SAPTA ADVISORY BOARD
FUNDING SUBCOMMITTEE
MINUTES

DATE: **March 7, 2019**
TIME: **3 p.m.**
TELECONFERENCE: **(888) 363-4734 / Access Code: 3865799#**

BOARD MEMBERS PRESENT
Ester Quilici, Vitality, Chair
Leo Magrdichian, WestCare
Rikki Hensley-Ricker, Bristlecone
Mari Hutchinson, Step 2
Lana Robards, New Frontier
David Robeck, Bridge Counseling
Leo Magridician, WestCare

BOARD MEMBERS ABSENT
Jolene Dalluhn, Quest
Jasmine Troop
Patrick Bozarth

OTHERS PRESENT
Amanda Henderson, WestCare
Angela Mangum, WestCare

SAPTA/STATE STAFF PRESENT
Brook Adie, SAPTA
Rhonda Buckley, SAPTA

1. Roll Call, Introductions, and Announcements
   Ms. Quilici asked who was invited to meeting, to determine if quorum was made. Rhonda Buckley read list of invitees, who are all members of SAPTA Advisory board. Ms. Quilici determined a quorum was present; as 6 of 10 were present. A seventh member arrived later.
   Ms. Adie noted Item 3, Approval of Minutes of prior meeting were inappropriately listed; did not need approval. No other announcements.

2. Public Comment
   Ms. Robards, for the record, wanted a specific list of meeting items noted:

a. Timeliness of RFR processing
b. IMD 1115(a) waiver – what will that actually mean for SAPTA funding:
   What is Nevada Medicaid's reimbursement rate for residential for 30 days?
   What is SAPTA's room and board reimbursement for Level 3 clients?
   If client's ASAM actually indicates that they will need to get services for a period longer than 30 days, can the additional days then revert back to the SABG monies? Setting the limit of 30 days is actually going back to the cookie-cutter way of providing services – when in reality – treatment is individually client-centered and needs to be whatever is medically/clinically necessary.
   What is SAPTA's spending plan for the RFRs actually diverted to NV Medicaid?

SAPTA projected a rate increase two years ago and that has not happened yet – any plans for this should the IMD waiver be approved?

c. SAPTA's current residential reimbursement is $141.83 for 3.5 and $152.74 for detox and is 1 unit of service for 24 hours. Does this actually mean that no other services could be billed on behalf of those residential clients within that 24-hour window? If SAPTA unbundles – what does unbundling actually mean?
d. Under the current sub-award report, what services does SAPTA actually pay for under the SABG funding? Since the bulk of outpatient billings should be diverted to Medicaid reimbursement, what other services could the SABG monies be used for; i.e.; medical/nursing care, MAT services, targeted case management, psychosocial rehabilitation, peer recovery services, etc.?
e. Funding allocation calculations – how does SAPTA determine?
f. Since everything is now "behavioral health," how does SAPTA plan on moving their AOD funding into reimbursement for behavioral health co-occurring services. Since DPBH is umbrella and SAPTA, gambling, mental health block grant, tobacco, etc. are all included under this umbrella, how do these other funding initiatives play into the award decision-making process, if it does?
g. Will SAPTA's team assist in meetings with Nevada Medicaid to incorporate some changes in the PT17/215 SAAM model to include all of these behavioral health services??
h. Will SAPTA's team assist providers in meetings with Nevada Medicaid on completing the rate study and increasing rates for the services it does cover?

Ms. Quilici – Does anybody else want to discuss anything to be brought up on a future agenda?

Mr. Robeck – I'm hoping one of the things to be addressed is the new insurances under Obamacare that have extremely high deductibles and co-pays, and whether SAPTA could reconsider seeing some of those through the grant funds, for those clients who are served in their state.

Ms. Quilici – Thank you, David. Anyone else? (None) Let's move on. We're going to strike Number 3, Minutes.

4. Discuss and Approve Goals, Priorities and Timelines of the Sub-Committee

Ms. Quilici – Brook, this brings up my burning question for the Sub-Committee, what are we trying to affect? Lana read what our questions are, compiled over time from members of our field. That's a good question: Goals, Priorities and Timelines of the Sub-Committee. Maybe we have to ask, what timeline are we on because this is all unknown. Then go to goals and priorities and that we do need to discuss.

Ms. Adie – I'm taking a moment to take in all the things you are wanting on your list for topic discussions, and the guidance of this group. Kendra, are you on the call? (No response) It is my understanding there have been many conversations over that last many months or year, for the need to have a sub-committee like this put together to talk about a lot of different things. I don't know all of those details. It was brought up at the last SAPTA Advisory Board meeting that we need to meet and, in the next two weeks because there's a need for things to be discussed if we're going to incorporate any of those things into the next funding cycle, starting Oct. 1. I wanted to make sure staff followed through with a request to set up a meeting within a few weeks of the last meeting to get this process moving and start the conversation. I did receive the list from Lana and Esther, with all the things they wanted to discuss. There are a lot of things to be discussed. I feel we needed a starting point. I don't think this is something that I come up with, I think it's something you should come up with. I'm open to having a discussion. What I'm really saying is, that is the amount of information and history I have regarding this group and the purpose of it, and why everybody wanted to meet.

Ms. Robards – Just for a point of clarification from my recollection, this sub-committee was actually formed at the request of SAPTA. In that they were getting ready to fund the SABG monies for

prevention and treatment for years ’18 and ’19, moving into ’19 and ’20. All of that has already happened. We got in a little bit late and didn’t get much accomplished. My understanding, based on what Kendra had indicated, was that they had made a decision about going with flat funding, but they welcomed any kind of input from this particular sub-committee on other items that could be funded. And, how the funding calculations could be done. I know with a lot of the new things happening right now and as David indicated, new insurances, the potential for the IMD Waiver, to move some of the residential funding over to Medicaid versus the block grant. Many other questions have come up. I think we are at the very beginning and I would encourage everybody to throw your two-cents out there for what you would like to see as a priority for this particular group to talk about. I myself am slightly confused.

Mr. Robeck – I think we need to focus specifically, right now, on what funds SAPTA has available. I think we should be identifying from the beginning, what funds are left for that period and what funds are anticipated being applied for, for the next funding cycle. SAPTA itself has already made some decisions that have impacted a lot of our clients. We haven’t really been a part of that as a board. I’d like us to make sure we are a part of that even if we don’t get a resolution out of it based on the changes that were made. That would be our starting point. We don’t know what Medicaid is going to do, we don’t know whether we’re going to get the 1115 Waiver. Those will certainly impact everything. What we know today, SAPTA has block grant funding available for things and I’d like to know where we start. Maybe just understanding, and I don’t know if anyone is in the position to make that statement today, as to what’s available or what’s been identified. Certain amounts for treatment, certain amounts for prevention. Have other dollars out of the block grant funding we began with been diverted elsewhere. If so, where did it go, how much. That probably has impacted where we’ve gotten our funding so far.

Ms. Quilici – That’s what I would like to know. What are SAPTA’s priorities? I have an idea what SAPTA is moving away from, and I think as a field, we need to know what SAPTA is going to prioritize. We need to know how some of the costs are arrived, because I’m sure each one of our agencies … time and time again, Brook, we’ve been asked to develop cost studies and we have, and we’ve submitted them. It seems like when we do that, and we do show our costs, it doesn’t seem to be an issue. It never seems to be received and addressed because obviously none of us, I think, are getting what our cost studies show. It’s not an exercise in inflating costs, it’s an exercise in realistically showing what the costs are for services. And our costs go up. All of us are paying more for all sorts of things. What I would also like to know is, philosophically, what does the Bureau see? What does SAPTA see? Are you trying to decrease funding for one aspect and increase it for another? Are you trying to fund a certain percentage of anything we submit? Because none of us gets 100 percent, maybe out there, I don’t know. My goal, and I think everybody’s goal, is to make sure we survive in this ever-changing world. Some of our agencies have existed since 1971. But the concern I have is what is the future going to be? My goal is that we all exist. Nevada is a waste land of services. Those of us who are on this call today have certainly struggled to keep services, so that’s my goal. I’m sure Lana and David feel the same way. Our priority is our clients, to serve them. And we still haven’t addressed timeline. How soon do we have to get all this in to you? I know you said September, end of fiscal year. Do you want us to have a meeting a month? Or do we have to have it before the end of, some of these grants are running out at the end of April. I would have liked to have an input on some of that. I’ve had my say; we have other people on here.

Mr. Magrdichian – This is Leo Magrdichian, I wasn’t on the roll call. We had phone and internet issues. Forgive me for being late. I’ve been with this agency and been with Nevada for a little more than eight years, and I’m well aware WestCare is another one of these agencies that has been around since the ‘70s. Some of us are wondering if we’re going to be able to sustain and stay alive. I will also say this, what SAPTA has done for us has always been to me, more for us than against us, because of the way they’re able to keep the people who, most of those individuals, don’t have a way to receive treatment anyway. And I’ve said it before, SAPTA was our lifeline. Without SAPTA we might as well close our doors. We always and, still continue, to serve the unfunded. Even individuals with Medicaid, we can’t

bill Medicaid. I can also say over the course of eight years, I love this state and I love my job, but we can't keep operating – and I'm speaking personally – we can't keep operating the way we did 40 years ago, because the landscape has changed. Unfortunately, you're all correct. The money seems to be dwindling and the cost of providing services is going up. At the same time, some of us, myself included, think that everything's going to be okay and we don't have to be willing to make some adjustments and changes. Although we've been doing it this way all this time and it's worked so why do we need to change anything. The reality of it is, even as a SAPTA Advisory Board, as a whole or even as this sub-committee, we have to really start to think about how we can still continue to provide the best services possible to clients and at the same time, maybe shorten the treatment duration, maybe even understanding the if we don't do things right, the block grant money and so on and so forth, may go away. If we get an award, we need to utilize that award effectively to make sure it's going to get us all the way through to where it's supposed to. I'm open to shortening the treatment duration within our residential program here. Willing to do a whole bunch of different things in order to sustain ourselves. But if we have to change almost everything we do in order to meet today's demands, and in order to meet SAPTA's unfortunate inability to maybe carry all of us, then I'm for it. I think the minds that are in this advisory board including the people who are helping us with SAPTA, staff and everyone else, I think we can make this work. My suggestion is maybe we met a little more often, opposed to only once or month so we can all figure this out. Make sure that rural programs and everybody else is still going to find a way to stay in business and still provide quality care to the clients who need it the most.

Ms. Quilici – How about this, Brook. Do you have a state plan that denotes the priorities, the goals, and the timelines of SAPTA.

Ms. Adie – I know there are behavioral health priorities and Stephanie has presented them many times for children and adults. I have those. It's very clear to me that there are a lot of things we need to discuss. It's also very clear to me I have a lot of knowledge I have to gain and catching up to do. I'm on board with meeting more frequently. When I originally set the time, Stephanie was available to be here, she got double-booked and wasn't able to be here. She really needs to be a part of this conversation. She has a lot more information and knowledge. I think the information she would be able answer a lot of those questions better. The one thing I will say, the message she keeps giving to me, to tell providers, is our funding is flat. We don't have more money to distribute. Any changes we make, if we can make them, must be thoughtful. If we give more to one, we have to take away from somebody else somewhere else. I want you to understand that funding is flat. That provides limits to meeting the needs. It's clear the need exceeds the funding and that's a problem across DHHS, where funding is limited. Can we go through some specific asks, we, this is in the area of goals and priorities, that I can research and we can have as a follow-up agenda item for the next meeting. Like goals, you want to know what SAPTA's goals and timelines are so that we can tell you, how quickly decisions need to be made or what the focus needs to be on. Am I restating that correctly? Esther?

Ms. Quilici – I would like to hear what someone else has to say. I'd like to hear what are your goals? And what your priorities are, and what your timelines are. Because we're being asked for input, and I want to give input and I want to make this, I do not want a futile effort here. I want to make sure that we are actually going to be impactful. If all this has been done, or all this is predetermined, those of you who are on this conference call, either say I'm right, or not, I'm not sure what we'll be doing. I'm not sure how we'll be helping you, Brook, or ourselves, if all this has been predetermined.

Ms. Adie – Okay, thank you.

Ms. Hutchinson – Can I chime in? This is Mari Hutchinson from Step2. When we originally started this sub-committee, it was my understanding in my conversations with Kendra, and why I had signed up to be on this committee, was SAPTA, last summer, was saying they were looking at making a shift. Rather than funding outpatient services, they were looking to fund more residential beds, and make a push to fund outpatient services to rely more on Medicaid. So, it was my understanding when we started this committee, is that this committee was going to give input to SAPTA on the feasibility of that and maybe our input or opinion on SAPTA's shifting to being more residential funding versus outpatient funding. It wasn't my understanding that we were going to be deciding overall funding for agencies. If

funding's flat, funding's flat. But the idea was, is SAPTA looking to use their money for residential services. But if providers are being told money's flat, then I would say SAPTA's already made the decision they're not to shifting toward residential services. If outpatient programs have been told their funding's flat, then they're being funded again, at the same level. Did anybody else have that initial understanding?

Mr. Robeck – I can tell you outpatient funding is not there anymore, it's gone down. We're at 10 percent of what we were doing a year ago because of decisions that have been made. That's a challenge. If that money's being held back, I'm hoping it's going for residential. I don't know that. Another point would be, and I don't know the original conversation, I do know that residential was a big part of the conversations. After working with Lana and Esther a very long time, that is an ongoing conversation for years. I want to touch on the one thing though, Brook, you said the funding is flat, and we hear Dr. Woodard say that a lot, and yet, there have been new dollars come into the state from what I understand. For opioid crisis dollars. None of that, as far as I can see, has gone through SAPTA for SAPTA-certified agencies, unless they were specially blessed. We were not one of those who were blessed even though we applied. I'm curious, too, if there's national funding or federal dollar funding, that is out there that we're just not applying for as a State, just because we don't have the application staff to do it. We seem to have funding to do applications where we want to do it, but there's other dollars out there we're missing I'm sure there is. How do we go about changing it so we're not flat? Leo made a very passionate plea here and I was pleased with that, as the others. I don't want to see any of us cut funding because we're not cutting population. That's my two-cents worth.

Ms. Robards – Mari I agree with you on the beginning part of what this committee was actually, originally formed for. I do know that part of the discussion back then centered around other things that could potentially be covered under block grant funding for both prevention and treatment, that is not currently being included in any of the funding that is either reimbursed through Medicaid or other funding sources. I know it's a very broad topic. I will tell you where I got confused on this. When this committee was formed it was at the request of SAPTA, to offer our guidance and recommendations or suggestions on maybe looking at things in the new funding cycle, whatever SAPTA wanted us to do. So, when I got the request to come up with the agenda items, I got confused. Then it turned into what the SAPTA advisory wanted to have SAPTA provide us the answers to, rather than the state SAPTA, giving up the topics they would like to get some input from us on. I think we're caught right in the middle of this whole thing and I'm still confused. And Leo, while I agree with you on some of the points, I still am going to stand on the idea that everything has to be individually client-driven. While some states in residential or out-patient, or whatever services are being offered, may be less, some may be more, it has to be client-centered. Instead of us trying to mold our programs into whatever funding might be available out there, my suggestion is that we look at how to guide the state perhaps and offer some suggestions for some other ways of actually coming up with the funding calculations. That's where I'm sitting right now. I was looking for guidance from the state as to … and I looked back at the previous minutes, and Kendra had referred to some of the things that SAPTA wanted us to look at. However, that funding cycle has come and gone. SAPTA went in to flat funding; we had one meeting in September, new grants came out on October 1. Now I think it's a combination of a lot of give and take between SAPTA and all of us represented with each of our individual agencies and those things that perhaps SAPTA might be able to clarify for us as well. Thank you.

Ms. Quilici – I remember that meeting and I'm the one who suggested the sub-committee because that's the state way – form a subcommittee. We still have to determine as a group if it's SAPTA's goals, priorities and timelines we are going to discuss, or our own? There's a big difference. We have to know what we want. How do we put our wants and needs in? We need to get back to the fact what's this deadline we're facing. Lana just said we've probably already passed one deadline, or more. I would like to know, what the money … I've been told how many millions come in to SAPTA and maybe we're given a general idea. It'd be nice to know how much money comes in, what determines how it's spent, is it pro-dramatic. So, what do we want to do as a group, to advise Brook, who's open for suggestions. Or is it you, Brook, who will tell us?

Ms. Adie – I appreciate all the information you have provided. There was a lot of missing pieces to this puzzle that I did not have. That it was Kendra who requested setting this up, and who had …
Ms. Quilici – No Kendra didn't request it … (voice fades out completely).
Ms. Adie – You're facing away Ester, I can't hear you very well.
Ms. Quilici – I'm the one who said let's form the sub-committee, Kendra agreed. When things were presented at the SAPTA Advisory Committee, it's complicated.
Ms. Adie – It is.
Ms. Quilici – So I said let's form a sub-committee, it's the state way. And we did that, and we got all kinds of people who wanted to be on board. I think they saw an opportunity to reshape SAPTA's priorities or reshape where the funding went. Then we whittled it down to only SAPTA Advisory Committee people, because I think that was the appropriate thing to do. So here we are today. Kendra didn't ask for the sub-committee, we suggested it to help her.
Ms. Adie – Yes. Okay.
Ms. Robards – My point was, Kendra clarified at the last SAPTA Advisory, the meeting in December, that we approved when, February, we approved some points of clarification from her perspective as to what this sub-committee should actually be working on.
Ms. Adie – And I was hopeful she would be able to attend this meeting, but she was unable to. Can we do next steps, then? As far as I'm concerned, my next steps are: For us as SAPTA, to determine goals, timelines and priorities, and to come back and use those topics as a guidance for you guys to have further conversations and discussions. Does that sound like that's reasonable? I am open to having these conversations and I do want to hear from you guys and have feedback and understand the system better. Please tell me if you need more from me, to come back to the next meeting.
Ms. Quilici – I think it's a good start. If you want to cover this agenda, I think we need to move on. I think if you would define those three categories would be a good start. Do I have someone out there who will say yes to this?
Ms. Adie – Or make a motion?
Ms. Quilici – I guess we can. If you want to go kind of loosely by that, so if someone could move this, and someone could second it we could go forward.
Mr. Robeck – I think if Brook volunteered it already I don't think we need to make motion to for her to do something if she's already said she would do it.
Ms. Quilici – It says for possible action. So, I do think we need something.
Ms. Robards – This is Lana at New Frontier. I make a motion that this particular agenda item be carried forward to the next meeting. After everybody's had more chance to digest what's being discussed here today. I don't know what else to do.
Ms. Adie – Thank you. That sounds good to me.
Ms. Quilici – I think Brook, and please include this in your memo, Lana, that Brook sends out to us, those priorities and timelines SAPTA has.
Ms. Robards – I will amend my motion accordingly.
Mr. Robeck – Could we also get a dollar amount in that amendment to find out how much money Brook is trying to work with. I think that would be helpful to know what the state had available for us.
Ms. Quilici – Okay, add that on. Somebody want to give us something on that?
Mr. Robeck – Is that okay with you? I'll second it if you're ok with that.
Ms. Adie – Are you asking me if I am okay, or, oh, okay. I wanted to make sure I wasn't the you, you were referencing. I'm good.
Mr. Robeck – No. Lana made the motion I just wanted to be sure. Yes, if you could come back with a dollar amount that would be awesome.
Ms. Adie – Okay.
Mr. Robeck – I'm a banker by profession. So, I'll second that wonderful motion that Lana so succinctly made.

Ms. Quilici – The one I just confused everyone on? Okay, so let's have ayes. (Numerous ayes). Any nos. (None). Okay, so this motion carries, and we ask for the agenda item to be carried forward, and information coming back from SAPTA.

5. Discussion of SAPTA Services and Impact of 1115 Waiver for Medicaid Services

Ms. Quilici – So this is in your realm, Brook.

Ms. Adie – An update is that we are, an application to CMS is probably 80-90 percent complete. They are meeting multiple times a week, there's a lot of working going into the 1115 for approval. We're just about to public comment. They're getting ready to post it for public comment. Look for those postings if you guys want to go and provide public comment when it's appropriate. At that point, a draft of the application will be out, so you guys can see it and read what all is being put into it. Medicaid has been a great partner. Jody has been working hard on the rates, and really defining those things. It's moving forward. How that is going to impact how we currently operate, under SAPTA, there's still a lot of analysis that is being done that needs to be done before we can provide some definitive answers. I took what Lana and Esther had written in their email and tried to lump it all together to say I recognize these are things you wanted to talk about and provide an opportunity to give an update of where we are. Whatever direction that goes, provides an opportunity to discuss funding. As far as the impact and what that looks like, I don't think we're at a place where we can provide that answer. That was like an answer/non-answer, I'm sorry it wasn't really that clear. But if you guys have specific questions, please let me know and I will do my best to go back and see what kind of answers I can get, if there are answers available, that I'm just not aware of.

Ms. Quilici – We know the 1115 Waiver will have a positive impact on CCBHC continuity. I guess our quick question was, exactly how will it impact us from a funding standpoint when it's granted, and it applies to our state. That's what I don't understand, and, how will it be distributed. Will it give, I hope, residential, to bill more to Medicaid. But I don't know. I talked with Lana, I talked with David, and they don't really know either. When we go to support something, we would like to know how it will positively impact our field. Wouldn't anybody else say that?

Mr. Robeck – Yes.

Ms. Adie – Yes.

Ms. Quilici – Thank you.

Ms. Adie – I think that kind of conversation can't really happen until you see the application. Because you guys don't really know all the details of what's in it to get to the next step of how it will impact you. Is that an accurate statement? The CCBHC side, that's the side I'm more familiar with. And you guys recognize, those of you who are on the call who are going to be CCBHCs. A lot of that, on the outpatient side, there's going to be much difference. A lot of it's already billed to Medicaid. I don't have enough details on the inpatient side of it to give you information.

Ms. Robards – I'd like to make a comment. One of the reasons I thought that would be a good discussion point, was, right now, SAPTA and SABG dollars are going into residential programming, and detox and transitional housing, and only a limited amount going into outpatient services. What happens to that money that was going to residential programs, that are now going to be diverted, projecting that the 1115 Waiver for the IMD exclusion, gets approved. Those monies then get diverted through CMS to Nevada Medicaid. Will the SABG monies then be available for other things, that treatment and prevention providers could be able to utilize. That's a valid question moving forward in projecting the "what ifs." Remember also, we're projecting that this 1115-A Waiver, which is carved in two pieces. One is the CCBHC side, the other is the IMD exclusion side, are probably going to be approved and effective as of July 1, of this year, which is just a few months away. It would seem to me there would be some kind of state plan, if this happens, then this is what we're going to be looking at for the monies that are not going to have to be put out for all the residential programs. The other side of it is, my own unique curiosity as to what other people think. What do prevention providers think they could use more funding for; what do other treatment providers? What is the provider type 17-215? What are some of

the services they are not able to bill for? And I know one of them that comes up in conversation all the time is case management. At some measure, understanding a little bit more … the assumption is that this is going to get approved, for both. What is that and how does it affect our field?
Ms. Adie – Thank you for articulating that in a very clear way. That will be my ask, to Stephanie. The answer to that is going to help drive the goals. As you were talking I was thinking that, and you mentioned this also, is, gathering the data from providers for that unmet, people we are not able to fund right now, identifying that unmet need, figuring out do we, or can we, or how do we shift funding to cover that. Some of this might come through the need assessment, but I'm not 100-percent certain where that will come in the process. Those are the things I'll go back to Stephanie and see what conversation she has and bring that to the next meeting. More specifically, would could talk about the goals, priorities and timelines, but specifically, shifting those funds and is that a possibility. Are you guys good with that? I'm struggling. I'm trying to wrap my head around a lot of these different concepts. I think I'm on the right track, because Lana, you helped clarify a lot through your last statement.
Ms. Quilici – If you don't hear anybody say anything, I think any further information for us is good information. Let's take this silence as agreement for you to go ahead and bring that back through.
Ms. Adie – That is one of the purposes of this meeting, or subcommittee, is if these all do get approved, what are some things we need to shift or focus on that we're not getting right now.
Ms. Robards – I'm going to challenge everybody to put their thinking caps on. It could be providers who didn't get as much money in funding this year and are going to have difficulties in keeping the lights on. Those big issues like David brought up. What happens to those private insurances that have a $15- or $20,000 deductible, or out-of-pocket that they're never going to be able to meet. Those are people who will probably fall through the cracks and not ever be able to get the kind of services they need. I'm just throwing some of these things out there. I think everybody's got to put some input back in.
Ms. Adie – I'm going to second what you just said, because that is the message I am getting from many providers, is you have those people who have really high deductibles and they cannot meet it and hey end up not participating in therapy. For us to be able to understand that population, what are the deductibles we're seeing people having; how many people are you serving that fit within this category and what do those people look like, so we can identify that unmet need. That has come up many times. … I really have to go.
Ms. Quilici – Is this Brook? You have to go?
Ms. Adie – Yes, I'm sorry.
Ms. Quilici – So we'll have a one-hour meeting and that's it.
Ms. Adie – No. The next meeting if we have it earlier in the day we can do it longer. I wanted to get something started right away and we could have a 2-hour meeting, or an hour and one-half, as long as we have it at a different time in the day. I'm fine with that. Do you, in two weeks, want to meet again?
Ms. Quilici – What's our timeline, Brook?
Ms. Adie – I would say we need to meet again soon. I'm okay with two weeks. We need to stay on this and have people involved and move the conversation.
Ms. Quilici – Thursday afternoons are just not a good time for me. I had to move stuff around to accommodate this day. We can't go into the last week of the month, too many of us are going to be out at the conference. If you want to try the week of the 18th, maybe that would be fine. All of you check your calendars and let's see if we can't meet in two weeks. That's okay by me; anybody say, nay?
Ms. Robards – Brook is it possible for you to send out another Doodle Poll for that week specifically? I know there's a few of us who have been the biggest mouths on this call. I want to encourage everybody else to speak up as well.
Ms. Adie – Yes. Rhonda will send out a Doodle Poll for that week and she's going to look at Stephanie's calendar and pick times where Stephanie is available. What I would suggest you (Rhonda) doing, is put place holders on her schedule so nothing else gets booked on those times, while we're waiting on the Doodle Poll.

Ms. Quilici – I guess people want this. Is it SAPTA who wants this sub-committee? Or do we in the field want this sub-committee? Anybody want to comment on that? I'd like to know more answers, but I don't want to be the only one.
Ms. Robards – I want answers, also. I think everybody wants answers, but in different areas. For me I'm still a little muddy on what actually is the funding sub-committee and until I can wrap my head around what that actually means. A lot of these topics are more appropriate for the regular SAPTA advisory and some of the updates SAPTA brings to the table then. David and I both seek out agenda items from people in the field. So again, I am confused.
Mr. Robeck – My input on that is, I agree, the whole board would benefit from it. However, we would not have had such a good back-and-forth conversation with so many people in the room. I think Brook's done a good job of responding to us here. I think if we could keep it small and keep it focused on this funding piece, here in this committee, we can always bring it back to the others. We may get too many people asking too many questions, talking too much then that hour will go very quickly. I'm in favor of keeping it short in this 1-hour, sub-committee and meeting in a couple of weeks.
Ms. Adie – I don't know if it's my place to give input or not, with the advisory board meeting every other month, I find it very difficult to get things accomplished. A month and a-half goes by and it's, like, "Oh, we're talking about these things again?" In the interest of wanting to have meaningful discussions and having changes, I appreciate this smaller sub-committee for the reasons David had pointed out, but also because we have more of an ability to meet more frequently to get things done. That is helpful.
Mr. Magrdichian – I'm going to agree with both Mr. David, Miss Lana and Miss Brook. Maybe Miss Kendra does need to be on this call.
Ms. Adie – Yes.
Mr. Magrdichian – We're not going too far and getting into minutes and everything else. What had happened was, I know from sitting with Kendra and she talked about us putting something together, it was an option given to us, which is why we, and it was encouraged we start this sub-committee. And each agency, each SAPTA provider has more of a need than we're getting SAPTA funding for. That's across the board, and I think everyone would agree. We were just supposed to try and figure out, is there a way to disperse this money better? Is there some percentage or way who might need more or less? I'm not sure if that even exists. Is there individuals or agencies or other levels that might be able to obtain funding elsewhere, as opposed to some who have no other way to obtaining other funding? This was back when it became an out-patient versus residential and so on and so forth. And if there were other options, are those other agencies going to go after those options? Maybe even with a small advisory board, or this committee's assistance. And then on the other end, should we find a way to disperse the money differently, and I think it would be all of us coming to that agreement. I agree that I think we need to meet in this smaller group. David was right in saying we can be a little more open and get quite a bit more done.
Ms. Quilici – We need to conclude this because people are … I don't think we have a quorum. Let's just Doodle Poll for two weeks. Thank you, all of you for joining us. Thank you Brook for putting it together. Thanks Rhonda.

Meeting concluded at 4:06 p.m.