C office must track over a two to three year period whether or not a program that had a non-compliance finding made the corrections required. Due to corrections not being made in programs within the one year requirement, our percentage on this indicator is 66.66%. Half of the non-corrections are related to the timely delivery of services which could not be corrected. Those findings that were not corrected will now carry over into the next reporting period.

Indicator 10 - Complaints

This is a compliance indicator and is in regards to Part C's performance relating to complaint investigation. OSEP is evaluating the Part C office on whether or not staff is staying within the 60 day timeline for doing the complaint investigation and issuing a final report. This is specific to complaints filed during this reporting period. The Part C office is 100% compliant on this indicator.

Indicator 11 - Due Process.

One due process had been filed within the reporting period. The actual due process hearing would have gone outside of the reporting period but because it was withdrawn it is shown here. OSEP requires a baseline of ten due process hearings to report data on this indicator

Indicator 12 - Resolution Session Related To Due Process.

The family opted for a mediation meeting versus a resolution session which happened in the next fiscal year so there is no base line data to report.

Indicator 13 - Percent of Mediation that Resulted in Agreement.

One mediation report came in which was held in the next fiscal year. There is no baseline data established until there are 10 or more mediation requests in one year.

Indicator 14 - Data

There are several reports required by OSEP to be submitted throughout the year and this indicator is a reflection on whether these are timely and accurate. We are at 100% on this indicator. W. Whipple noted that in the past OSEP had not used this indicator as part of their determinations to states however, this year it will be included as part of that determination.

Y. Brueggert offered her appreciation to the Part C staff for the work done on this report. She acknowledged the accomplishments of the programs and the Bureau's efforts.

MOTION: Approve the APR as presented.

BY: J. Oman

SECOND: M. Wherry

VOTE: Motion Passed

M. Wherry asked for any changes submitted to be sent to all ICC members. W. Whipple stated those changes/corrections can be forwarded and a final draft will be forwarded to all members.

Timely Delivery of Service Definition in State Performance Plan

W. Whipple provided a brief history of how timely delivery of service was defined in Nevada. She explained this is an agenda item due to the challenges programs are facing around the "30 day timeline". It was proposed to change the definition of "timely delivery of service" in the SPP to "as determined by the IFSP team." However, in discussing the change with the programs they voiced their opposition to the change stating it gave them parameters around which to work. W. Whipple asked if the consensus of the members agreed, the definition would remain unchanged.

Several members agreed it should not be changed and should possibly be shortened. It was also noted that it should be brought to the attention of legislators that this is a requirement which is not being met and is why more staff and dollars is needed.

MOTION: To keep the implementation timeline to 30 days or less but in all cases as soon as possible.

BY: Y. Brueggert

SECOND: Shannon Springer

VOTE: Motion Passed

There was a discussion regarding the "30 day timeline." ICC advocacy representatives related their families are hearing from programs they have 30 days to start services not that services will start within 30 days of the IFSP. It was asked for this issue to be looked at more closely to see if it is a training issue with programs. W. Whipple stated that internally this will be addressed and monitored.

DISCUSS PROPOSED PART C POLICY REVISIONS

Eligibility

Ongoing Eligibility Determination

W. Whipple stated everyone is aware of the challenges facing Nevada's early intervention systems at this time. To meet federal mandates, there are legal steps that can be taken to assist programs during this time of crisis which will help maintain a semblance of compliance just as there are steps under IDEA Part C that cannot be taken. A work group was created that included all of our service provider programs, we brought in technical assistance from NECTAC, we included ICC co-chairs, and we asked the Nevada Department of Education partner in Part B to participate. We spent a day together brainstorming ideas of ways that we could look at the crisis in the system, remedies and what we could and could not do. The following ideas were generated from that group. W. Whipple had spoken with Nevada's Project Officer from OSEP and she said that many states are going down this path. Many states are finding themselves in the same crisis. As a state we have a responsibility to our system and program to manage it in the most effective way possible when the state does not have the dollars and resources to implement services as currently designed. As a program and agency, we are responsible for looking at how we can do business differently. One of the remedies is to remove the two 25% delay categories and the informed clinical opinion in the eligibility definition. She explained this did not have to be a permanent change but only until the budget crisis has eased. She also reminded members that the ICC is an advisory board to the department and ultimately the final decision lies with them.

Discussion points that arose are as follows:

- Change is a temporary measure while the state is in financial crisis;
- There will be consequences of continuing in noncompliance;
- If Nevada cannot meet the Part C mandate, would they pull out of Part C;
- Is it better for families to be made not eligible and pursue other services than to wait for services;
- Nevada's eligibility definition is already narrow;
- Informed Clinical Opinion is important for those children that assessment may not identify;
- If families are waiting for services, we know what the true need is;
- Families if turned away may never return if concerns continue;
- Nevada's vulnerability to a lawsuit;
- Children may not be identified until kindergarten creating a further delay;
- It does not meet best practice standards;
- Can contracting services through community based organizations be a solution and will the same quality of services be guaranteed;
- Contracting for services is dependent on funding, and currently there is a funding shortage;
- approximately 400 children were made eligible under 25% delay in the previous year, we don't know the actual number of children that would be affected by a definition change;
- If found not eligible, what recourse would parents have;
- Sliding fee scale or parent fee system as a possible remedy;
- Can decisions wait to be made to see what happens in the Legislative session, hoping for additional funding;
- Where does Nevada stand nationally;
- The state eliminated cost effective public service interns, so all services must be provided by a developmental specialist.

After the lengthy discussion, members decided it was important to convene another meeting in which they could decide on what action would best convey their opinions on this issue to the department.

ICC COMMITTEES – REPORTS ON ACTIVITIES, DISCUSSION, AND POSSIBLE CONSIDERATION FOR ACTION BY ICC

Child Find Committee (CFC)

B. Bledsoe stated the committee still does not have a chairperson and they have had only one meeting of the two required due to lack of quorum. Discussions at this meeting surrounded the topics covered on this agenda especially the issue of the waiting list and the moratorium on assigning children. She noted there was great success during the last year which is shown by the increase in numbers.

Clarification of the moratorium was given for members. It was explained the programs were given a directive, not from the Part C office, that no more children would be assigned for a period of time. This directive has been rescinded and a policy has been written stating children will be assigned up to caseload capacity. It was noted caseload capacity is based on a waited caseload which depends on how many hours will be spent with children. Typically service coordinators and developmental specialists (DS) have a capacity of 22 children and therapists have a caseload of 55. Members requested to receive a copy of the policy.

J. Oman added the Northwest program's child find is doing well on their birth to one category due to having a DS in the local hospital Neonatal Intensive Care Units (NICU). She explained they are duplicating services and it was their understanding that the Office of Autism Training and Technical Services was handling these activities now as well as the developmental screenings.

Family Support Resource Committee (FSRC)

Biennium Parent Conference Update

S. Springer stated the committee is working on the "Families First" conference. She mentioned they would like to bring back the sibling workshops but with the budget shortfalls it is unlikely. It was noted the call for presenters went out with a deadline in March. Y. Brueggert provided an update as to the submissions for the Nevada Access Newsletter and stated she would still accept articles if anyone would like to write one. W. Whipple remarked K. Green from UNR UCED, the publishers of the Nevada Access Newsletter, told her that due to an article being pulled in the next edition, they were going to fill the space with a notice requesting families submit their success stories for publication.

PART C INFORMATIONAL REPORTS

Complaint Matrix

W. Whipple stated Nevada Disabilities Advocacy and Law Center (NDALC) filed an administrative complaint against early intervention on behalf of 502 children. The Part C office investigation confirmed there was in fact a violation of federal regulation and a corrective action plan is required of the Health Division (HD). The HD has 60 days from receipt of the investigative report to submit a corrective action plan to the Part C office. Upon acceptance of the corrective action plan by the Part C office, the HD would then have no more than one year to correct which is the federal standard.

W. Whipple explained there are different levels of complaints. The first level of complaint is an individual child complaint or an administrative complaint, which is what NDALC filed relates to a system failure. If the state could not correct within one year a class action law suit could be filed against the state. OSEP is looking for accountability and is unlikely to accept ongoing non-compliance. OSEP can also enact enforcement activities against the state.

CHAIRMAN/MEMBER ITEMS

Schedule Future Meetings

- January 29, 2009 at 1:00 p.m. via Teleconference– Locations: NEIS 4528 W. Craig Road, Las Vegas, NEIS, 2667 Enterprise Road, Reno, and NEIS, 1020 Ruby Vista Drive, Elko.

- April 16, 2009 at 9:00 a.m. in Las Vegas via Videoconference– Locations: NEIS 4528 W. Craig Road, Las Vegas, NEIS, 1020 Ruby Vista Drive, Elko and NEIS, 2667 Enterprise Road, Reno. This will be a face-to-face meeting.
- July 16, 2009 at 9:00 a.m. via Videoconference- Locations: NEIS 4528 W. Craig Road, Las Vegas, NEIS, 1020 Ruby Vista Drive, Elko and NEIS, 2667 Enterprise Road, Reno.

PUBLIC COMMENT

None was given.

ADJOURNMENT

Co-Chair N. Behrens adjourned the meeting at 2:30 p.m.