



State of Wisconsin

Wisconsin Council on Mental Health

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

May 15, 2013 10:00 am – 3:30pm
Division of Vocational Rehabilitation
AV Conference Room at 1801 Aberg Avenue
Madison, WI 53704

Meeting Minutes

Council Members In Attendance: Mishelle O’Shasky, Corrie Briggs, Jo Pelishek, Kim Eithun-Harshner, Dave Sommers, David Nencka, Linda Harris, Dave Stepien, Matt Strittmater, Judy Wilcox, Shel Gross, Nic Dibble, Joann Stephens, Rick Immler, Carol Keen, Julie-Anne Braun, Mary Neubauer, Kathleen Enders

Council Designees in Attendance: Hugh Johnston

DHS Staff in Attendance: Joyce Allen, Ryan Stachoviak, Sean Gartley, Faith Boersma, Kay Cram, Kenya Bright

Members of the Public in Attendance: Barbara Sommers, Walter Nencka, Christopher Beal

Item 1: Call Council Meeting to Order

S. Gross began introductions, and J. Stephens read Guidelines for meeting.

Review and Approval of Minutes of WCMH meeting on March 20, 2013

J. Wilcox motioned to approve minutes of the WCMH meeting on March 20, 2013.

M. Neubauer seconded the motion.

K. Eithun-Harshner identified a typo to the wording of the Children and Youth Committee section on page 13 of meeting minutes, “At the meeting the Committee was informed about the Informed committee about the Rep. Vos task force”. R. Stachoviak noted the correction.

Meeting minutes approved as amended unanimously.

Announcements

K. Eithun-Harshner announced that May 9th was the Children’s Mental Health Awareness event and thanked the Legislative and Policy Committee for attending that meeting. The theme of the event was *My Feelings Matter*. Posters were presented at the meeting and an online vote was held.

<http://wisconsinknowschildrensmentalhealthmatters.wordpress.com/>

Item 2: Integrated Care Presentation

L. Harris and S. Gartley introduced the Integrated Care Presentation. L Harris stated that the State would like feedback and comments on the presentation and material. S. Gartley noted that he had previously presented on this topic at a Legislative and Policy Meeting.

Please see attached presentation slides for greater detail on this presentation.

Slide 6 – S. Gartley stated people with MH conditions have a wide range of needs, and have an average lifespan of 25 years less than the general population.

Slide 7 – S. Gartley stated that the coordinating team could be expanded upon depending on the needs of the individual. The lead of the care coordination team does not have to be a PCP. M. Neubauer asked if this lead could that be a certified peer specialist. S. Gartley stated that is not known for certain, but it is something the State is aware of and want to talk about in more detail.

J. Pelishek asked who would conduct screenings. S. Gartley stated that screening was not yet determined, but likely could be done by a variety of providers. J. Allen stated depending on the person's age and risk factors there are a number of screenings which could be done such as annual checkups, but ultimate responsibility would be that of the team.

J. Wilcox stated a recent discussion at the Adult Quality Committee noted the importance of the role of an ombudsman. In Badger Care this is the person who helps a person through difficult times. This would could be a resource for people in integrated care, to have someone provide support if beyond the capacity of the team. S. Gartley agreed that lots of internal and external resources should available for people.

J. Stephens asked if this model utilizes psychosocial rehabilitation and natural supports in the community to help people. Does this model allow for flexibility in community supports? S. Gartley stated there is in part. The model does include accessing a variety of "providers" in the community.

J. Stephens stated in regards to transitional care, people often leave a hospital without a lot of support, would this help the transition from acute care into the community? S. Gartley stated people will have the same services as in FFS, what this does is add more coordination in those services, such as within 24 hours of being released certain providers need to be notified that this person was released. J. Allen added part of the requirement is that the behavioral health system and the counties need to work together on this initiative. M. Neubauer asked regarding transitional care, are hospitals going to be involved in transitional planning so that there is a connection? L. Harris stated the primary care physician (PCP) needs to provide an array of services. Depending on the individual and their individual needs the PCP will be involved in the services the person receives. J. Braun stated in her experienced a lot of PCPs are not well equipped to do this. S. Gartley stated that in looking at co-location of services, physical co-location doesn't mean providers will interact, but the hope is that with co-location there will be better coordination between mental health and primary care providers. L. Harris stated the goal is to have the whole team working together and talking together. R. Immler added that many PCPs would like to do a better job, but the current reimbursement model is a barrier and asked how will this be addressed? J. Allen replied that the Integrated Care Model is designed to reduce these types of barriers.

D. Sommers asked if this model involves using already established methods and teams of care, how will the overall issue of lack of service capacity and long wait times be addressed. J. Allen stated that the State doesn't have all the answers, but what is being done is having the partners come together. Right now we don't know how going to do it all, but the State will monitor how this is done. The behavioral health integration team should be monitoring a person's needs and figure out how to provide the necessary services. This involved a population health perspective by setting up the system to meet the needs of their community. M. O'Shasky asked who will be holding these teams accountable and who will be governing the plan? L. Harris stated the State has been involved in a learning community, only six other states are planning this. We are looking to implement this as a pilot in a small area to see how this model can best be implemented. The Department of Health Services will be in charge, and accountability is very important to the Department.

D. Nencka asked how will the certification process be done and funded? S. Gartley answered that the State is in the drafting stage of this process, but we are working to ensure certification is being done properly.

Slide 19 – J. Wilcox asked if the profiles were drawn from the same geographic area, and how were these profiles identified. S. Gartley stated that the profiles were not drawn from the same area, and the profiles were selected to show someone who had county care services,

S. Gross asked if the people in this target population are on SSI? S. Gartley stated based on the diagnoses the vast majority are likely on SSI but it is not known for certain.

Slide 23 - S. Gartley stated that a number of quality metrics are required. A handout from CMS is available which Sean can provide, which breaks down the numbers for each metric. All are metrics which will be used, the questions is what are the other things we are going to be measured over time.

Slides 25-26 – S. Gartley discusses these slides highlighting current DHS metrics, looking for indicators, and at what indicators over time will help assess the success of this program. R. Immler suggested, there be a plan to look at pharmacy data in terms of consistency of refilling prescriptions. Anecdotally we see prescriptions changed, and often not refilled. J. Wilcox stated that there is also concern regarding the measurement of quality of life issues.

J. Stephens asked if there is a group of consumers at the table right now helping with this process? L. Harris stated that involvement has been occurring through the learning community, and will continue to do so. S. Gross asked if the State more consumers could be involved in that process? L. Harris replied that the State could.

J. Wilcox stated that the Adult Quality Committee is interested, not only to see how the quality of the program is determined but also what the program will look like on an on-going basis.

L. Harris stated that State would welcome the sharing of this information, and would welcome any feedback.

R. Immler asked if contracting will be geared towards county mental health providers. L. Harris stated when looking at a health home this could be either a behavioral health or primary care entity, the State has leaned more toward federal authority under the Section 1945 of the Social Security Act to provide this dual option. R. Immler added in his experience with co-location there is a great opportunity to educate as providers want more information.

M. Strittmater asked if in this model can services be provided outside the “brick and mortar” facilities and still be considered allowable services? J. Allen stated that some services such as outreach and pharmacy are done outside facilities, but when the template is established we need to clearly define how benefits can be used.

S. Gross asked why the North Central region of the state was chosen for this pilot, and asked if this will be a competitive process? L. Harris stated the goal was to have a large enough area and the north central has been a regional provider for a long time. When pitching the idea to primary care providers, there were also a number in that region that were very interested right away. The State also wanted to find an area where there was a large enough population, but not a population that was so large we would not be able to learn anything from it. So we decided we would target that area of the state. S. Gartley stated that it hasn't been decided yet, but there will likely be a provider certification process, so there is a chance there will be multiple providers

J. Wilcox stated her recommendation that mistakes in this process be identified early on, and that the group should recognize and learn from them. One thing as systems we don't do often is recognize mistakes and change quickly enough. Listening to consumers is a good way to recognize your mistakes.

Resource from SAMHSA mentioned by F. Boersma:
http://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf

Item 3: Council Committee Reports, Discussion and Recommendations

Executive Committee

S. Gross provided an update regarding meetings with the State Council on Alcohol and Other Drug Abuse (SCAODA) and the discussed ongoing relationship with the SCAODA. Relationship with the

S. Gross asked the Council where the September Council Tour should be held.

M. Neubauer recommended Milwaukee County, stating that there are a lot of great things happening in Milwaukee, but the negative things get far greater attention. C. Keen mentioned that the facilities she operates would be options for visits as well.

M. O'Shasky suggested the Women's Resource Center.

S. Gross stated that he will work on planning with R. Stachoviak and suggested next year maybe go to Wausau.

Nominations Committee

J. Wilcox stated that five members of the Council were retiring or resigning. J. Wilcox will be retiring, B. Benedict will resign and not seek reappointment, C. Briggs will resign and not seek reappointment, Nic Dibble will be replaced by Kathryn Bush as DPI representative to the Council, and Les Mirkin is replaced by Kathleen Enders as DVR representative to the Council.

J. Wilcox stated several members of the Council will require reappointment materials to be submitted to the Governor's office for a July 1, 2013 reappointment. These individuals are: J. Braun, S. Gross, D. Nencka, M. O'Shasky, J. Pelishek, M. Strittmater, and Sister A.C. Veierstahler.

J. Wilcox will interview an applicant prior to leaving the Nominating Committee. Based on current membership and retirements/resignations the Council will have 3 advocate vacancies, 2 parent vacancies, and 1 parent/family member/advocate vacancy on July 1 of 2013. J. Stephens noted that when the Council lost D. Pirozzoli a connection to SCAODA was lost. In the past there was representation on SCAODA from the WCMH but not SCAODA membership on the WCMH. J. Stephens stated this cross membership promoted ongoing communication.

J. Wilcox also noted the Council currently has a lack of cultural diversity. M. Strittmater suggested reaching out to the Hmong community for representation on the Council.

Adult Quality Committee

Motion: Support Projects to Assist in Transition from Homelessness Grant (Attachment 4)

At recent AQC meeting D. Wrenn provided a presentation on the PATH program, the Council is not required to support this but traditionally has. The AQC voted to support the PATH grant.

All vote in favor.

No abstentions.

Motion carries

Legislative and Policy Committee

Motion: Oppose AB183/SB179 (Attachment 5)

S. Gross stated in the past the Council has taken a position on housing bills in cases the Council felt could impact persons with mental illness. This bill reduces tenant protections and could impact persons with mental illness who may not be able to advocate for themselves. J. Wilcox stated that this bill out allow landlords to evict tenants immediately without due process. S. Gross added the bill does not allow for localities to have their own protections.

All vote in favor.

N. Dibble abstains from vote.

Motion carries.

Criminal Justice Committee

Motion: Appoint Kit Kerschensteiner to the Governor's Criminal Justice Coordinating Committee as a representative of the Criminal Justice Committee (Attachment 6)

J. Stephens stated at March 20 WCMH meeting Secretary Wall discussed having representative on the Governor's Criminal Justice Coordinating Committee. Kit Kerschensteiner was interested, so the motion

is to put her name forward as representative to the Coordinating Committee as Criminal Justice Committee representative.

All vote in favor of the motion.

Motion carries.

Children and Youth Committee

Motion: Child psychiatry phone line for Primary Care Physicians (Attachment 7)

Project Launch in Wisconsin serves children 0-8 by addressing unmet need of children's health, including behavioral health. The Project Launch workgroup approached to the Children and Youth (CY) committee to ask for support for the child psychiatry phone line. This motion is to create a statewide Wisconsin child psychiatry access line for primary care clinicians servicing children through blended funding sources such as state general purpose revenue and discretionary funding in connections with families and other stakeholders. The Committee recommends pursuing legislation to pilot this initiative in Wisconsin with a letter from the WCMH and CY to the Governor, Joint Finance committee and the Department of Health Services.

M. Strittmater asked if the Council were to take a stance on this, would supporting something like this have any ripples which would impact other positive elements of the budget which are in motion right now. L. Harris stated this was the Department's concern as well, that this might be problematic given the other budgetary processes going on right now. S. Gross stated he was comfortable taking these concerns under advisement and this initiative may not currently be in this budget cycle but could fit in elsewhere.

R. Immler stated in discussions with the Speaker's taskforce and members and aids of the Office of Joint Finance he had received an impression that this far along in the budget process it would be challenging to add new into the budget, but noted that discussions were ongoing.

All voted in favor of the motion.

L Harris abstains.

Motion carries.

Motion: Office of Children's Mental Health (Attachment 8)

The motion is to support the creation of the Office of Children's Mental Health. K. Eithun-Harshner stated the Children and Youth Committee did some background search on other states with a similar office, and as this process goes forward the committee would like to provide support and offered to provide input.

S. Gross stated to this point this office had not yet been actually endorsed by the Council, so it would be good to discuss the office and provide a position. The heart of the motion is that the council supports the office. R. Immler asked if there was there a question of adequacy of the funding to be received by this office. S Gross stated his belief that the question was whether there was enough funding to support other activities, other than the staffed positions and supplies etc. This team will likely have to identify a plan and work from there.

**All vote in favor in favor of the motion.
Motion carries.**

Item 4: Working Lunch

Item 5: Officer Elections

S. Gross stated that has heard that he will continue to be Chair, and J. Stephens will stay on as the Second Vice Chair. M. Neubauer volunteered to be the new Vice-Chair upon the retirement of J. Wilcox July 1, 2013.

J. Wilcox motioned to put forth a slate of officers: S. Gross as Council Chair, M. Neubauer as Council Vice Chair, and J. Stephens as Council Second Vice Chair.

J. Pelishek seconded the motion.

All vote to close nominations and unanimously approved the slate of officers.

J. Stephens offered to join the Nominating Committee.

Item 6: Division of Mental Health and Substance Abuse Services Report

L. Harris announced Department of Health Services Secretary Kitty Rhodes will be having surgery and will taking a leave. Her schedule will be covered by Kevin Moore and Andrew Hitt. She is expected to be out a month.

L. Harris stated the DMHSAS has begun efforts related to the Governor's budget initiatives. There have been with internal workgroups to get organized in the event the initiatives go forward, and the Department continues to gather names for these workgroups. Forensic units are before the joint finance committee as are electronic health records for all DHS facilities.

J. Allen provided an update regarding the FFY 2014-2015 Block Grant. The President's budget was released for 2014 and there are two new requirements for the Mental Health block grant and one new requirement for the Substance Abuse Block Grant. The first ensures that States use at least three percent of the Community Mental Health Services Block Grant award to assist providers with enrolling eligible individual in insurance and billing third party insurance. The second requires states to use at least five percent of the block grant award to support effective evidence based mental health promotion and mental illness prevention approaches. J. Allen added that the block grants are not viewed as areas for cuts and if the President's budget goes through, the sequester would not impact the block grants.

J. Allen discussed revisions to the block grant plan based on feedback DMHSAS received from the Council and the public. DMHSAS plans to add a Substance Abuse priority regarding adult binge drinking and a mental health priority regarding suicide prevention. The DMHSAS will be looking at indicators to measure these new priorities.

J. Allen provided information regarding a letter sent from SAMHSA to the Governor regarding the importance of increasing access to benefits for veterans, to better coordinate and understand needs of veterans, improve the environment to support veterans, access to jobs, peer support, and suicide

reduction. Army One Source does have some information about these numbers, intimate partner violence, and some other issues. <http://www.myarmyonesource.com/>

Item 7: Strategic Planning

S. Gross introduced the strategic planning process, asking the Council to consider what is the work which the Council needs to prioritize, and what can we do to do it more effectively?

Priority #1

J. Allen introduced Mental Health Block Grant Priority number one, to increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and/or tribes with Coordinated Service Teams (CST) programs. J. Allen added that as far as timeline, the DMHSAS doesn't want to get ahead of the legislature. However, the Division has already been in consultation with the Children Come First Advisory Committee (CCFAC). There is good penetration across the state with these programs. CCFAC is another advisory body that is in charge in these wrap around services. K. Eithun-Harshner is part of this group. DMHSAS will continue to work with this advisory body. In June or July the Division will be looking to expand this group. For each of these initiatives, our partners are already looking at who can be potential partners.

K. Eithun-Harshner is the only member on the CCFAC, and the Children and Youth Committee (CYC). Mai Zong Vue staffs both committees. K. Eithun-Harshner stated that she provides updates regarding CSTs at each Children and Youth Committee meeting. The question was raised whether there should be a change in the Children and Youth committee's role. The Committee is willing to expand to involve other members who would like to be involved in this process.

Council Goal Identified: An opportunity exists to expand the Children and Youth Committee to involve new members, the Council should identify other people who can be involved and serve on the Children and Youth Committee.

JA stated that the Governor's goal is to expand CSTs to all counties and tribes. About ¾ of the counties provide these services currently. R. Stachowiak will send out a map of counties which currently have CST.

Priority #2

J. Allen read priority number two, to improve access and quality of recovery-oriented mental health and substance abuse services that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), Community Recovery Services (CRS), peer support, and supported employment.

J. Wilcox noted that this priority appears to fall the under the Adult Quality Committee. J. Wilcox also noted her view that it is important for members of the Council to talk to their legislators now. She would like to see the DHS go out into the community and have the ability to evaluate current practices and performance as a means to improve services. J. Allen noted that CCS and CSP both have administrative rules which govern those programs. There is also review by the Division of Quality Assurance.

S. Gross noted that the Council's role how is to oversee the DMHSAS capacity to do what want to do, and perhaps it is important to look at what are the Council's options for advocating on behalf of the DHS in regard to current Departmental limitations.

D. Nencka stated what he observes at the drop in centers, the centers received a lot of funding from the county to start off, but are facing changes now, and accountability is an issue. At times more restrictive rules which are put in place in the end create barriers to providing important services.

F. Boersma provided information regarding the structure of peer run respite centers in Wisconsin. Currently the state is in a development period right now, there is a new entity providing some of the technical assistance and oversight. Eleven sites are now directly working with the state and being supported as independent nonprofits. There is also a programmatic aspect, in currently reviewing the question of what are the expectations in terms of recovery. As peer run centers at the state level we don't think it is appropriate to dictate outcomes to the programs, but it is important for these centers to establish outcome measures. In the works is a regional self-directed process of establishing these outcomes, and the goal is to keep the spirit as peer run programming.

W. Nencka noted the importance of involving family members in the planning process and highlighted the level of volunteerism which parents involved.

J. Stephens noted that there often is a lot of resentment between funded and unfunded sites and when looking at benchmarks, it is important to consider both of these types of sites, and how all can be included. J. Braun added that stated many of the unfunded sites can provide valuable input and teach a lot from the perspective of an unfunded site. D. Nencka added that there is a hope for the mental health system to be as flexible as possible.

Notes from discussion:

1. Access
 - a. Increase psycho-social rehab
 - b. CCS Expansion
 - i. Performance improvement
 - ii. Comprehensive services
 1. CPS
 2. SE
 3. Family ED
 - c. Peer Run Respite
2. Timeline (Don't want to get ahead of legislature)
 - a. End of June/July will be having two groups,
 - i. internal/external
 - b. One will look at expansion of CCS. Will look at what is a 'region'.
 - c. Counties have involved some of their participants
3. Internal/external work group will be working on peer run respite

Adult Quality Committee-

1. Members serve on committees
2. Receive ongoing data to evaluate

Priority #3: Promote effective and recovery-oriented and evidence-based practices (EBP) for people with mental illness who are involved in the criminal justice system through consultation with county systems.

J. Allen noted that the DMHSAS doesn't currently have a structure in place and no current BPTR staff has specific expertise with the criminal justice system, though there is forensic staff in DMHSAS. J. Stephens noted she sees the biggest need in the criminal justice system being one of peer-support and that people with lived experience need to be at the table for decision making related to this. There are barriers to providing tools such as peer based services, which we know work with this captive audience.

M. O'Shasky raised the issue of children of the incarcerated, noting the importance of providing training to parents so they know how to deal with coming back to children after being incarcerated. Using a trauma informed care approach may be valuable. It is important for parents to know how their absence impacts their children. People with lived experience would be a valuable resource. D. Sommers added that diversion courts are an important piece to consider, the system can't not address MH and SA while in the county jail. However, there are many challenges to providing EBPs throughout the criminal justice training. Funding is an issue when trying to implement.

J. Braun noted the role played by the police, stating whether or not someone goes to a psychiatric facility or to a jail is often at the discretion of the arresting officer. How do you bridge this gap, and provide training? J. Stephens added that the Crisis Intervention Team program and some efforts in the Department of Corrections are in place to provide training to officers regarding mental health. M. Neubauer noted that the trauma informed care initiative has been booming for about 5 years, in the Adverse Childhood Experiences (ACE) study, there is a specific trauma history which is taken. When looking at educating parents the goal is prevention, not necessarily for the parents, but for the children's wellbeing.

S Gross stated the importance of working upstream, and the importance of the criminal justice committee receiving regular updates regarding these priorities from the DHS.

Notes from discussion:

1. Model Programs
 - a. Mental Health Courts
 - b. Crisis Intervention Training
2. National Experts
3. ID EBPs to share
 - a. Provide Training
4. Forensic Program

Points:

1. No BPTR staff expertise (JA)
2. Benefit of Peer Support in DOC (JS)

S. Gross noted the following overall goal for the Council and Committees.

OVERALL GOAL:

An overarching goal of all Committees and Councils is to look at ongoing meaningful peer involvement and participation.

R. Immler proposed the following overall goal for the Council and the Committees.

OVERARCHING – Stress the importance of having data accessible to local governments to ensure they can make informed decisions. Assess what are the capacity issues associated with ability to gather, and use data. An associated topic area is ongoing efforts pertaining to data gathering and the Needs Assessment.

Office of Children’s Mental Health

S. Gross asked if there was any thinking on what will be moving forward with the Office of Children’s Mental Health. L. Harris stated what is currently known is that the office will be physically housed at DHS but not in the DHS structure. Kevin Moore has been receiving input on the plan to implement and operate the office. At this time the State is waiting to see if the budget will be passed, and once a director is appointed, it will be their role to further define the Office’s role.

Introductions by New Members of the Council

Kathleen Enders has worked for the Division of Vocational Rehabilitation DVR for 20 years. She has worked as a counselor with transition youth, and the blind. K. Enders is also a current member of the statewide Individual Placement and Support team. Most recently she became a DVR contracts specialist.

Julie-Anne Braun is an author and motivational speaker, and has previously served as an EMT and fire fighter. In 2008 experienced depression, the experience of which changed her perspective on mental illness, and had work harassment. She started doing some coaching, and became a writer. She became passionate about teaching about stigma, especially in relation to EMTs, police and firefighters. She is eager to share her story and advocate.

Mishelle O’Shasky first became involved with the Criminal Justice Committee about two years ago. She has previously worked with Stable Life Inc. She was diagnosed with bipolar in 2006 and has had previous experience with the criminal justice system.

Coordination with SCAODA

S. Gross noted the mental health and substance abuse service systems are working to become more integrated so it also makes sense for the WCMH to work with SCAODA more.

Suggestions for Staffing:

1. Fill vacant WCMH seat on SCAODA.
2. Fill vacant SCAODA seat on WCMH, which had been filled by Don Pirozzoli

Committee Collaboration with SCAODA

1. Children and Youth

- a. Does collaborate with SCAODA, and a member of each Children and Youth Committee has a member from the SCAODA/WCMH.
2. Legislative and Policy
 - a. There could be someone from SCAODA on L & P.
 3. Criminal Justice Committee
 - a. There could be a member of SCAODA on the CJC.
 4. Adult Quality Committee
 - a. Do have members with dual diagnosis
 - b. M. Neubauer noted that AQC was really trying to find someone with an addiction background to come and be part of adult quality committee.

Topics for future discussion:

1. Limited Consumer Role on SCAODA
2. Trauma Informed Care
3. Needs Assessment
4. Criminal Justice
5. CCS, CST, CSP
6. Health Care Reform
7. Peer Support
8. Gambling

Longer term WCMH/SCAODA Goals:

1. Ongoing combined Executive Committee meetings with SCAODA
2. Investigate opportunities for Federal technical assistance on Council integration.
 - a. What would future council integration look like and be like?

Committee Strategic Planning

1. Adult Quality Committee
 - a. Ongoing planning and goal setting needed
2. Children and Youth Committee
 - a. The Committee will meet in June and will bring back to the Council information regarding strategic planning.
 - b. The Committee is having some discussions of having greater parental involvement on the Committee.
3. Criminal Justice Committee
 - a. The Committee began the strategic planning discussion last year, and has recently reviewed that initial work.
4. Legislative and Policy Committee
 - a. Current Committee representation is primarily from organizations as the initial intention of the Committee was to allow for a way for these organizations to work together.
 - b. S. Gross stated that he would like the other committees to think about the expertise each Committee has in in their area of focus. It is important for the other committees to be involved in policy.
 - c. Ongoing meetings between L and P Committee and other the other committees would be valuable.

d. The question for the L and P committee becomes can the committee be scaled back?

J. Wilcox noted that there is a lot of policy in this budget which impacts poor people and people with disability and it would behoove the L and P committee to plan ahead for how to address the issues which could arise down the road.

S. Gross stated at the July 17 Council meeting the committees will provide updated and discuss their planning.

Item 8: Public Comment Period

No additional public comments.

Item 9: Call for Future Agenda Items

1. Independent Living Resources Presentation
 - a. F. Boersma will coordinate this presentation with R. Stachoviak and S. Gross.
2. Strategic Planning
3. More information on the September Council Tour

Item 10: Adjourn

J. Wilcox motioned to adjourn.