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MINUTES

Name of Organization:	Nevada Commission on Autism Spectrum Disorders Steering Committee
Date and Time of Meeting:	November 18, 2014 3:30 p.m.
Carson City:	Aging and Disability Services Division 3416 Goni Rd., D-132 Carson City, NV 89706

I. Ms. Crandy called the Nevada Commission on Autism Spectrum Disorders Steering Committee to order at 3:36 p.m.

Members Present: Jan Crandy, Korri Ward, Mary Liveratti, Shannon Crozier, Julie Ostrovsky, Michele Tombari, Mark Olson, Jane Gruner

Members Absent: Keri Altig

Guests: Lisa Watson

Staff Present: Carol Reitz

A quorum was declared.

II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Ms. Crandy thanked the Committee for their hard work and commitment in the process of the strategic plan.

Ms. Liveratti said she would like to have the minutes from the August 10, 2014 checked for accuracy of the members that were present for the meeting.

III. Approval of the Minutes from the October 29, 2014 Meeting

Jan Crandy, Chair

This item was tabled until the next meeting.

IV. Discussion of the Applied Behavior Analysis Workshops that were Presented by the Division of Health Care Financing and Policy (DHCFP)
Jan Crandy, Chair

Ms. Crandy told the Commission that she would like everyone to pay attention to the workshops and participate in the next meeting which is December 10, 2014.

V. Discussion and Recommendation for the Final Key Informant Interviews
Jan Crandy, Chair

Ms. Crandy told the Commission that having Ben Kieckhefer as a key informant in the strategic plan would be a substantial benefit. Ms. Gruner said he is over the finance committee which could prove beneficial and has been a true champion in helping with autism.

Ms. Ostrovsky said it is important based on the change in the political environment to have his name on the strategic plan.

Ms. Crandy asked Ms. Watson for her opinion. Ms. Watson said she felt since the plan had already been written that she wouldn't recommend. She thought an alternative would be to ask Senator Kieckhefer to weigh in on the report and quote him so his name can be added to the report.

Ms. Liveratti said she could contact Senator Kieckhefer and ask him to weigh in on the report. Ms. Crozier suggested sitting down with Senator Kieckhefer and engaging him with the goals and strategies already contained within the plan.

Ms. Crandy said they will contact Senator Kieckhefer and get a quote or paragraph for a foreword on the goals and strategies. Ms. Liveratti said she will look at the minutes of the budget hearing from 2013 to get a quote from Senator Kieckhefer. She will work with Ms. Watson on getting the quote. There was no opposition.

Ms. Gruner made the motion to assign Mary to meet with Senator Kieckhefer and work with Ms. Watson on finalizing his comments. Ms. Crozier seconded the motion. The motion passed.

VI. Discussion and Identification of Five-Year Strategic Plan, Goals, Objectives and Benchmarks
Lisa Watson, Social Entrepreneurs Incorporated

Ms. Watson told the Committee that she has added a component to the strategic plan that outlines the prioritization of the critical issues. She said this leads to the framework for action where the goals, objectives and strategies are listed. The goals that are listed in the draft of the strategic plan are in priority order. Goal 1 is in direct relationship to critical issue number one.

Ms. Watson suggested going through the goals that were listed in the plan along with the combined recommendations made by the Committee that were sent out. The first goal that was read was to "Maximize public and private funding sources to support the full scope of services needed for all Nevadans with ASD." Ms. Watson asked if everyone was satisfied with that goal. No one had issues with the goal.

Ms. Liveratti asked about Objective 1.1 which is to eliminate the annual benefits cap of $36,000 and the age limit for ASD benefits coverage. Ms. Crandy said they can try to get this done by the Department of Insurance. Legislation would have to be brought in if the Department of Insurance does not act on it in two years.

Ms. Watson asked what actions specifically the Commission is looking for to be taken by the Department of Insurance. Ms. Crandy said the Department of Insurance has the power to eliminate the benefits cap but not the age limit. Ms. Liveratti suggested changing the wording so that it is actionable. Ms. Crandy said it would be aligning the benefits with the Affordable Care Act which changes the age limit to 26. Ms. Watson said it would be to advocate that the Nevada Department of Insurance or legislators to align the health insurance products with the Affordable Care Act. Ms. Ward said it would be the Nevada Division of Insurance. Mr. Olson reminded everyone that the plan needs to be action items that can be measured.

Mr. Olson said the verbiage should be that the Committee will push for a directive that the Division of Insurance eliminates the benefit cap. Ms. Watson asked if they also wanted alignment with the Affordable Care Act. She read the objective as "advocate that the Division of Insurance and/or the Legislature to establish a directive which aligns health insurance products with the Affordable Care Act."

Ms. Watson asked the Committee when they anticipate they would begin and measure the efforts of the advocacy objective. Ms. Crandy said there is a current bill and it should be achieved by January 1, 2016. Ms. Watson said the benchmark for success will be the accomplishment of the directive.

Ms. Watson asked if the next strategy of "ensure legally mandated ASD health insurance benefits are delivered, tracked and enforced. Establishment

of a compliance officer within the Insurance Commissioner's office." Ms. Crandy suggested adding "or Attorney General's." Everyone agreed.

Ms. Watson asked about the two additional strategies that were recommended. Ms. Crandy said to address self-funded plans and Union Plans which do not have to carry the autism mandate. Autism Speaks has developed a presentation on how to meet with corporate executives to demonstrate and encourage the promotion of "including a meaningful autism benefit." The Committee can set a goal of converting at least five companies over the next five years, which includes the Culinary Union.

Ms. Crandy also added advocating for more affordable plans for autism benefit options through the Exchange. She said the Exchange requires individuals to sign up for the platinum plan for the autism benefit. It was recommended to attend and have a presentation during the Silver State Health Exchange/Insurance Consumer meetings.

Ms. Watson asked if the Committee would like to spend time in crafting the additional strategies that were stated. Ms. Crandy said the companies are who would have to be engaged in the conversations of the recommended strategies and not the insurance companies.

Ms. Watson asked if they have identified the list of self-funded insurance companies. Ms. Crandy said the list can be obtained from the Division of Insurance. Ms. Watson read "identify and engage organizations that utilize self-funded insurance plans to increase ASD coverage."

Ms. Watson asked about the advocate for more affordable plan options through the Exchange strategy. Ms. Crandy responded that she can work on that strategy on her own.

Ms. Watson asked about Objective 1.2 which is to expand Medicaid Coverage for ASD services throughout the lifespan. The strategy that Ms. Watson had recommended was to advocate for appropriate Medicaid rates, coverage and waiver flexibility. She asked the Committee who they would advocate with. Ms. Crandy said the Committee is engaging with the public workshops that are occurring. Ms. Liveratti said the Committee would have to advocate with the Division of Health Care Financing and Policy (DHCFP) which oversees Medicaid. Ms. Liveratti suggested having to advocate at a higher level with the Governor and the Legislature.

Ms. Crozier asked if Medicaid would have to be advocated at a state or federal level. Ms. Crandy said the states have already received a federal directive that Medicaid has to provide coverage through the age of 21. She added the states can decide to do it if they want to extend the age limit.

Ms. Watson told the Committee that she will create the first year implementation plan. She added beyond that, the Committee will have to create an implementation plan that dives deep into who is going to do what and when. Ms. Watson asked what success looks like after implementation after Medicaid supports autism. Ms. Crandy said the child will have (Early Periodic Screening Diagnosis and Treatment (EPSDT) and it will show there is coverage under that.

Ms. Liveratti said they have to apply for a state plan amendment. Ms. Crandy said success will be the state plan amendment is implemented for ABA (Applied Behavior Analysis) coverage under EPSDT and children are receiving services.

Ms. Watson asked how the Medicaid reimbursement rates are established. Ms. Gruner said the rates are in the state plan amendment.

Ms. Crandy said to promote policy that recognizes ABA assessments and interventions are supported by scientific evidence as medically necessary for individuals with ASD needs to be added. Ms. Watson asked who would establish this mandate. Ms. Crandy said legislatively how we are working with Medicaid right now in making sure how it's worded in the policy and in the state plan amendment. Ms. Liveratti asked if it is educating people on the scientific research and they would incorporate it into the policy.

Ms. Watson said the three strategies that she heard in regards to Objective 1.3 were more insurance coverage for ASD services and for Medicaid to expand their current structure for ASD services and fund the public sector service delivery for ASD services. She asked if increase state funding allocation for ASD services which includes ATAP sounded like the right strategy.

Ms. Crandy said the Committee will be advocating for additional legislative funding support for all services. She added it needs to say "comprehensive" services. Ms. Gruner asked about the establishment of the Autism waiver for housing supports that was listed because the waiver doesn't cover housing. It needs to be clearer.

Ms. Watson asked what the Commission's intent was on how they will be asking for increased funding. She asked whether it will be the broadstroke approach or specific division based requests or an increase based on percentage. Ms. Crandy said they need to ask for specific things and not percentages. Mr. Olson said his vote would be not to push for an autism waiver and would want it under self-determination. Ms. Ward suggested asking for increase for funding for services that are working such as ATAP (Autism Treatment Assistance Program).

Ms. Watson asked if the Committee wants to focus on a particular area to increase funding over the next five years. If this is the case, she asked if it is a matter of caseload or restructuring how a specific division is funded. Ms. Crandy asked Ms. Ward if there was a caveat of increasing funding for NEIS (Nevada Early Intervention Services) for ABA if she would want to support it. Ms. Ward said her issue with NEIS in the rural is that they don't believe in ABA and she would not support additional funding. Ms. Tombari asked if she would like to see ATAP serve children at a younger age. Ms. Ward said she would like NEIS to screen and diagnose and once the child fails the screening to refer them to ATAP.

Ms. Gruner asked if the Committee is focusing on the lifespan or the early childhood. Ms. Watson said she is hearing everyone say they want to increase funding throughout the lifespan. Ms. Crandy said they want to fund all the services that are listed including ATAP.

Ms. Gruner said all the services listed are individual programs so you have to advocate for additional funding for each program. Ms. Liveratti said you would have to advocate specifically for an increase in funding in autism services at NEIS. Ms. Crandy said it has to be for evidence-based services for autism.

Ms. Watson asked if there is a way to track what services are being provided to children at NEIS. Ms. Crandy said they are required to take data on the services that are being provided, whether they are speech, OT (occupational therapy) or ABA.

Ms. Watson asked Ms. Gruner about evidence-based research in terms of funding and policy. Ms. Gruner said the difference is habilitation versus treatment. She added the Committee just needs to specifically ask for how much is needed in each category. Ms. Crandy said it is better to fund adequately, which likely means less children and more effectively which means giving the children the hours they need to achieve the outcomes. Ms. Crandy suggested to increase the caseload, treatment and supervision levels for ATAP services.

Ms. Gruner said the Committee should ask for what they really need because chances are it will get cut. Mr. Olson suggested leading with what is the proper money per person for treatment and to try to expand the numbers of people to be treated.

Mr. Olson suggested moving Objective 2.3 to Objective 1.3 which states to establish a statewide person-centered self-determination funding and service delivery option for all Nevadans living with ASD. He went on to explain that you would need a law passed that gives consumers the right to decide how to spend their money: how to get it and which providers to choose from. It

would be implemented by a funded waiver with a fiscal intermediary, who handles the money and the individual decides where it is going to go. The providers are managed through the fiscal intermediary. Ms. Gruner said the waiver would have to be approved through the federal government. Ms. Gruner advised Ms. Watson that the technical term for the waiver is the self-directed waiver.

Ms. Watson said Goal 2 is to increase the systemic capacity for diagnosis, treatment, services and supports for individuals with ASD across the lifespan. She asked the Committee if they wanted to advocate for an established accountability framework over the lifespan for each particular need and age range for all service systems. Ms. Crandy asked if it would be an online tool or document. Ms. Watson wasn't sure if it is in the sphere of the Commission's influence to ensure pediatricians are using the best practice screening tools and school districts were providing ABA home based care to supplement what's going on with ATAP. Ms. Watson asked if the Committee wanted Objective 2.1 which would encompass Objective 2.2, 2.3, 2.4 and 2.5 so they wouldn't need to be listed. Mr. Olson said he would not support that idea. Mr. Olson said the Commission should be the one held accountable to hold everyone else accountable.

Ms. Crandy said the State needs to support a coordinated data system that tracks outcomes. Ms. Gruner said there are currently different systems that track different things. Ms. Ostrovsky asked what authority does the Committee actually have that requires agencies to report data to the Commission. Ms. Crandy said within the bylaws, the Governor gives the Commission oversight and accountability powers. It is more about the Commission supporting the agencies to do this.

Ms. Crandy asked if screening and diagnosis should be a goal by itself. Ms. Watson said the three areas that the Committee provided information that they wanted to focus their efforts was on screening and diagnosis, housing and employment. Ms. Tombari asked Ms. Watson to take a look at Goal 4 that was on the Combined Recommendations document.

Roll Call was taken again just to confirm there was still a quorum. Jan Crandy, Mary Liveratti, Korri Ward, Michele Tombari, Mark Olson, and Jan Gruner were all present. A quorum was declared.

Ms. Tombari said she would prefer screening and diagnosis should be its own goal since it was the fourth highest issue. Ms. Watson asked how that can be included under Goal 2. Ms. Crandy said the strongest piece is promoting immediate access to comprehensive treatment and services based on a failed ASD screening. Ms. Watson said the goal would be increasing and your objective would be promoting the access to screening and diagnosis. Ms.

Ward said this would be saying receiving treatment after a failed screening instead of waiting to get a diagnosis to receive services.

Ms. Watson reminded everyone that Goal 2 is really about impacting the service capacity of the system. This is where you get the services, treatment and supports which includes screening and diagnosis. If you make screening and diagnosis its own goal, it will take it from a system-level approach which is how all the goals and objectives were crafted to a very specific service-based approach.

Ms. Watson said the objective is to make sure the system supports both screening, diagnosis and treatment at the earliest stage possible. Ms. Tombari said it should say after a failed screening as opposed to after a diagnosis. Mr. Olson suggested making the screening and diagnosis as an objective and having the issues that Ms. Tombari listed as strategies.

There was discussion about how Goal 4 that was on the Combined Recommendations would be wordsmithed to be included as an objective under Goal 2. Ms. Crandy suggested adding funding and tracking RBT training statewide for all interventionists in the field. Ms. Watson said she will work on changing the verbiage.

Ms. Watson said Objective 1.5 that states establish Nevada as a national leader in housing choice and capacity that fulfills the needs and desires of all Nevadans living with ASD sounds more like a goal as opposed to an objective. Ms. Watson recommended it read to expand the housing choices and capacity so the language is more simplified.

Ms. Watson cautioned the Committee that trying to capture everyone's perspective and getting all the information in the plan may cause it to be bogged down and people will not want to read it. Ms. Watson added that she is trying to take what the Committee's concepts are and reduce it to simplified and consumable language for all people who will pick up the plan.

Mr. Olson went through the strategies that he listed under Objective 1.5. Ms. Watson said they were well worded and asked how he would measure the success in the second strategy listed which is educate ADSD, DHCFP, relevant Governor's commissions and councils and the Legislature on the broadest range of residential settings and successful housing models around the U.S. Mr. Olson said he would ask if they got in front of all the right people, and did they understand and absorb the information and reflect that expanded knowledge. Ms. Crandy asked if you would survey the people. Ms. Watson suggested making the second strategy as an action step. Mr. Olson agreed.

Ms. Watson advised the Committee that due to the time, they will not be able to get through all the objectives. She asked if the goals and objectives are at least right conceptually. She said she would work with everyone individually to compile all the information and would send it out one final time to review.

Mr. Olson asked Ms. Crandy about Goal 5. Ms. Crandy said motivating and promoting treatment starting prior to age 2. She said it needs to be added somewhere. Ms. Watson asked if the five goals were correct: increasing funding, increasing capacity of the system to provide more services, increasing workforce, increasing information and education to create a well-informed population, and coordination of services. Ms. Tombari said she was missing two. Ms. Crandy said her issue is that if the children are not treated early, they will be impacted for the rest of their life. She said it is so important that they are doing it and also to the money for the future. It has to be under awareness, diagnostic and treatment piece.

Ms. Watson said one of the things that didn't come up on the critical care list is prioritizing early childhood treatment. Ms. Crandy said it was brought up by key informants, subcommittees and Ms. Crandy. Ms. Crandy reiterated that if children are not treated early, the State will not be able to afford the massive number of children that are going to be adults.

Ms. Crandy asked Ms. Gruner to weigh in on it. Ms. Gruner said what is currently in the plan has a hefty price tag. She recommended the Committee needs to think balance. She said people would feel overwhelmed by what it was asking for. She said in the first part of the timeline to make early intervention heavy, next session would go for some of the other areas. She said the housing and employment are already being worked on so they won't get additional funding if it is autism specific. Early treatment is different than what other populations are getting.

Ms. Gruner said now is the time to ask for early identification and treatment. She said it is a tough session to get big initiatives across the lifespan for one population. Ms. Watson suggested maintaining Objective 2.1 so that it looks at everything across the lifespan and establishes the accountability. She added then prioritize for action for early intervention. This will create a framework for action that can be built over the long-term. Ms. Crandy asked Ms. Watson to define the early population. Ms. Watson said it would be the Early Intervention and ATAP population.

Ms. Watson said the focus will be on developing the accountability framework which incorporates Mr. Olson's and Ms. Ostrovsky's subpopulations and spend more time around creating what the framework and infrastructure supports need to be. The changes to either policy or practice will be focused around Early Intervention. No one agreed with the idea. Ms. Ward said the

adults and youth are crying out for services. Mr. Olson said they need to defend the adult population as well.

Ms. Tombari asked if it would be beneficial to prioritize and work on the early childhood issues first and then set dates accordingly so the accountability piece can be done more towards the end of the plan. Ms. Watson suggested reframing so it is structured like the subcommittees. Objective 2.1 would become increasing the services around early childhood and so on. This would be population specific and outline within the strategy the approaches on how the systems will be strengthened. She said it won't be ensuring that treatment is rendered upon a failed screening but rather advocating that services be provided.

Ms. Ostrovsky said there is nothing for the youth or adults and doesn't want to lose sight of that. She added it doesn't matter if you are giving services from ages 2 to 8 but then don't offer anything else for them past age 8. Mr. Olson said if there was a comprehensive scope that was addressed for each population, he would be in favor of that.

Ms. Tombari asked if each goal would have a section based on each subpopulation. Ms. Watson said it would be provided under Goal 2.

Ms. Watson asked if Goal 1 which states "maximize public and private funding sources to support the full scope of services needed for all Nevadans with ASD" and Goal 2 which states "increase the systemic capacity for diagnosis, treatment, services and supports for individuals with ASD across the lifespan" were correct. The Committee agreed.

Ms. Watson asked if Goal 3 which states "expand the number and quality of professionals providing services to individuals with ASD," which is about workforce development was correct. The Committee agreed.

Ms. Watson asked if Goal 4 which states "promote a well-informed, empowered and supportive Nevada population around the issue of ASD," which is really around outreach, education and developing a support network was correct. Ms. Crandy asked if that goal included the parents. Ms. Watson said yes.

Ms. Watson informed the Committee she realized halfway through the discussion that they are redeveloping many of the objectives so she wants to make sure that she has the goals correct as they have been identified. Mr. Olson said he thought she had them correct.

Ms. Watson asked if Goal 5 which is "coordinate access to services for individuals with Autism Spectrum Disorders across all systems" is correct. Ms. Crandy asked if the school district piece would be included under Goal 5.

Ms. Watson said it will be included under Goal 2. Ms. Tombari asked about school-age overflow which wasn't addressed. Ms. Watson said she was unsure about the school-age piece since the school district was largely absent from their goals.

Ms. Watson said in terms of Goal 1 the Committee will work to increase access to health insurance, expand Medicaid coverage and ask to increase funding NEIS, ATAP, Regional Centers, Voc Rehab and school-based allocations. She added and also to establish a self-directed waiver which will be objectives to achieve the goals.

Ms. Watson said in terms of Goal 2, the Committee will work on subpopulation specific objectives which include early childhood, youth and transition, adults and aging and the rural communities. The Committee agreed.

Ms. Watson asked Ms. Ward to work with her on the objectives for the rural committee. Ms. Crandy read a strategy that had been mentioned for the rural population which was "to receive screening, diagnosis and treatment supervised through monthly pop-up clinics and Telemed programs."

Ms. Watson asked if the objectives under Goal 3 were accurate. Ms. Crandy said she wanted to fund and track Registered Behavior Technicians statewide. Ms. Tombari said there has to be a way to ensure competency. Ms. Watson asked how you can do that. Ms. Ward suggested adding as an objective to work with the Workforce Initiative to include autism. After discussion, the Committee agreed that the objectives under Goal 3 were correct.

Ms. Watson asked if the objective under Goal 4 was correct. Ms. Crandy said it sounded right.

Ms. Watson asked if the objectives under Goal 5 were correct. Ms. Crandy said she wanted to make sure the Youth and Transition goals were included under Goal 5 or Goal 2. Mr. Olson said the objectives were things that were currently being done in other states. Mr. Olson asked if coordinating with the school system was going to be listed under Goal 5. Ms. Watson said she thought it did belong there as well.

Ms. Gruner said the state has a No Wrong Door grant which is a portal.

Ms. Watson asked with the exception of the self-directed waiver addition, the school district system addition and the reframing of the system capacity according to the age of the individual is intact under Goal 2 was correct. Ms. Watson informed the Committee that she will send out a request to each member so they can flush out the issues with Goal 2.

Ms. Watson said on the final plan only the goals and objectives with be listed and the strategies will be relegated to an action plan approach later in the document. She added they have to identify timelines and what the benchmarks are for each objective.

Ms. Tombari asked if Senator Kieckhefer will see the strategies. Ms. Watson said that he will only get the goals and objectives. Ms. Ostrovsky said the simpler the document is, the better for Senator Kieckhefer.

Ms. Watson asked what the best process would be in terms of reviewing the other components of the document. Ms. Crandy suggested everyone can send the corrections to her. Ms. Watson asked if there were content issues that people are struggling with that they would like to revisit.

Ms. Crandy said the prevalence section needs to be worked on. It was decided that Ms. Crandy and Ms. Tombari will work on the prevalence section which will be provided to Ms. Watson. Mr. Olson said his issues were with the ordering and the prevalence section. Ms. Tombari asked if it has to be by county or by statewide. Ms. Ostrovsky said the county-level data needs to be present. Ms. Crandy said the school district breakdown by county and by age need to be added to the appendix.

Ms. Watson summarized the information that is needed is the rewrites to the service descriptions, the systems description and Ms. Crandy and Ms. Tombari will give her the prevalence data. Ms. Crandy added that they are working on the provider definitions as well so that they are accurate.

VII. Discussion and Possible Recommendation on the Draft of the Vision, Mission and Guiding Principles

Lisa Watson, Social Entrepreneurs Incorporated

Ms. Crandy asked if the Committee had a chance to look at the Vision, Mission and Guiding Principles that Ms. Ward and Ms. Tombari had worked on. Ms. Watson said the Guiding Principles is a lot. People need to be able to roll the principles off their tongue. Mr. Olson said he thought it was too many principles and appreciates the effort they went through.

Ms. Ward said Autism Speaks has a page and a half of Guiding Principles. Ms. Ostrovsky asked if the principles can be wordsmithed to be shortened. Ms. Watson suggested to simplify the language so that it is clear and not as complex and get down to five principles.

Ms. Liveratti said the disability community has a philosophy that says “nothing about us without us.” She added that the guiding principles should be services have to measure up to the principles or reworked to follow those

principles. They should be short so people realize the plan is based on those principles. Mr. Olson said it needs to be fewer, shorter and easier to absorb and read.

The Committee decided they were satisfied with the Mission and Vision statements. Ms. Liveratti offered to take a look at the Guiding Principles. Ms. Liveratti said she will have it done that week.

VIII. Review Timeline for Completion of Five-Year Strategic Plan and Schedule Future Meeting Dates
Jan Crandy, Chair

Ms. Watson said the report is due on December 15th. Ms. Watson said the next meeting would have to take place the week of December 8th to be able to present the final by December 15th. Ms. Crandy asked Ms. Gruner if the report has to be completed by December 15th. Ms. Gruner said it can be later. She said the budget for the Governor does not come out until the night he does the state of the State which is in January.

Ms. Crandy suggested giving Ms. Watson five extra days to complete the report. Ms. Watson said she needs to connect with everyone by November 25th to have well-defined objectives for each of the subcommittee populations. Ms. Watson said she needs all the information and documents by November 28th.

Ms. Watson said she will have the draft to the Committee by December 4th so that it will be discussed at the meeting on December 8th. The draft will be a final version of the plan with the exception of the implementation piece which will be a smaller group.

IX. Public Comment
(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

There was no public comment.

X. Adjournment

Ms. Crandy adjourned the meeting at 6:50 p.m.