

The Human Services Commission approved these minutes on April 7, 2015

CITY OF BELLEVUE
HUMAN SERVICES COMMISSION
MINUTES

JOINT MEETING OF THE HUMAN SERVICES COMMISSIONS/ADVISORY
BOARDS FROM THE CITIES OF BELLEVUE, ISSAQUAH, KIRKLAND AND
REDMOND

March 3, 2015
6:30 p.m.

Bellevue City Hall
City Council Conference Room 1E-113

COMMISSIONERS PRESENT: Chairperson McEachran, Commissioners Bruels, Kline, Perelman, Plaskon, Villar; John Chelminiak, City Council, Bellevue Human Services Commission liaison

COMMISSIONERS ABSENT: Commissioner Beighle

STAFF PRESENT: Emily Leslie, Alex O'Reilly, Joseph Adriano, Mary Jayne Walker, Department of Parks and Community Services

CITY OF REDMOND: Steve Daschle, Jason Dick, Carolyn Mansfield, Brook Buckingham, Kallen Baker, Lynn Fleshman, Alaric Bien

CITY OF ISSAQUAH: Bill Ramos, Elizabeth Maupin, David Fujimoto, Leo Finnegan, Megan Curtis-Murphy, Mariah Beteise

CITY OF KIRKLAND: Leslie Miller, Margaret Schwender, Karen Turner, Jo Ann Geer

OTHER CITIES: Rob Beem, City of Shoreline; Derek Franklin, City of Mercer Island; Leslie Harris, City of Kenmore

GUEST SPEAKERS: Eli Kern, Public Health Seattle/King County; Mark Putman, Committee to End Homelessness

RECORDING SECRETARY: Gerry Lindsay

1. CALL TO ORDER

The meeting was called to order at 6:35 p.m. by Chair McEachran who presided.

2. ROLL CALL

Upon the call of the roll, all Bellevue Commissioners were present with the exception of Commissioner Perelman, who arrived shortly after 6:30 p.m., and Commissioner Beighle, who was excused.

3. PETITIONS AND COMMUNICATIONS

Mr. Derek Huan with the Bellevue Youth Link Board invited the Commissioners to attend the 17th Annual Gumbo Night on Wednesday, March 11, from 5:00 p.m. to 7:00 p.m. at the home of Sherry and Dave Grindeland. He noted that the list of invitees includes members of the Bellevue Youth Council, the Bellevue City Council, Parks and Community Services Board and the Human Services Commission. The event offers the opportunity to meet and talk with the young leaders of Bellevue about community issues. He also reported that on March 5 Youth Link would launch Youth Link University, a new program in partnership with the Executive Development Institute and Boeing that teaches and mentors students on the business issues of today. Business leaders from Boeing will teach topics such as project management, money management, networking and teaming building. The program already has 23 students registered.

Ms. Xiaoning Jiang, adult Youth Link Board co-chair, reported that during the months of November and December Youth Link members collected more than 2000 coats for children and youth who are without proper winter attire. She said the Bellevue community was very generous. The Youth Council has distributed 1700 coats along with hats and scarves, and the remaining coats are being distributed by agencies and local community groups. The Commissioners were thanked for their continued support of Youth Link.

4. STAFF AND COMMISSION REPORTS

Human Services Planner Alex O'Reilly called attention to a series of forums being conducted in concert with Seattle/King County Aging and Disability Services that are focused on transfer aging and people with disabilities who are aging. She said the last of the series would be held on Friday, April 3, at Bellevue City Hall, and would address behavioral health and memory care.

5. DISCUSSION

A. Update on Affordable Care Act

Ms. O'Reilly said in 2014 when the Affordable Care Act was rolled out many were interested in the question of who would be tracking the efficacy of the program and how people have access to healthcare. She introduced epidemiologist Eli Kern with

Public Health Seattle/King County to discuss the topic based on his research over the past year.

Mr. Kern said he spends about half of his time setting up systems to monitor the impacts of the Affordable Care Act and other health reform initiatives. He noted that King County is divided into health reporting regions that align with city or neighborhood boundaries within Seattle. For the unincorporated areas of the county the boundaries are drawn to include a minimum population of 30,000. The East region consists of eight cities and unincorporated areas.

Mr. Kern said the Affordable Care Act quality assurance and evaluation framework developed by Public Health Seattle/King County was set up to track impacts over time. The framework was established in cooperation with a group of researchers at the University of Washington School of Public Health.

As law, the Affordable Care Act promises to transform the healthcare landscape across the nation. Some notable reforms kicked in on January 1, 2014, including Medicaid expansion to cover low-income adults, and the health benefit exchange. The Affordable Care Act has three fundamental goals: equitable access to care for all, improved quality of patient experience, and reduced healthcare costs. To monitor progress, seven topic areas have been identified, each of which ties back to either a goal or an impact of the Act. The equity lens is the grounding of the entire evaluation framework. The framework is also tied to the core functions of public health, which are to assess, assure and development policy. Within those three core functions nest the ten essential public health services around which all department work is organized. Findings generated from assessment will be used to inform various stakeholder groups, including the public, to mobilize community partnerships around population health, and to develop policies to improve community health.

Access to care is one of the seven topic or indicator areas. As a topic area it includes coverage or health insurance, unmet medical needs, and affordability of health insurance and healthcare. Example indicators include the uninsurance rate as measured through the American Community Survey, adults not seeking medical care due to cost as measured through the behavioral risk factors telephone survey of adults, and enrollment date from the health benefit exchange. The availability of locally relevant data is rated in support of the equity lens has been evolving over time. For example, indicators for which there are only King County estimates and which cannot be broken down by race or subcounty area, are mostly excluded. It is known that county level aggregates mask health disparities.

Mr. Kern said the framework was designed to answer key quality assurance and evaluation questions and they were developed through a stakeholder engagement process. Quality assurance questions are more timely and are meant to support real-time monitoring issues. Evaluation questions address the longer term questions about impact. In 2007 when Massachusetts implemented Medicare expansion the state had the lowest uninsurance rate and the highest cost of care in the nation. It

took seven or eight years before the cost curve began to bend, an indication that it can take many years to effect change in some areas.

Turning to the issue of King County on the eve of the Affordable Care Act, Mr. Kern shared with the group a matrix comparing 23 subgroups against the overall county population on anywhere from five to 12 Affordable Care Act-relevant indicators. He said the matrix is intended to quickly give a sense of the populations that have a high burden of limited access to healthcare. The indicators include insurance coverage, unmet medical need due to cost, an annual checkup, a dental visit, mammography screening, colorectal cancer screening, cholesterol screening, flu vaccination, childhood vaccination, overall health status, adequate prenatal care, and uncompensated hospital care, each of which can be expected to change due to insurance expansion and other reforms that are part of the Affordable Care Act. The matrix indicated that the social determinants of health, which include things like race, education and employment, play a large role in shaping individual healthcare outcomes. The east region, compared to the other three regions, does very well and has the highest number of indicators for which it outperforms the county.

Between 2008 and 2012 the southwestern area of King County had the highest non-elderly adult uninsurance rate. The east area did fairly well during those years as an aggregate. Enrollment in new health insurance products was heavily targeted in the southwestern areas because of the findings. The hope is that in the future the disparities will start to shrink.

There are variations in the county relative to the 12 indicators. Certain neighborhoods in the southwestern portion of the county have a high burden of limited access to healthcare, particularly Burien, Normandy Park, Federal Way, southeast Seattle, Seatac and Tukwila. Bellevue, Issaquah, Kirkland and Redmond all do fairly well just as the east region does in the aggregate compared to King County overall.

Mr. Kern stressed that disparities are relative, however, and they always involve comparing something to something else. The choice of comparisons influences which disparities will rise. Using unmet medical need due to cost as an example indicator, the same southwestern areas stand out prior to the Affordable Care Act, and the east does fairly well. However, when zeroed in on the east region only, Bellevue central pops up as having the highest unmet medical burden, a pattern that would not be seen if the focus were on the entire county. Using the same indicator but breaking the east region down by race ethnicity, the picture that emerges shows the proportion of whites reporting unmet medical needs is statistically significantly higher in the balance of King County. The same is not true of other racial and ethnic groups. For instance, American Indians, Native Alaskans and Native Hawaiians and Pacific Islanders, while representing less than one percent of the population, have high burdens of disease and lack of access to healthcare. Thus when grouping all non-white race and ethnicities into one category, the difference between the non-whites in the east region and the non-whites in the rest of the county is clear.

Groupings of that sort, however, are rarely useful to any stakeholder group.

The data indicates that whites and non-whites living in the east region are less likely to report medical needs compared to their racial counterparts in the rest of the county. That is in part indicative of the protective influence of living in the east region.

In order to accurately identify health disparities and track changes over time, there must either be larger survey samples, which requires funding, or public entities need to have better access to large administrative datasets that exist but that are traditionally not in the public domain, such as health insurance claims data and electronic health records that are not based on samples.

Mr. Kern said King County has done very well with health insurance enrollments. Cumulative enrollments beginning October 1, 2013, through August 2014 have largely been driven by low-income adults being newly eligible for Medicaid. The highest uninsurance rates were highest prior to the Affordable Care Act in the southwestern part of the county. The greatest number of persons signing up for new health insurance through Apple Health and qualified health programs has coincided with the areas in which the highest reported uninsurance rates were.

Better information will be in hand once additional data from the American Community Survey is released in the fall. The initial estimates for non-elderly adults, which is the main focus of the survey, are that the uninsurance rate has been cut almost in half. The Gallup poll, which tracks nationally and by state, recently released data that is very close to the estimates.

Signing up for healthcare is not the end result; getting access to healthcare is. Good data relative to health system capacity exists but not in the public domain. Beginning in December 2013 mystery shopper surveys were fielded looking at the access to care idea. They are called mystery surveys because the respondents are not made aware that they are participating in a survey. Access to primary care among adult Medicaid clients in December prior to the expansion of Medicaid compared to four months into 2014 indicates that the median wait time for a routine checkup did not change. Unfortunately, the online healthcare directories of the insurance plans, the five managed care organizations that provide Medicaid to King County and the state of Washington, is not accurate in terms of availability of providers. According to the websites, the vast majority of providers are open to accepting adults, but that contrasts sharply with what the surveys showed. In fact, only about a third of the providers listed could be reached using the listed phone numbers.

Mr. Kern said going forward he will continue to look at the pre- and post-Affordable Care Act data as it becomes available. The big data opportunities include enrollment data from the health benefit exchange, Medicaid claim data from the healthcare authority, and electronic health records. Primary data on access to care will continue to be collected as resources allow. The third mystery shopper survey will be launched soon looking again at primary care but adding orthopedic surgeons and

OB/GYNs. Work will continue to strengthen the behavioral health component of the framework, and over time the focus will shift toward utilization, quality and cost of healthcare.

Ms. Geer asked if there is any way to determine what percentage of the King County population does not have health insurance. Mr. Kern said the most recent data is from 2013 prior to the rollout of the Affordable Care Act. There are only estimates regarding the post-rollout. Insurance coverage is measured by having it or not having it, but of course it is known many who have insurance are in fact underinsured.

Commissioner Plaskon commented that there are populations that are not affected by the Affordable Care Act, including those who choose not to buy insurance and illegal aliens. He said he could see no real way to track those populations. Mr. Kern allowed that there is little data regarding permanent residents who have been in King County for less than five years because they are not eligible for Apple Health. The only solid data point relates to the uninsured percentage of that population which comes from the American Community Survey. He said he has been working with the health benefit exchange to share richer immigration data.

Mr. Daschle said he assumed the federal government is primarily responsible for tracking the efficacy of the Affordable Care Act. Mr. Kern said that is actually left to local jurisdictions, though there are different federal agencies that will be looking at the data on the national level.

6. DISCUSSION

A. Presentation and Input on King County Committee to End Homelessness Strategic Plan Draft

Human Services Manager Emily Leslie introduced Committee to End Homelessness director Mark Putnam to provide an overview and the timelines for where the plan has been and where it is going.

Mr. Putnam explained that the Committee to End Homelessness is a coalition of local governments, non-profits, advocates, and people experiencing homelessness, the faith community and the business community working collectively to end homelessness in King County. The vision is to end homelessness by making it rare or at most a brief one-time occurrence. He noted that a series on the plan started airing on KUOW earlier in the day and will run for each of the next three days. He said production has done a comprehensive job of looking at where things stand, what homelessness looks like, who it affects and what some of the response has been. The episodes are also posted to the radio station's website.

Mr. Putnam said the Ten-Year Plan to End Homelessness was launched in the spring of 2005 and has succeeded in galvanizing support and energy. It has taken time for the federal government to catch up and increase funding for homelessness. While

not a failure, the plan has not reached its stated goals of ending homelessness. The plan has resulted in ending homelessness for 36,000 individuals in King County, but there continue to be large numbers of homeless persons. Good things continue to happen that should be built on, but there should be no fear about changing some of the approaches that have been taken.

Early on the focus of the plan was on building housing units. That proved to be a failure of the initial plan because it was not possible to build out of the problem, but even so 5700 units have been added for use by persons experiencing homelessness. There are also more than 14,000 shelter beds, the third most in the country behind New York and Los Angeles. Resources have been increased and new funders have stepped up to support the efforts, including United Way, Suburban Cities, and the state which initiated a document recording fee earmarked for homeless services. Significant data improvements have been made as well, though there is still a long way to go in that regard. There are dozens of non-profit organizations in the community that are operating programs for the homeless, and a better job is being done relative to targeting how to allocate resources.

There continue to be challenges. The recent One Night Count identified 3772 unsheltered homeless persons, a 14 percent increase over the previous year's count in the same areas and a 21 percent increase overall. The count, while imprecise, is important.

Commissioner Perelman asked if there are metropolitan areas around the country that have done better in addressing homelessness. Mr. Putnam said there are a couple of ten-year plans that have wrapped up which resulted in good outcomes. Progress has been made by communities in Utah and in New Orleans where the focus has been on particular subpopulations. In Utah the focus was on providing permanent supported housing for the chronically homelessness population and the result was a decrease in chronic homelessness by 72 percent. In New Orleans the focus was on homeless veterans and they reached the goal of housing all of them. The cities of Seattle, Auburn, Shoreline and others, along with the King County Council, have signed on the mayor's challenge to end veterans homelessness by the end of 2015. Locally 840 veterans were housed in 2014 and the expectation is that about a thousand more will be housed in 2015, though that is less than the estimated homeless veterans population.

Mr. Putnam said there have been challenges around funding and program misalignment with needs and trends and system accountable. While everyone is accountable, there is no single entity charged with addressing homelessness.

Homelessness disproportionately impacts people of color. The same is true of poverty of which homelessness is a symptom. Poverty is on the increase in suburban King County so it should be no surprise that homeless numbers are rising. There is no precise geographic information about homelessness. The two ways data is collected is the One Night Count and the Homeless Management Information

System (HMIS) which notes who seeks services. Under the HUD guidelines, persons are considered to be homeless even if they are housed in emergency shelters or transitional housing which has a capacity of 6171.

Answering a question asked by Commissioner Villar, Mr. Putnam said that capacity number does not include persons who are couch surfing and the like. The Department of Education has a different definition of homelessness that is used in counting the number of homeless students annually. Statewide, the count is close to 32,000, which means one in every 33 students experiences homelessness during the school year by virtue of not having a permanent place to sleep.

Mr. Putnam said the length of stay average in 2013 and 2014 was about the same at between four and four-and-a-half months. That is partly due to the fact that transitional housing is a longer-term intervention; people can stay in transitional housing for up to two years. HUD has set as a goal reducing the average length of stay and in order to do that it will be necessary to get people into permanent housing faster. Fifteen percent of those placed in permanent housing in King County are no longer in permanent housing after two years and return to homelessness; the goal is to reduce that number to five percent.

Mr. Putnam said one of his strategies is to put in place a new governance strategy for the Committee to End Homelessness. As the ten-year plan ends the opportunity exists to adapt and look for a tighter way of governing the work. The focus should be on the persons experience homelessness through collaborative, compassionate and equitable actions.

A new study called New Perspectives on Community Level Determinants of Homelessness looks at macro data from all 300 cities and states across the country that receive HUD funding for the homeless. The study found statistical correlations between certain factors and rising homelessness as measured against the point in time counts across the country. It was found that increases in rent averaging \$100 per month over a year, homelessness rates increase by 15 percent in metropolitan areas; in suburban areas the same rent increases results in homelessness increasing by 38 percent.

Commissioner Bruels said he was impressed by how hard the Northwest in particular has been hit since 2005. The recession took a real bite out of the homelessness plans. Mr. Putnam added that things have not changed much even with the economic rebound. Rents, particularly on the Eastside, remain very high. States with lower mental health expenditures are associated with higher rates of homelessness, and Washington state is 47th in mental health expenditures. Many have moved to the area with resources and the hope of a job but have had something happen, triggering homelessness for them.

Mr. Putnam stressed the importance of having the plan address more than just the housing and services programs that are in place for the homeless. There should be a

focus on local, state and federal advocacy around affordable housing and policies around those living on the streets. It is difficult to predict when a person living in poverty is going to become homeless, but there are some programs that are known to be effective, including programs for youth and young adults, family reconciliation services. There is a clear need to create more affordable housing and to that end policies and tools are needed at every level. Increasing main stream support is important as well. While not unique to Washington state, those released from incarceration, the foster care system, and from mental health or chemical dependency treatment, are sometimes released to the street; many of them quickly end up back in jail, back in treatment, or living on the streets. That cycle needs to be stopped by taking steps to make sure there will be success in moving forward. There also need to be changes made to the policies that criminalize living on the streets.

Ms. Maupin asked how the Committee to End Homelessness is addressing the need to change the policies that criminalize living on the streets. Mr. Putnam said the plan seeks to set as a baseline not enacting policies that have that effect and changing those policies already on the books. The work ahead will focus on developing a common vision for moving forward. Once that has been accomplished and action steps are identified, leaders will be chosen for each of the action steps.

Mr. Daschle observed that King County is making the third largest investment nationally in addressing the problem of homelessness, but it is still not enough. He asked if anyone has identified a number that would be enough. Mr. Putnam said more people could be served and homelessness could be reduced even more with the existing funding levels. In order for that to be sustainable, however, more affordable housing is needed at all income levels. Picking an actual number, however, simply is not realistic.

Commissioner Bruels pointed out that in a recent presentation by the Family Housing Connection it was stated that the focus has been on the service side, including the creation of a single point of intake and housing the most vulnerable families first. He asked if the adult system has taken any cues from that and is looking at creating more efficiencies. Mr. Putnam answered that by assessing people for their housing and service needs in a standard common way it will be easier and quicker to determine what kind of housing they need and to match them to the right resources. That has not, however, been done to the degree hoped and it has become necessary to go back to the drawing board. The promise in a coordinated entry system, however, is in being able to quickly assess a person's strengths and needs. One difficulty lies in trying to coordinate the access points to more than a hundred non-profits and hundreds of housing programs. In order to receive federal funding, however, a coordinated system is mandated.

Mr. Putnam said the last annual report drafted by the Committee to End Homelessness showed that some \$150 million is spent annually to provide outreach, 2600 beds of emergency shelter, 2000 units of transitional housing, and a few thousand permanent housing units. He suggested that if suddenly homelessness

was a brand new issue and there were 10,000 homeless persons, a much different set of housing, services and resources would be devised based on the data and the evidence around which interventions work best. A new program has been put into place that diverts families in particular from shelter. Under the program, where a family seeks shelter they are offered flexible financial assistance and case management. The program has proven successful and has kept one in three families seeking shelter out of shelter at a cost of only about \$1300. The program offers no guarantee that the families will be stabilized and they may still need assistance going forward.

Answering a question asked by Commissioner Perelman, Mr. Putnam said it has been found that transitional housing is more expensive and about as effective as less expensive interventions such as rapid re-housing rental assistance. Some resources are being shifted to rapid re-housing and some of the transitional housing models are being changed to longer-term housing models. With more diversion capacity in the shelter system is increased, and by decreasing funding for interventions that are more expensive and less effective, more people can be served.

Mr. Putnam pointed out that employment and educational opportunities are important. The Committee to End Homelessness is working with the Workforce Development Council to provide employment assessment and employment services. Housing is part of the solution to homelessness, but people need an ongoing income in order to find and sustain housing. The employment programs currently in place are here and there and the intent going forward is to make them more systematic.

The plan recommends the creation of a business leaders task force in which business leaders can come together to engage in solutions around funding, lobbying at all levels, and raising awareness of the homelessness issue. The approach is based on a model that was implemented by United Way of Los Angeles that resulted in galvanizing around particular regional strategies for families. They raised \$100 million to set up the system.

Orlando, Florida, has an approach called Rethink Homelessness. They have a Facebook page with 35,000 followers and have posted videos that have received hundreds of thousands of hits. The approach is focused on personalizing and humanizing homelessness for all residents and driving that awareness toward action at the local and state levels.

Mr. Putnam noted that Bellevue Councilmember Chelminiak serves on the Committee to End Homelessness governing board and Ms. Leslie serves on the Interagency Council. A proposal has been made to merge those two groups into a single body with a strong executive committee. There is also a funders group and a consumer advisory Council and seven other subcommittees, making decision making very diffuse. Restructuring will result in more efficiencies.

Mr. Daschle asked what it says that the King County Housing Authority recently held a lottery for their 2500 new Section 8 housing vouchers and received 21,000 applicants. Mr. Putnam said about two percent living in poverty in a given year become homeless. It is difficult to predict who will lose their job or see their rent increase or be faced with a family crisis, so it is very difficult to predict who will need housing. It is known that there are a growing number of persons whose situations make them eligible for housing, so it is not surprising that there were a large number of applicants. The Washington State Department of Commerce recently released a study that says for every 100 households earning between zero and 30 percent of median income, there are only 28 units affordable to them statewide.

Ms. Walker asked if the Committee to End Homelessness is working to address the HUD definition of homelessness or the literally homeless. Mr. Putnam said the goal is to end homelessness for all, but homelessness is being measured by the HUD definition. About ten percent of the homeless are literally homeless, and about 90 percent are doubled up or precariously housed.

Commissioner Bruels asked if the meteoric rise in housing prices is causing anyone to consider more radical approaches, such as rent control or defining shelter as a basic human right. Mr. Putnam said he has been hearing rumblings along those lines although rent control is not allowed in this State. A planning session on the strategic plan will occur soon and options of those sorts will be discussed.

Answering a question asked by Ms. Schwender, Mr. Putnam said a shared housing model has been investigated as one solution to lack of housing affordability. A rapid re-housing program operated in 2014 served 54 single adult men who were in an employment program but also in need of shelter. Some of them were moved into housing together making it possible for them to afford living in Seattle.

Mr. Beem commented that one of the challenges is that the system currently in place was built piecemeal over time. He asked what it will take to take it apart, particularly where local funds allocators are concerned. Mr. Putnam suggested that everyone from the local to the county level should reconsider how funds are being put into the mix. He said it would be exciting to see the Eastside cities work collaboratively on a strategy for diversion or more permanent supportive housing for single adults. It will take a lot of work to make the shift.

Chair McEachran opened the floor to hear about the work program items under way in each city represented.

Ms. Leslie said one of Bellevue's biggest projects for the year will be the development of the Human Services Needs Assessment, which occurs every two years. Ms. O'Reilly added that a phone and online survey will be launched soon, and the community conversations and key informant interviews are being scheduled. Data will be collected throughout the spring, and during the summer months the document

will be drafted. The final version will be sent to the City Council for approval in January 2016 after which it will be made broadly available to the public.

Mr. Ramos said Issaquah has as one focus working closer with its service provider grantees on making sure there is a continuity of different options across the spectrum. There have been discussions with the University of Washington on a possible overview of the city's approach to community health.

Mr. Fujimoto added that the commission is doing some work looking at the internal grant process in preparation for the next funding cycle. They are also focused on healthy community strategies.

Ms. Miller said one of the big questions on the table in Kirkland is whether or not to continue with a human services advisory committee or move to a commission model. Preparations are also being made to support the next application process.

Ms. Mansfield said Redmond is scanning the horizon looking for truly innovative models and trying to expand its funding base. Redmond is also contributing to community conversations around homelessness and is looking to approach the issue productively with a large group of stakeholders.

Mr. Franklin said city staff in Mercer Island provide direct services. One of the current work items is integrating substance abuse prevention and mental health services with an eye on getting a better continuum of care across the spectrum.

Mr. Beem said Shoreline will soon be offering detailed first aid classes and is doing a lot of advocacy in regard to emergency food resources. There are about 850 homeless kids in the school district being addressed through a small but strong volunteer led weekend backpack program.

Ms. Harris said Kenmore is focused on summer programming for disadvantaged children in the community in partnership with the YMCA.

Councilmember Chelminiak said the Bellevue City Council has the Eastside winter shelter as a major emphasis in the human service area. He said while much is being done quietly behind the scenes, good progress is being made. There are some potential site options under review.

7. OLD BUSINESS - None
8. NEW BUSINESS - None
9. PETITIONS AND COMMUNICATIONS - None

10. ADJOURNMENT

Chair McEachran adjourned the meeting at 8:26 p.m.

Secretary to the Human Services Commission

Date

Chairperson of the Human Services Commission

Date