



State of Wisconsin
Wisconsin Council on Mental Health
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

Meeting of the Wisconsin Council on Mental Health
July 17, 2013 10:00 am – 3:30 pm
Madison, WI

Meeting Minutes

Council Members and Representatives in Attendance: Julie-Anne Braun, Kim Eithun-Harshner, Kathleen Enders, Shel Gross, Linda Harris, Richard Immler, Carol Keen, David Nencka, Mary Neubauer, Mishelle O'Shasky, Jo Pelishek, Dave Sommers, Joann Stephens, Dave Stepien, Matt Strittmater, Sister Ann Catherine Veierstahler,

State Staff in Attendance: Ryan Stachoviak, Kay Cram, Kenya Bright, Faith Boersma, Kathryn Bush, Hugh Johnston

Members of the Public in Attendance: Barbara Sommers, Walter D. Nencka, Chris Beal, Kathie Knoble-Iverson, Aaron Rasch, Anne-Marie Bernard

Item 1: Call Council Meeting to Order

Welcome and Introductions

Read Guidelines for Conduct of Meeting

D. Stepien read guidelines.

Review and Approval of Minutes of WCMH meeting on May 15, 2013

- S. Gross noted the following edits to the minutes from May 15th, 2013
1. Add the details regarding the corrections which were made to the March 20th meeting minutes.
 2. Change meeting to event under announcements on page 1.
 3. Include information regarding federal authority 1945 on page 3.
 4. Note that electronic health records are for DHS facilities under item 6 on page 7.

S. Gross will provide R. Stachoviak with other typo edits.

J. Stephens motioned to approve the minutes from May 15, 2013 as amended.

L. Harris seconded the motion.

Motion carries unanimously.

Announcements

R. Immler announced that there will be a meeting regarding the proposal for creating the child psychiatry line in Milwaukee at the Italian Community Center in Milwaukee on the 22nd and at Saint Clare's

Hospital on the 23rd in Weston. The meeting will involve a presentation and discussion, and stakeholder input is appreciated.

S. Gross announced William Parke Sutherland is new director of Grassroots Empowerment Project. He will continue to be involved on the Legislative and Policy Committee in this new capacity.

S. Gross announced that there is an upcoming 5th Wisconsin Warrior Summit in Madison, and he will have more information forthcoming in the next month or so.

Item 2: Independent Living Resources Statewide Peer Support/ Leadership Project

Aaron Rasch and Kathie Knoble-Iverson from Independent Living Resources (ILR) presented. ILR is currently six months into its contract with the State. ILR is referred to as an independent living center, based out of La Crosse, and has a peer recovery center, and serves 13 counties in Southwestern Wisconsin. Services are available to anyone in that region and has served people across disabilities. The organization has a large competency area across a spectrum of disability. ILR has 29 office/community based staff. Many people have lived experience with disability, including 14 –15 peer support specialists.

A. Rasch noted that people with mental illness often fall through the cracks and ILR has aligned their services to help fill these gaps. This is done through programs such as the Bridges program which primarily works with people in crisis who are without insurance. ILR also has a homelessness outreach program which served about 100 people last year with that program. In addition, the ILR board has strong representation from consumers; with 8 out of 12 board members identify themselves as a consumer.

ILR's contract supports 12 recovery centers around the state and supports leadership training. The technical assistance team is Aaron Rasch, Todd Scharrer, in Muskego, has experience as a youth pastor, he is an outsider in regard to the mental health system world, but has lived experience with mental illness. Danielle Summers has worked with the Milwaukee redesign process. Tricia Jorke in Prescott WI is a peer specialist, trained as a Social Worker. In our hiring process we look for people with lived experience, and/or peer specialists.

Six Major Goals of the Contract:

Goal 1 – Assist the 12 peer run organizations strengthen and improve peer support programming. These efforts started with a focus on community building, a community focus, connecting with local partners. Fiscal stability is a benchmark which was worked on initially, and we continue to do so. Fiscal stability, being connected with local partners, and being recovery oriented are three things which are embraced. Each site has their strengths and that is what being built upon.

Goal 2 – Develop a peer review analysis system and conduct peer reviews. This is a longer range goal. It includes asset mapping, identifying benchmarks and outcome measures, developing a peer review process and toolkit, and conducting peer reviews.

K. Bright noted that all sites are very different, we thought there should be some core similarities between them all, and this goal was meant to identify what are those core benefits and benchmarks could be.

Goal 3 – Expand collaboration between peer run organizations and addiction recovery groups. This includes giving training, resources, and information to peer run organization sites. Identify local partners and facilitate collaboration, which does vary, there are some where merging becomes an option and some discussions have occurred regarding merging certain partners.

S. Gross noted that the WCMH has looked at integration with the State Council on Alcohol and other Drug Abuse (SCAODA).

A. Rasch noted that this vision, a shift from an illness to a wellness mindset is great, and bringing the gifts of the community in is valuable. This is a primary reason why we are trying to make things locally based.

Goal 4 – Fostering leadership: develop meaningful participation in system transformation efforts. This includes developing a leadership curriculum, conducting leadership trainings, hold statewide collaboration meetings, and create and facilitate avenues for those to utilize new leadership skills.

K. Knoble-Iverson stated that one thing that needs to be overcome is a view that peers don't know what they are doing. J. Stephens stated that it is important to educate the behavioral health system of the things that peers can provide.

Goal 5 - Build and expand communication network via an array of media options. Such as the host peer network website recovery.support.net. Through this site we can disseminate information, and through social media avenues, email lists, blogs etc. ILR also does a newsletter.

Goal 6 - Increase the visibility and funding sources of peer run organizations. Through this we are also looking to help out more with fundraising.

K. Knoble-Iverson noted that each site is at a very different place in terms of sources of funding and fundraising, we must be flexible and adapt to what they need. It is hoped that the organizations can become independent, will receive the block grant funding, but this goal is designed to help these organizations do what they want.

M. Neubauer asked what fiscal responsibility entails. K. Knoble-Iverson responded that the main idea is that if we were to review your books you have proof of all expenses etc. This includes solvency and self-sustainability. A. Rasch added that the trick is having people who care, there are resources out there, but you want to do this in a way which inspires leadership and bring about positive changes, peer support is still there, but you are building depth and focusing on who serving, who has unmet needs.

M. Neubauer asked regarding goal four, are you going to be providing information regarding Empowerment Days? A. Rasch responded that the strengths of ILR are locally focused, but can support more of the state-wide efforts. M. Neubauer stated that transportation for people coming out of the region is a major issue for people to get involved, so things like promoting ride-sharing and incentivizing ride shares can help. If we look at communities in rural areas, transportation is a major issue.

M. O'Shasky asked about consumer conference. K. Bright stated the consumer conference would not be occurring, but could be conducted via an RFP process in the future. DMHSAS does want to have an annual collaboration meeting between the leaders. The Mental Health and Substance Abuse Conference in Stevens Point conference was added, and we do have a consumer driven section of workshops.

R. Immler asked prior to the grant being awarded to ILR was there a different grantee? K. Bright stated that there has been a TA and training grant which was sent out to RFP for roughly 12 years. The Bureau did look at the structure of how the sites were funded and what we needed. The goal is for ILR to give the site the skills to, for example, reach out to county boards. Some sites only operate on the 25k we give, some are more connected with the County and if a site does want to work with county more ILR can support this process.

M. Strittmater stated to give ILR credit, what they have done in La Crosse is amazing, has helped change the whole system in La Crosse.

K. Knoble-Iverson stated that ILR was a bit naïve going in about resistance which could come up. There is often a lot of divisiveness and mistrust and anger in the Mental Health movement. It has been tough to keep our head down and stay focused. The pressure is often external not from the sites, but it has been hard trying to find out why the whole system can't come together to work as one. It has been the only issue that is hard to deal with.

J. Stephens stated that she is very excited about the model ILR has put forward and the sites will benefit from the support.

Item 3: Council Committee Reports, Discussion and Recommendations

Executive Committee

S. Gross stated that at the most recent Executive Committee meeting we discussed the fall tour of Milwaukee is September 17-18. The general practice is to start on 17th and begin by taking tours.

M. Neubauer discussed the tentative plan for the tour. On the 17th the Council would start with the County, then go to the Grand Avenue Club, and then concluding at Southside crisis center and stabilization house, followed by dinner. On September 18th to the Council will travel to Dryhootch, Pathfinders, Project O' Yeah, and end up at Autumn West. The Council can then have lunch to be followed by the Council meeting. DMHSAS will pick a hotel and save a block of rooms at the state rate. Sr. Veierstahler noted that there are often events at the VA later in the evening which would be additional tour options for those who are interested.

Nominating Committee

M. Neubauer stated that the Committee met on the 17th of July and reviewed current council membership, and recruitment needs. M. Neubauer provided a brief review of Christine Williams qualifications and stated that the Committee recommends to the Council that Christine Williams be recommended to the Governor for appointment to the Council.

Motion to recommend to Governor Walker the appointment of Christine Williams to the Council carries unanimously.

Adult Quality Committee

S. Gross stated that he would like to nominate Karen Herro as Adult Quality Committee interim-chair taking over the role from the recently retired Judy Wilcox. Approval is needed because Karen is not a WCMH member. The by-laws allow for a non-member to be a chair for up to six months with WCMH approval.

Council unanimously approved Karen Herro to be interim-chair of the Adult Quality Committee.

Julianne Braun and Dave Sommers need to be added to the mailing list for the Adult Quality Committee.

Legislative and Policy

S. Gross stated that he appointed William Parke Southerland to be a member of the committee as a representative from Grass Roots Empowerment. A few updates, the State budget was signed and the whole set of mental health which the Council supported were passed. S. Gross noted that there are some long term concerns for CCS funding and DHS will need to submit a report to the Joint Finance Committee. L. Harris stated that the DMHSAS is beginning to work with the counties on how to work on the projected funding.

S. Gross noted that the Speaker's Mental Health Taskforce meeting will now be on Wednesday July 23 and that there have been several delays previously in holding this meeting. It is not clear exactly what they will do. The L and P Committee has not made any recommendations to the taskforce and is letting the individual organizations state their positions independently. Part of the discussion at L & P was looking at the number of people who are brought in for an emergency detention, and the number of these who are committed, which tends to be a small percentage of those receive an emergency detention. D. Sommers noted his concern that a database of who is committed could be used for the wrong reasons. And also some communities will only take people if they are a danger of self or others. S. Gross noted that regarding a database we are only interested in the numbers rather than identifying information. The Committee has also been following up on Milwaukee County; the plan of correction for the hospital has been approved, with the exception of the physical environment changes which are required. At the nursing home a plan of corrections was approved, but DQA did send a letter with several recommendations. Currently the plan is to close the nursing home; new patients are not being admitted. People who are potentially dangerous are in private rooms.

Children and Youth Committee

K. Eithun-Harshner stated that the Children and Youth Committee outlined three goals as part of strategic planning. The Committee has been focusing on parent recruitment, and discussed the importance of how to best mentor new members of the Council, and the Children and Youth Committee in particular. Becoming a new member of the Council or the Committee can be particularly challenging for parents. The Committee also discussed the special needs voucher. The idea behind the Office of Children's Mental Health is that the Office would collaborate with all those departments which touch the lives of children. The Committee has proposed guiding principles which would then be sent to the Governor, for his eventual appointee to the Office.

S. Gross asked why in the letter the Committee discusses the importance of indicators and performance measures, but these are not included in the list of guiding principles, is there a reason the Committee decided not to include these? K. Eithun-Harshner stated that the Committee saw the principles more as guidance. In looking at what is happening in other states the Committee observed that there are many common measures utilized across states. The Committee ultimately didn't view the recommendation of indicators and performance measures as the committee's place. The Committee wanted to keep the principles universal and broad so that other departments could adopt the principles as well. K. Enders stated that employment or the Department of Workforce Development is not included in the principles and that transition age youth always have right for employment. Recommended the inclusion of employment in the number eight, to read "Community educational services, and employment services...".

Motion to forward the approve the guiding principles for the Office of Children's Mental Health and forward these to the Governor carries unanimously.

R. Stachoviak will prepare the letter and provide it to S. Gross and K. Eithun-Harshner for review.

Criminal Justice Committee

J. Stephens stated that the Criminal Justice Committee conducted strategic planning at the previous meeting.

Item 4: Working Lunch

Item 5: Dept. of Mental Health and Substance Abuse Services Update

Veterans Policy Academy

L. Harris presented information regarding the Veterans Policy Academy. There was a two day policy academy meeting already, the group is now working on developing sub-committees and strategic planning. The group is looking at developing priority areas as efforts move forward along with data collection. Representatives from DHS are involved in designing this data collection process. These efforts are early on in the development, but we are excited in the opportunity to be involved.

Process for public input on budget items

K. Bright stated that the DMHSAS is currently working on an interdivisional collaboration. This has involved analyzing how the Comprehensive Community Services (CCS) expansion and the Comprehensive Service Teams (CST) and peer run respite will be done. For the purposes of planning this began internally even before budget passed. Of the peer run respite programs, 50 percent will be peers. CST programs are working with the Children Come First Committee for planning and have sent out a survey asking about CST functioning and future ideas. The Committee will serve as an advisory committee for CST. Peer run respite is a newer concept and the DMHSAS is working to develop how it should be implemented in Wisconsin. A Request for Proposals will be put out for this expansion in the future.

L. Harris stated that for CCS DHS is working to develop a definition of regional, multicounty certification for programs. DHS is trying to find similarities and work through the potential issues and working to sort out issues between CCS and Children's Long-term Care waivers and trying to look at a number of details in addition to the roll out. Also in the budget is for expansion of services for the forensic population at Mendota, one unit is now open, and the last has a goal of opening no later than November. By opening both of these units the hope is that people will not have to wait in jail in need of services. D. Stepien added that right now we are working to coordinate with the Divisions, there are a lot of technical details and logistics that need to be worked out, and CCS is a complicated program. K. Bright added CCS is a cost based reimbursement process which has a lot of back-end accounting which needs to be coordinated.

L. Harris stated the overarching goal is access to services. This has been a problem in Northern Wisconsin, that is why the DHS is working on the definition of a region, and trying to find what will work in areas where there are not many CCS services currently. K. Bright added counties must provide certain services under statutes, and CCS is one of the options for providing these services.

R. Immler expressed his thanks for looking at gaps in services, especially between long term care and CCS. The complex CCS billing is often complicated for the counties. Performance measures and accountability are important components of these programs and should be something for the public to comment on. K. Bright stated that DMHSAS has been looking at some performance measures, and in the regional model a performance/accountability floor may be needed. S. Gross asked if there can still be outcomes that have to do with consumer quality of life. L. Harris stated if different models of regions are

established the hope is that CCS services can be provided in a better manner. If provided on a regional basis counties will save money as the 40% non-federal rate will be paid by the State. M. Strittmater added when looking at those things being clarified it should be noted in the early days of CCS the funding could be used for residential care. The role of residential should be clarified between CCS and CRS.

D. Nencka inquired if there is a menu of services which the counties can choose from to provide. K. Bright stated yes, a county can provide some or all of these services. The CCS service array has a number of categories, and the county provides those categories, but how this is provided will vary county to county, there could be adaptations depending on the needs of the region.

DMHSAS staff provided the following updates regarding staffing changes in the Division. Lalena Lampe has moved to a position that works on supported employment. L. Lampe's former position will remain as a contracted position. Ron Bonlender is the new CRS coordinator in the Bureau of Prevention, Treatment and Recovery. K. Bright offered to send the Council an updated Bureau phone list. L. Harris added that through the expansion of peer services, CCS, and CST two positions will be added to support rolling out these expanded services. The positions are still in development.

Item 6: Strategic Planning

S. Gross led discussion, initially identifying those items and issues discussed at the previous meeting of the WCMH including priorities coming out of the block grant and the budget, and collaboration on the budget. The Council needs to think about what we can do, given all needs and objectives.

Today we will look at the Committees and the strategic planning at these levels.

Criminal Justice Committee

Had a review of old initiatives of the last term, and added some new thoughts and ideas. Have been working to hone in on things that are already doing that can build on, and get the biggest bang for the buck. At this past meeting were lacking some members in particular consumer representatives. Lynn Breedlove, who facilitated the planning, will be doing a report. Peer involvement was very large, and the importance of involving it at many levels.

Children and Youth Committee

K. Eithun-Harshner presented the following goals and strategies in development by the Children and Youth Committee.

Goal 1: Suggest Guiding Principles for an OCMH supporting mental health from birth to adulthood and to coordinate and integrate prevention, early intervention and treatment services for children and their families.

1. Review the research on other states' Office of Children's Mental Health guiding principles as well as the guiding principles from Wisconsin organizations such as Wisconsin Family Ties, Wisconsin Collaborative Systems of Care, Wisconsin Alliance for Infant Mental Health, etc.
2. Review the original budget language and the current legislation to inform the guiding principles.
3. Develop and send a draft of the proposed guiding principles to the Wisconsin Council on Mental Health for approval at the July meeting.

4. Establish the Children and Youth committee as having an advisory relationship with the OCMH with a member of the Office serving on the C & Y committee of the MHC.

Goal 2: Provide parents and helping professionals working with infants and young children the knowledge, skills and practices that support healthy social and emotional child development in prevention and intervention services.

1. Advance specialized skills and requirements for mental health competencies for professionals and paraprofessionals working with young children and infants.
2. Integrate relationship based practices into core competencies or services prenatal through childhood.
3. Promote awareness of infant mental health.
4. Identify and recruit partners to collaborate to achieve goals across service systems.
5. Gather relevant data and financing information to inform and support benefits and outcomes of early childhood and infant mental health proficiency.
6. Ensure practice and policies require individualized, culturally astute services.
 - a. Build a data system
 - b. Develop a standard of practice

Goal 3: Increase access and quality of wraparound services/expansion of Coordinated Service Teams.

1. Review the survey results to develop committee action plan to address the identified needs for Coordinated Service Teams and expansion.
 - a. Report to the Mental Health Council on challenges and issues.
 - b. Collect data on the long-term impact of CST on children
 - c. Access for all children with mental health needs to wraparound/CST services
2. Review of Mental Health/Substance Abuse Block Grant with focus on CST funds and function.
3. For the purpose of the future development of Coordinated Service teams by the August meeting review the survey results and legislation for January implementation.
 - a. Increase peer support
 - b. Increase family and youth involvement
 - c. Improve data collection and analysis

K. Eithun-Harshner noted that two additional goals are in development, integrating meaningful consumer involvement in all systems, and data-driven systems. R. Immler added that often the services which an adult may qualify for may be very different than those which children qualify for, so it can be difficult to provide services for a parent who may need assistance. In many cases it can be a struggle to find assistance for a parent.

K. Bush is recommended for appointment to the Council as representative from the Department of Public Instruction. She provided a brief personal background stating she is both a clinical psychologist and a school psychologist and has been in the public schools for 26 plus years at all levels. K. Bush discussed that in the schools people believe ADHD to be the most important concern. But there are many things that look like ADHD but are not such as depression and trauma. In the State there is a large range of

school psychiatrist to student ratios. Overall, Wisconsin experiences a shortage of mental health service providers in the schools, mirroring those shortages seen in psychiatry shortages.

Legislative and Policy Committee

S. Gross noted that the committee has had some discussions regarding strategic planning. First steps which were taken were reviewing the last strategic plan which was written in 2008. The Committee plans to look at several ongoing topics such as prior authorization, mental health parity, and post-budget considerations. S. Gross noted that there has been progress the past 5 years on many of the large topic areas which were identified in 2008. The Committee will also address how the L and P Committee will work with other WCMH committees to support their ability to develop and monitor policy in their areas in the long-term.

Suicide Prevention

S. Gross noted that the DMHSAS has added suicide prevention as a priority to the Block Grant application. Mental Health America (MHA) has been working as a State contractor for suicide prevention. Strategic planning has occurred in past, from State agencies and local coalitions. One thing that came out of these discussions was the need for a steering committee. Julianne Dwyer with DMHSAS is part of that committee, as is K. Bush. The process of strategic planning for suicide prevention has begun, Wisconsin has had a plan from 2002, and now that there is a new National Suicide prevention strategy, there is work being done to rework the Wisconsin plan. J. Braun recommends training for how to respond to social media suicide risk, as an important part of a plan.

Healthcare Reform

S. Gross noted that there are significant changes because of health care reform, specifically for people who are childless adults. The Marketplace will be effective at the beginning of 2014. The most optimistic news is that it appears the DHS and the Office of the Commissioner of Insurance (OCI) are all in on working to connect people with the exchange, and the State is working to move people from Medicaid to the exchanges. Regarding the penalty for not electing for health insurance, this would be assessed as a tax penalty, but there are exemptions from this penalty. For example, if a person is in that 100-138% of the Federal Poverty Level (FPL), they would be exempt in a state like Wisconsin that opted not to expand Medicaid. Other exemptions are based on employer based criteria. October through March 31st is the initial enrollment period, but if there is a person experiences a change in status, such as job loss, they would have the option of entering the exchange.

M. Strittmater stated that it seems like if the choice was made to make the system work a certain way, the question becomes are all the pieces going work together well, and how can we work to make the system work better. Also is there data out there that will become available that will illuminate if the system is working, are there downsides, and if so what are they and what can be done? S. Gross added it is important to ask how this new system will work for counties. Will this improve the lives of people with mental illness? These are questions which need to be answered.

R. Immler added the reports about the data are somewhat confusing, some indicate the State will lose money, and some that will save money. It would be helpful to get more clear information regarding this. D. Stepien stated he can try to find more information about this and ensure that WCMH is receiving information as part of outreach efforts by the State. D. Nencka added that in looking at health care reform the emphasis is always on the system, whereas there should also be a focus on the individual, and it is important to consider how can we give a human face to these issues, how real people are being impacted

by the changes? In late 2013 the Council would benefit from a presentation regarding the ACA, messaging to people with mental illness, UWSW, ILR.

Needs Assessment and Data

An overarching issue is the importance of data accessibility and the capacity to utilize this information in Wisconsin.

K. Cram stated the DMHSAS is in the process of finalizing the needs assessment and publication. T. Connor and M. Quirke from the BPTR are working on ongoing planning. The DMHSAS will come back to the WCMH with ongoing updates regarding the process. The Division will continue to look at outcome and performance measures, especially in regard to the expansion and rollout of CST, CCS, and Peer Run Respite. This next year the DMHSAS will be focusing on what data to collect and to program into the PPS system.

R. Immler asked whether there was any thought about creating a dashboard. L. Harris responded that the DMHSAS has not yet fleshed out a dashboard. The DMHSAS is moving toward a Division performance report. Thus far the Division has identified upwards of 185 measures for performance across the bureau and across facilities. A complete report or document is still in development. Part of the work has been trying to identify the data we have on the budget initiatives and identify means to utilize external data sources for DMHSAS use. Once a Division Performance Measure report is finished this can be shared with the Council, perhaps early 2014. R. Immler stated the largest funder of mental health services in the state is Medicaid and asked if it is possible of the rough breakout the Medicaid expenditures by category and encounter data? D. Stepien replied that if the Council has suggestions on how to look at the data it may be possible. There are many ways we can look at the data, including provider type, or service area, or diagnosis. So for the purpose of this group if there is a specific way that would be the best for viewing this data it would be helpful to know. K. Enders noted that the Division of Vocational Rehabilitation has a robust dashboard which could be shared with DMHSAS. K. Eithun-Harshner noted that the Department of Children and Families also has a dashboard which is utilized and could be utilized cross-system with DHS.

Meaningful Consumer Involvement

S. Gross noted that a year and a half ago the Council contacted the various State departments and requested increased consumer involvement. The Rehabilitation Council did have a representative on that Council, D. Pirozzoli, until he left the Council. We also identified representation on the Child Welfare Advisory Council. The challenges of staffing various committees and councils does reflect the reality that many people such as consumers and family members do not have the time to participate in many instances. S. Gross recommended that each committee should also think about how to better have meaningful consumer involvement. The Council should better advertise some of these committees and councils which are options for participation.

Sr. Veierstahler noted that often people are very hands on and would rather be out in the field working, rather than in a meeting. And often when people who recover, often fast, they want to move on, and don't have the desire to become involved. J. Braun suggested to reach out to parents the Council could send out information to school special needs coordinators. K. Bush noted that there are various list-serves which are available to provide information to school counselors. These could be an avenue to recruit parents. Members of the Council suggested recovery centers and NAMI as other avenues for reaching out to consumers and family members.

S. Gross stated that a barrier is being unable to provide stipends, but the Council does not have the statutory ability to do this. J. Pelishek added that the reimbursement process is also a barrier, being required to be reimbursed for expenses, rather than up front direct payment for things such as lodging.

D. Nencka noted the importance of not overlooking the various types of grassroots involvement consumers and family members can play in efforts, doing things such as letter writing.

At the November WCMH meeting the committees can provide updates.

Item 7: Public Comment Period

No public comments.

Item 8: Call for Future Agenda Items

September is the WCMH tour. The Council will have a regular meeting but it will be abbreviated, addressing urgent items, and committee updates.

At the November WCMH meeting the Council can have a presentation on healthcare reform, and additional strategizing.

S. Gross noted that Individualized Placement Services came up at a recent L and P Committee meeting, and the Committee will be having a presentation next month. The Committee can share this discussion at an upcoming Council meeting.

Item 9: Adjourn

Meeting adjourned.