COUNTY OF LOS ANGELES–DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, February 21, 2018 from 9:30 AM to 12:30 PM
St. Anne's Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. Provide an update on SLT Structure/Stakeholder
2. Provide Innovation Housing Update
3. Provide a Legislative Update
4. Provide an Annual Update Review

MEETING NOTES

Update on SLT Structure/Stakeholder	***Jonathan Sherin, M.D., Ph.D., Director, County of Los Angeles, Department of Mental Health*** ***Mimi Martinez McKay, M.A., M.L.I.S., Deputy Director County of Los Angeles, Department of Mental Health*** **Dr. Sherin** There are a lot of things to cover today. Looks like a pretty busy agenda. I would like to provide a couple of updates. Talk a bit about May of this year, Mental Health Month. Talk about what I think is a very significant topic that has been worked on by a number of folks, the stakeholder process at large. In terms of updates there have been some recent posting about the MHSA Annual Update as well information pertaining to MHSA funds. **Mimi Martinez McKay** — I hope everyone in the room got an email on this. Both docs are posted on the LACDMH web and include a comment form and letters of instructions If you have any questions, please let me know. The official deadline is March 17th, but we will continue to take comments after this date. **Dr. Sherin** —These are important documents and an ongoing dynamic. Will be used to improve the types of programming that we are trying to deliver. With respect to what's been posted, the department is trying to frame the different investments from the different resource streams into categories that function for the Department. Pertain to outreach and engagement, of engaging the disengaged, getting people intensive care services, engaging folks in outpatient care from intensive to recovery oriented, applying prevention across the system and looking at living environments and treatment environments. We have the opportunity and the challenge of blending funding streams to support those core functions. We are trying to represent that now in how things are posted. I think that would evolve and become clear over time so that it would be easier to interpret and provide comments. We appreciate your patience and going through that with us. I would say if you have comments on how the materials are presented or categorized, that's wide open for input. A couple of other updates, I am not sure how closely you follow the board. We got full sign off on Innovation 3 project yesterday. Tomorrow I will be in Sacramento for a triple header. I will be doing a progress report on the Innovation 3 project and I am sure that the OAC will be happy that the Board approved it. I will be presenting on the TMS initiative which is a sensitive one for several reasons. We look at it as a way to offer an additional treatment paradigm for

	those that are interested. The public systems have not had access to treatments that have been shown to be effective otherwise. I am sure everyone in the room is aware of the SB82 grant. In particular the urgent care centers and crisis residential inventory. We received a grant in 2014 and for a number of reasons, despite heroic efforts on the part on many people we didn't succeed in what we hoped in place in communities across the counties. This is a great opportunity to shore up the urgent care center inventory and the crisis residential around the county. When I started in this role we managed to get an extension, not just for our county but for other counties to 2020. The new grant using SB82 funds will be leveraging our health care campuses, which we are trying to develop across departments as intentional communities for intensive treatment in treatment environments. We would use this money to create 240 units of crisis residential, and to ensure that there is urgent care capacity at all the DHS hospitals. It allows for the most vulnerable and sick to get care without necessarily having to go into an emergency room or a hospital. Working in an outpatient sector on a campus which is in a safe proximity to more intensive services as well as transportation in the community. A place to get care to get treatment and to get connected with services and housing. It's about 40 million dollars. The last time I visited CHFFA they were disappointed that we haven't made further progress and it's not just our county. Other counties all over California had trouble converting on the grants because of push back and constraints. I hope to come back with successful reports on all those domains. Another significant update is that many of you are aware that we are bringing on Discipline Chiefs. We recently selected a Nurse Discipline Chief. LuAnn Sanderson who is a PRN, a tremendous asset in the nursing world, she's worked in the VA and other government agencies, in the private sector as well for many years, and a true leader. Right after I put out an advertisement for a Clinical Lead for the Department, I got an application from someone who I think is an outstanding clinician, tremendous human being, someone who knows the County from the inside because from his work in the jail, also knows the provider network quite well because he has been a leader for some time, that's Dr. Curley Bonds. He's going to all our clinical operations. He has been the Chief Medical Officer for Didi Hirsh for a number of years. It reminds me that we continue to work very hard in dialogue with the CEO and DHR around the re-org. I had hoped to send something out internally in the Department, but we are probably a week away from the next iteration. I talked about this in here before. We have looked at high level charts. One of the things the re-org will do is that it will divide our operations into two pieces. One is Administrative and one which is Clinical. They work hand in hand to improve and simplify the work that we do internally through our directly operated programs and also improve the efficiency and relationship with all the contract providers. I am committed to getting something out as soon as possible it's just that again, things tend to move slowly when it comes to describing an organization on paper in a human resource way, it is very complicated especially when you are pushing 6000 staff. May is Mental Health Month. Those that have been involved in the past, you know these can be extremely powerful and impactful activities. We all know awareness and stigma are huge challenges in the Mental Health arena. We have a significant amount of funding that we can use for campaign with PEI, which is one of the core uses for PEI funding. If you looked in the postings you will see that we are allocating a significant amount of resources to do something very special in May. One of the things that I am hoping to accomplish is to bring a lot of firepower to

	events that are in planning right now, across our service areas. Mimi is taking the lead on this effort. She will be available to folks to let her know what types of activities are being planned so that we can provide resource, bigger venue, better advertising and marketing, transportation -- these are things that we want to grow organically. We will also be working with DPH. Working with public health, grass roots, community activation, we are thinking of that type of approach broadly around the county. We are going to be in conversations with the supervisors about their top priorities. For us, we are thinking of a fundamental theme which is access. Access is a huge issue, it means lot of different things and lots of different context. Access is a problem if you don't have enough clinicians. Access is a problem if you don't have transportation. Access is a problem if you go to a place and aren't welcome, it's a problem if people are not culturally sensitive and don't speak the same language or have the capacity to translate. Access is a problem because the system is so confusing. Access is a problem is you don't know what is out there. These are all access issues. When we don't have enough access with people that have needs, they deteriorate; it isn't only about mental health, but certainly mental health I think has bigger access issues than any other field. When you look at the populations with the mental illness, in the streets, in the hospitals, in emergency departments, and unfortunately in the jails, access is a big problem. If people have better access to care, they would not have fallen through the cracks and basically collected in the jails, which is currently our largest mental health facility here and in the country. We are going to be talking about that more and more. Just like everything it takes forever to get stuff done and time just flies so we are in February right now; May is not that far away. The last thing I want to say about May is that we're really looking to put together a powerful set of symposia around issues of access and other stuff that could come up here and looking to bring in folks to facilitate and to present. To help ignite more and more visibility around the work that we do and the work that needs to get done. The last thing that I want to do is talk about is the stakeholder engagement process broadly. The goal is to have as genuine, as expansive and as inclusive a stakeholder engagement process as possibly can. The more input we get the better to shape our services. In doing this and having conversations with lots of folks that have been involved both in the department and outside the department it's amazing the amount of work that has gone into this. I learned a lot about the consultants that were involved, saw documents relating to the successes and challenges here and frankly all over the states and counties. I learned about different county approaches to the stakeholder engagement process which is really a variable. I really want us to take a step back and look at what we do and what we've done and be courageous going forward about what stakeholder engagement really is. Who are the people that need to be providing the input? What do we do with that input? I want to recognize the amount of work that has gone into it, the formation of the group, to the SAACs, to the coalitions, and by the department. It is exhausting to look back and to read emails and see documents, it is exhausting how much work went in starting in 2004 with MHSA. How many folks from the department are here? I am sure you have been involved directly or indirectly. Thank you for getting us as far as we have. Over the past month, Mimi facilitated a group, from SLT and other interested folks, it was an open invitation talking about stakeholder process. They met several times and came up with a number of great ideas. **Reinvigorating Stakeholder Engagement Workgroup Recommendations- SLT:** I want to go through this document with you in the process of doing that, summarize not all the input but key pieces of it around the dialogue.

	The first thing is increase focus on hearing directly from clients, family members, and the trenches (those providing mental health services on the front lines). Below that providing other entities, including providers, staff and other governmental organizations, have additional avenues for engagement/influence. I actually look at this as an opportunity to talk about this. I am wondering whether any folks have any particular reactions, thoughts, or responses about that principal. The things on here were not just spurious comments, these are themes. Themes of conversations over the past month. **Mariko Kahn** — I think a lot of us support the concept of having more input from consumer family members and our front-line staff. I think for me as a provider, the challenge is trying to find ways to get them to meetings like this. It is not just transportations, if we hired a peer advocate and they have productivity and all this other stuff. It's asking a lot of them to in a sense volunteer time to come. I am always concerned about continuity. The other issue that I was thinking about is how we ensure that the expertise and history and what the SLT currently has can be transferred to a new SLT. I don't say that because I want to continue, I would be happy to give up my position, but I think there is so much expertise here and it took such a long time to get that together. **Patricia Russell**— I have been talking a long time with Debbie about engaging family members, and I think that should be a focus and reaching out to community. NAMI reaches out to the community. I know you work with Nami, for each SAAC to reach out to the community to have a summit on health and family. Publicize and get more people to come. Family is huge, families are the support of these people by and large. If they don't have family support, we need to help them with peers to have that kind of family, so they have a feeling of belonging. **Dr. Sherin** — There are a number of things here and Mariko your points are very well taken. I want to try to go through them one at a time. Specifically, we are talking about the first big bullet and it is what you did, so thank you. **Cynthia Jackson** — So we are only talking about the family participation right now? **Dr. Sherin** — Again, I am trying to methodically go through themes that came up over the course of a month's work. The first theme is to increase focus on hearing from clients, family members and the trenches including those providing mental health services on the front lines. **Cynthia Jackson** — Right, and I would go to Mariko's point, which it sounds like we might do later on. In terms of the people on the front line and the trenches I think that is a fabulous idea and I really think that we need the clinicians the case managers, in addition to the peer support that are actually providing the services in this room. I think that is very important. **Terri Jay** —I also think the most important thing is also be inclusive to the LGBT community when it comes to Mental Health services directly working with clients as well as working with family services. **Cynthia Perez** — Also being from Service Area 1, it is a huge commitment to get down here. I would like to see if there is anyway where you can maybe go to different areas of community to have some of these meetings. I would

like that.

Dr. Sherin — We are doing a number of different things -- I talk about the Sacred Interface -- we need to have our front-line providers dealing with the challenges of taking care of people in the room. Just like we have clients and families struggling to get care. I feel very strongly about that. It is the main theme and the direction of the department. That comes from a history of working with bureaucracy as a clinician and spending endless hours running around and doing stuff that is taking care of a bureaucracy and not people. There are different cultures and different populations and obviously we want to get input from them all in order to fuel the work and make sure that we are not missing services that need to be delivered. As far as transportation. This is something that I thought of early on. Why wouldn't we move around? I did it, it wasn't easy to get to all the service areas. That is certainly something to think about. You could argue that the SAAC are a means for getting input. I want SAACs to be vibrant, and the information to be distilled and brought here. I have conversations about supervisor staff about how we are doing and looking at the constituents according to the supervisorial districts as opposed to the service areas. How do we combine them? Those are things to think about. I am not saying one is right and one is wrong, or whether they can both be mutually supported. Where do you convene, how many are there? These are all important questions.

Romalis Taylor— I appreciate you making that comment about people with different cultures. That should be added to this statement. Language can be a barrier, culture can be a barrier and people can be invisible because we are not recognizing them because they are not one of the top 5 language systems. If we can add the words different culture that would be great. I support this totally if we can add that.

Ruth Belonksky — I represent the faith-based council, but I am also here on personal capacity as a "would be client". A desire to be a client. Most people know my story, I have a 52-year-old son who surfaces every now and then, was missing for almost 2 years and has resurfaced 2 weeks ago. We tried to get help for him. Filling in all the forms firstly, there was a roundabout to where to get help. I sit in this wonderful group and other committees and I should know how to get help and I still don't know how to get help for him. I sat here and heard the word slot without really understanding what it really meant until we really needed it. It hasn't been available, these are real big issues. I have had many more misconnects and disconnects with trying to get help for him.

Carmen Diaz — I like this, I really do, especially families. My concern is, and what needs to be thought of is the parents of the children. The parents of children are not easily able to come to these meetings at this time. Either they are working, or they are home with their children. It is really hard to get families of children to speak what us going on with mental health and how they access services. I don't know how to solve that problem. We had meetings at night, the afternoon, early morning, different places, but there has to be another way. With that comes childcare, transportation, making sure the meeting ends on time, so they can pick up their children. It is really hard. If we want to get the families that are still out there receiving the service right now, that is the hardest part, getting them to wherever the meeting is at.

Dr. Sherin — Those are great comments. I think you are spot on. I would say clearly access to childcare is a big deal. It is a big deal to participate as an advocate, as an activist, it is a big deal to participate in care. I also wondered why in 2018, why we aren't leveraging technology in some way. There's no reason why

	people can't participate remotely. These are things that the department can support and fund. I am wide open to doing that, whether it is here or whether is it out in the community. **Carmen Diaz**— The thing about technology with families is that even if they are at home they still have the responsibilities of their kids. Having them sit down in from of any technology is very hard, especially if they have children with special needs. **Dr. Sherin** — All I am saying is it's a medium to consider. If you were to put the other childcare on the television, maybe you would have a solution. Let's figure out a solution, I hear you. You know what I think I am going to do is read through all these. I am going to read the first one again and take it from the top. • Increase focus on hearing directly from clients, family members and the trenches (those providing mental health services on the front lines) • Each member represents only one primary affiliation and engages between meetings with their represented group/provides reports on engagement to the SLT • New voices as members of the SLT through outreach/engagement. • Focus on engagement/interactivity/dialogue over presentations/top down communication • Maintain a reasonably sized group for process improvement. • Provide orientation for new members and create opportunities for ongoing education for all members and attendees • Hold meetings in venues across the County and promote engagement to the currently disengaged in a meaningful way • DMH's role will be focused on facilitating and resourcing SLT, SAAC's and other stakeholder efforts. I think the focus on engagement is saying that this engagement opportunity is dominated by presentations and top down communication as opposed to interactivity and dialogue. **Karen Macedonio** — First of all, I am totally in support of this as the beginning. The big caveat that I have is that conversations can't happen in a vacuum, it has to happen in community. As I look as what you said earlier about having the department in two parts, Admin and Clinical, I also would like to see the interaction with the community comes. When you said May is Mental Health month, bringing in high power speakers to talk about what we've done and what needs to be done. That should be the kickoff for our interaction within the community. My last thing, with the details and all the data that we collect, this is going to take our greatest expertise to figure out how to interpret the data and use it so that we are measuring the improvement and the quality of life in LA County. **Dr. Sherin** —Thank you for all those comments. I've talked about this before. I mentioned in the context of bring on some key new executives that there are clinical operations across the spectrum. There are administrative activities that are endless. The focus on all operations will be empowering the trenches, those that are being served, and those that are delivering care. The other big key, big chunks on reorganization are focused on Discipline Chiefs. As a group will help determine/define the policies, the practices, in their professions. They will be helping to drive the development of programs, and really advocating for the staff. The second piece would be around strategic communication which would include stakeholder engagement. That is something that is core to the department and core to our mission. Mimi has been brought on, we are trying to build staff to help support the effort and her core

	function is going to be the way that we interact with the dynamic, the communication with all stakeholder groups. **Paco Retana**— I appreciate being able to discuss the stake holder engagement workgroup recommendations. A couple things come to mind. First, I agree with you about our Mental Health Service providers that are on the front lines. I have been doing this for over 30 years and I think they are the biggest resource. I recently was recruiting graduate students to come into this noble field that we are in to invigorate, to motivate, to bring them in. We have new people coming in and we have seasoned folks. We need to provide as much support. Sometimes we treat the chart and not the client. The volume of documentation that exist vs just the work, the heavy lift. The other item that I want to underscore is our particular population, Transitional Age Youth. When we hear our youth on a panel and they discuss their expertise, they come, and everyone comes invigorated and they see their resilience. I would love to tap into organizations where they are members. There is a young man, Miguel Sanchez, who is in a south LA High Schools who has a committee that is trying to improve mental health at the high school. He's done a talk at the empowerment congress. We need their voice, and also guiding us in what the next steps are. I would love to see more of that. When I do a presentation, I always have a panel of youth that are truly the experts in what we do. I just want to apply the efforts into what we are currently engaging in. **Dr. Sherin** — Relates to the one of the key items on here. Engaging between meetings with representative groups, providing support on engagement. It would be one thing to having a TAY youth here -- It would be another to have an individual with that experience who is actually in between the meetings going out and communicating with others and bringing that information here. It's not just about representing as a person but representing for the community. There is a county that actually, instead of forming a centralized group, looked at all the different activities going around the County and charged them to distilled information from an ongoing activity. For example, if we looked at TAY or Child or Older Adults, and we recognize that there are advocacy groups that are having dialogue in an ongoing sophisticated way, that information could be distilled ab brought here or brought to the department. Information can then be sent back. thing around the county. That info can be distilled and brought here or to the department. What happens in between the meetings is really what is important. It's a responsibility to engage as a representative those who are being represented, not just to come as an individual representing that experience. Not that the experience is not valuable, that is not what I am saying. I am saying this is an opportunity to engage the community that is being represented and to bring it to the table. **Eddie Lamon**— I am looking at all the things and it sounds really good, but I have been there, done that. I have always said that we have to go to the schools. I have always said, if we are representing someone, we are supposed to get the information from that someone that we are representing. I take that hat off and represent my SAAC at all times, and I always ask my SAAC what they think. I also hope that we are keeping with what the law says, prop 63. When we first started, LA county, everyone learns from us. You should never come to a meeting and say what you have to say without saying what the people that you are representing wants to say. We had a district chief that would come to each meeting and we used to go to every directly operated and contracted program. We experienced it already. I will let you go. Everything you have on the paper, we have done before. **Dr. Sherin** — I appreciate your comments. I would say that if you had done them then they aren't happening now and what I would say is that you brought up some key points. We need to have input distilled

	geographically, we need to have input distilled around age group, we need to have input distilled around cultural. **Eddie Lamon** — The other thing that I did was when we did planning for TAY, we need to get the person out there working with those people, they know what is needed more than we do. **Dr. Sherin** — We chimed in on that already. We agree with you. I certainly agree with you that the trench is the sacred place. It is the place where we need to collect the data. It is a place where we need to pour the resource. I was trying to go through the different groups. Where I was going after was culture, was lifestyle, maybe diagnosis. The point would be that these are the key pieces and the information that we need to get and go after it. The SAAC is easy one because its geographic, or supervisorial district. We need someone collecting the information, distilling it and bringing it back. It is not about what that person wants, it's about what the community needs. It is the same thing with the age groups, the same thing with the different cultures, vulnerable populations. Another example would be veterans. You mentioned something about the law and I did bring a couple slides here. Interesting enough, one of the mandated seat for a veteran and also a mandated seat for I think a veteran advocacy group. The point there is that is an active process. One where over the course of a month there is a lot of pounding the pavement, talking with people, talking about what is going on, what needs to go on. The more active our stakeholder engagers the better the information, the more up to date, the more comprehensive. **Jason Robinson** — Thank you for putting this together, I appreciate everyone's comments. I think one of the things that we have to be very careful about is recognizing that the importance of capturing and including historically marginalized voices from marginalized communities is important. It is also important and essential to plan for how we create a process, so those voices aren't marginalized in what happens in this body. **Dr. Sherin** — I think we are in violent agreement on this one. That would be something where there is a group being underserved that has a voice that is not being heard. That voice can be heard by having a representative, and a representative that is actively collecting the words to bring the voice. That is what we are saying in here. I think that is what you mean, correct? **Jason Robinson** — That is what I am saying. It is also the process that is happens here in this group so that we plan for whether we are looking at consensus. When I read each member represents only 1 affiliation, I kind of understand that but I am leery of those affiliations pushing against each in the deliberative process. Where someone is only going to try to advocate for their representation. **Dr. Sherin** — I see what you are saying. The point would be to represent a group, a constituency, you have to know what is going on with that constituency and they you need to come as a collaborator to represent for that constituency in a collaborative way. To compel all sectors, primarily the County, if there are questions of level of needs to do gap analysis. I have been trying really hard to get the Department and other departments working with us to do sophisticated gap analysis. I think we are actually starting to get traction, the data is important. Comparing different data sets because the data collection is often biased. **Liz Seipel** — I am actually also referring to members who represent another organization. I would like to make this suggestion. First of all, we get these meeting notes, and they are incredibly comprehensive, they are very well done. You miss a meeting and be read everything and know what is happening, I appreciate that. What would really help me is in a week following the meeting I got a summary report highlighting the issues. I can then send that out to the

commission that I represent. Our meetings are so complex, it is very hard to get all the information down and it really helps me to see it in writing. Email it to all the SLT members to report back to other groups.

Dr. Sherin — I agree, one modification that I would suggest is that whatever the summary report is, it is on the website. Everybody can see it. I do agree with you. I happened to be on the First5 Commission as is Romalis, you want to talk about volumes of paper… my lord. It is hard and quality time spent distilling information that is digestible is a big deal. We need to invest in that or else we are wasting tons of time.

Liz Seipel —what happens is by the time I have this it is a month later and to report it, I already have other news.

Dr. Sherin —That is our responsibility, I see Mimi shaking her head, whether it is our consultants or through our staff, we need to do a much better job. I feel like a hypocrite because as a commissioner on First5, I complain about this all the time, and I still haven't gotten the summary that I am looking for and this happens, and we are doing the same thing.

Minsun Meeker — I don't know if this is allowable under the SLT structure from the State. I have participated in many child welfare counsels and workgroups both at the state and locally. One way to increase the feeling among the SLT that this a dialogue and interactive, a two-way conversation is to have someone from SLT or community member co-facilitate these types of meeting, otherwise it can feel very much DMH and Department driven. Facilitate this feedback loop, having an opportunity to have community members drive the agenda and facilitate the conversation might be helpful.

Dr. Sherin —I want to comment on that, I agree with you. If you look on here, it's one of the items. If it were up to me, we would be, as part of activating the communities, let's say the SAACs, those need to be run by the community members. Whether it's co-facilitation here, we need to go for that. I think you all know I am in hot pursuit of a peer chief. I want a peer chief on the team to seriously driving all this stuff all day long. Figuring out how to deploy others around the community to engage the stakeholders. Just like we need peers to engage individuals and families.

I have a couple of slides and I want to go through them.

MHSA Statute:

Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.

MHSA Mandated Stakeholder Participants:

- Adults with severe mental illness (SMI)
- Seniors w/ SMI
- Families of children, adults and seniors w/ SMI
- Mental Health Providers
- Social Services Providers
- Substance Abuse Services Providers
- Physical Health Providers

	• Veterans • Veterans Advocacy Organizations • Law Enforcement • Education This is what is mandated. This is a decent list, although I would suggest certainly maybe others, but this is what is in the statute. We are going to honor that and use it as a platform that we can grow. We have ideas and expertise. This is a community stakeholder meeting and it needs to be clearly that. The reason why it's so important to focus on front line providers is because front line providers have the information that we need to drive our programming and a lot of our decision making. That is separate and apart from business stakeholder dynamics. You can argue that we don't do a great job there, but I am hoping that we are going to improve that big time. Investing in a lot in the Department to improve the customer service that we deliver so that we become not just a department that you can have a contract with but a department that you want to have a contract with because it is really user friendly. Those are different conversations and I think we need to be really intentional about that. I have to run. I really appreciate the openness around this conversation and I mean that. I am looking forward to the process going forward. Again, this isn't about SLT, this is about the County of Los Angeles, the dynamic between the Department of Mental Health, other departments and the people that we serve and those that serve with us. Getting the most distilled genuine stakeholder input we can so that we can develop the best programs and make the best decisions. Thanks very much.
Public Comments	**Reba** — Thank you for your presentation. In reference to the stakeholder participants and the mandate, I certainly hope that we will experience that. It looks very refreshing and most definitely needed. When you mentioned the front-line staff, I became a little concerned about that because of the culture of the Department of Mental Health as it is. How comfortable and safe would the front-line staff be and actually speaking truth because they have superiors and most often times there are people like yourself or Mimi McKay who is not actually on the ground or in a position to make certain that they are safe. I think that is critical. I want to quickly mention a board letter that dates back to April 7, 2005. It shows here that there were 34 full time positions that should have been created. I have actually searched and searched, and I want to make certain that you take a look at this and if you don't have it or unaware of it that it is brought to your attention. When we look at our SAACs and outreach and engagement it basically gives you what could have or should have been created. I am not saying that some of it is not there, there is definitely is not there in the sense to actually provide what your vision is which is already been approved by the Board. I couldn't find an amendment to this particular letter where it would have been changed by the board. I am hoping that we are going to be moving in a different direction. I can't let you have this one, I have my notes on it. As I am looking at this, there are people who are sitting at this table who were actually here prior to the SLT when they were doing a delegate process. Are we going to ever take a look at making some adjustments to making sure we become current in this time, thing change and obviously we aren't doing the ground thing, who are we representing? I want to feel like I am truly represented. Again, I want to thank you. **Dr. Sherin** —I want to look at that, I am not aware of that. What it's basically saying is that a certain number of staff that we got delegated authority to hire. I think what we can do there is track those items. I don't know how long that is going to take, none of your asks are easy. I think your points are well taken. One of my hopes is that with discipline chiefs in place they are advocates for the front-line staff, so they are going to have a voice. It will change

	the dynamic. I am spending time on the streets doing outreach and figure out engagement strategies. We are going to be investing as a department and as a County, more outreach and more models of engagement including having psychiatrist that is on the field for cases where medication is maybe indicated. We need to think about doing things like evaluating for grave disability. Concept of outpatient conservatorship, people that have needs and are suffering don't need to be thrown into an institution, which can be traumatic in order to get them the help that they need. I need to leave you with that and thank you for taking it from here, Mimi. **Bridget Gordon**— I just want to talk about a meeting that I attended a few weeks about where we got the System Leadership Team roster. I just want to say that your service is very much appreciated, and we need to draw a line in the sand. I don't want to hear another thing about what we did 10 years ago, 5 years ago, or 3 years ago and what's already been done. We are in a crisis and we have been in a crisis, and we have under reacted. It is time for a reaction and I am looking at some of the people that have been representing my community, my county, my fellow residents. They have been representing us for a long time. It is time for people who are wanting to build relationships with members of the community, one on one, hand by hand, getting outside your offices, getting outside of your housed, and behind computers and talking with individuals. My community's needs are not being met. My next-door neighbor stabbed and murdered his 2-year-old step child, and that family hasn't gotten any mental health help. Some of the boarders that live with them who are in recovery has gotten some help, but our neighbors have not. or wanting to build relationships to build. I don't know if you about the Aces study; people who are living in urban communities are traumatized the same way that a war veteran is traumatized. When will we begin to address that? This is what your job is in this body. What I would like to see is new co-chairs of all of the SAACs, elections across the board, I would like to see members of the SLT be people who are not co-chairs of the SAACs, people who are members of the communities, I would like you all to get into the schools. Schools can be the places where communities can meet, and neighbors can get their fellow neighbors out of their houses. Thank you. **MC Harris** — Dr. Sherin mentioned the people on the ground. I am one of the individuals that's on the ground, in the air, practically everywhere. My concern has always been that we should extend the items, get them out there but also have consumers and peers be involved in the interviewing process. Even from what I am noticing today, the transferring of the different items that it should be an interview process also. We have sensitive issues like SB82 that we need to make sure it goes with the guidelines of the bill. That is should be someone experiencing being homeless like I was. Prior experience and prior to being a DMH employee. We need to open up these items and make sure that we have people on board that can relate to the community whole heartedly, with no favoritism. (ITEMS is county speak for jobs.) Don't leave out the substance abuse counselor. **Ricardo Pulido** — I just came from a funeral and I am pretty much tired of seeing people buried as a result of gang violence and gun violence out there. Hopefully you all took a moment of silence today for those in Parkland. I just want to reflect that all those young people out there that are suffering and are standing up. I took heat and I thought about that really quickly, I won't preach to the choir. I will tell you this, when we say moment of silence, we are tired of being silent. Our government has to get with it or get out. We don't have time for folks that keep talking and jaw jacking about what they are going to do. Sorry about this sorry about that. I wrote a proposal with our stakeholder, Dr.

	Sherin, Mimi, our team, I am almost finished with the budget. It will be to get the ambassadorship kicked off at all the SAACs, have NAMI on wheels, and if you will a SAAC on wheels, a SLT on wheels, it will all be in one. Psychiatrist will be in there, with an office. We as a team, we are all on the same boat, we have friends, family members that have mental illness. For us to keep talking and we need to do action. The money is out there. Folks that spoke earlier, put something in writing and put a plan together. This is what we need. Tackling it from the street. Orchestrated by the community, by us, the folks that are involved with it directly, not just the providers, they will be here to be catalyst. **Cynthia Perez** — I represent Service Area 1 and I would love to give over my place here if I could get someone willing to come out here. I do get information from my SAAC, I have a proposition about that, Dr. Sherin was talking about us bringing questions and information from the SAACs but our agendas are always so full that the answers are not going to get answered. When I go back without answers, they get frustrated. Can we put time on the agenda, I know it's packed, but if we are going to try to do it that way, we really need to put time on the agenda to get those questions answered. **Sunnie Whipple** — Thank Eddie Lamon. In my culture we are taught to listen and learn from our elders. Every time I come here I have learned a. lot from hearing her speak I want to thank you for being here and teaching me. My question is in regard to SLT reinvigorating. As a representative and a consumer, the first bullet here. I ask a lot of questions, from different groups of DMH departments, I never get an answer; I get bureaucratic answer. There is no expectancy of an answer. My question is: "When is the Native voice going to be heard?" We are at the table and we are not at the table. I feel that there is continued implicit bias towards us and somewhere along the lines that has to stop. Even with participating in these meetings, we have a whole room here full of people from SLT. At the most we had at the meeting was 6 or 7, and that is not full representation. My overall question is I am not being heard, both as a consumer and a representative. I need to know who I turn to and who I can talk to that can help remedy that. **Dr. Goodwin** — Please keep teaching us on how we can do more to make sure that you are heard. I appreciate your comment and I value that very much. **Patricia Russell**— a member of the public gave me this: Please ask if DMH will go more to a micro level of looking at services by health district. You can get more specifics to consumers' needs by narrowing down to the 26 health districts and not the 8 SPAs being looked at. **Bruce Saltzer** — I am not sure the best time to talk about this. This has to do with the annual budget but there is no time on the agenda, so I am going to make a couple general comments. Hopefully this is taken constructively it's an honest assessment of where we are at. It kind of goes to the historical perspective some people were talking about. Where over the years, particularly MHSA, there has been months long discussions about what goes in the budgets, what the priorities are, a lot of workgroups, a lot of time spent. One of the concerns is that by having this focus now on input directly into the posting, to me that is more of an individual opportunity for comment. It goes away from the idea of collective discussions that are had at the SLT. In some ways, I don't think it is intentional, but I think it undercuts the ability to do what one of these priorities is which is to focus on engagement and interaction of dialogue over presentation and top down. I understand the challenges of this, in the last few days we have gotten documents

	that have to do with spending a lot of MHSA money. Basically, there is no opportunity that I see in between now and when the opportunities for public comments are to have any kind of meaningful collection of those priorities. Again, 30 minutes at the end of the presentation, this is not a criticism of Debbie or her responsibilities, or what she has to do, I understand the challenges to have to do all what's involved. I think there is a concern that we won't even understand, what we got sent was 20 pages of detailed information that ideally should be presented, explained and an opportunity for feedback. It doesn't appear that there will be an opportunity like we have had in the past to be effect System Leadership team. I think historically this group has been really effective and if you ask other parts of the state it is not been as effective as this group collectively, so I am a little concerned about the movement away from a focus on engagement and dialogue. To allow that to happen you have to allow time on the agenda to do that. **Mimi Martinez McKay** — I think that we absolutely agree with you Bruce. We need to have opportunities for dialogue. I know that at the meeting Debbie did present, not on the budget numbers you see in front of you, but the whole concept of what we are doing programmatically. We are going to continue that today. In this month and beyond this month in whatever way you want to individually or collectively through the SAACs, through the groups that you are representing provide us feedback. Would it be ideal for us to have that in advance or had an opportunity for dialogue, absolutely. Like Dr. Sherin was saying we were working on that for the past 2 months that we had all of the details in place. I agree with you. **Bruce Saltzer** — Again as a follow up, again I am not talking directly of that, that does unfortunately feel like a top down. The last two months, all the internal department discussions. Historically those discussions have occurred in this group reflecting the community interest. Again, we understand that the priorities are department and board priorities. A lot of things are good, on the other hand, again, there are a huge number of items where there is not much opportunity to talk about. That is what we used to do in the past. How much money do we allocate to this, vs this, what are the priorities. That's a very in-depth discussion that requires a lot of thought, and a lot of time. It is unfortunate that process wasn't started collectively a while ago until now we're are at a point where we have less than a month and now there is going to be a public hearing. Ruth made a comment before, she doesn't remember a change based on that. Again, that is more individual comments as opposed to whole which has made this group effective in my opinion at least. **Mimi Martinez McKay** — I guess I would say that some of the voices that are represented was in that document have been part of that process. The exact dollars and how it lined up, that is something that we need to do better on getting it out and having more conversations about it. **Romalis Taylor** — I have said in meetings in which there was a commitment to do out front a different way of prevention. Hopefully that is in this model and hopefully in this budget. I wasn't able to clearly understand where that is playing out and what that looks like. I like the concept, but I am saying where is that conversation? **Mimi Martinez McKay** — Do you mean what Kalene was presenting on, with Bryan Mershon, in terms of the different approach to prevention? **Romalis Taylor** — Yes. **Mimi Martinez McKay** — What you see in that document is what is reflecting in those. **Romalis Taylor** — I wasn't clear on that. **Mimi Martinez McKay** — Yes, we need to be clearer here.

	Eddie Lamon — I want to thank the person who said that they learned from me. That is really why I am here. I am a community person, I don't work for anybody. I do this because I love to try to help, I do it in schools and in Mental Health. Whether I am on the committee or not, I would come anyways so I can get a chance to say what I need to say. I plan on, if the Lord's willing, to be in your hair until I am 95, I am 86 right now. We got a new Board of Supervisors since I started. Everybody down there is almost new. We went back from being separate, to being all together. I want to put stuff in to let you guys know. A lot of people do things and think they are the first ones that came up with it and its been done before. I want you to experience it, I just want to tell you about it. You need somebody to work for the department to look at our membership all the time. Anytime we aren't representing they should tell us to fill that positions. **Mimi Martinez McKay**— That is precisely what we're all trying to accomplish. **Cynthia Jackson** — I'm wondering is actually an interest in a gap analysis. Within the new structure of the Department and this SLT that we won't have some kind of a strong voice to advocate for older adult mental health. Not that people won't care about it or be concerned about it I just want the advocacy stays in place. Another comment is that I feel compelled to make is that I think our stakeholder process over the last 13 or 14 yrs. have been very good. I experience first-hand some of the San Diego stakeholder process and I would really like to share that experience with someone before we model anything whatsoever after that. Our county experience is far superior to that. I also did some consulting around the state during the beginning of the stakeholder process and I thought LA county overall had one of the very best processes in the state. **Mariko Kahn**- three comments, first I want to focus again on the people from the trenches. I don't mean that provider agencies are the necessarily people from the trenches, although as an Executive Director I know a lot about what is going on and I think it's important to have their input. Secondly, each representative only represents only 1 primary affiliation. I think that is so narrow and not in the right direction of inclusivity and diversity. I represent several different affiliations and different groups and I hope that that is taken into account when new SLT members are selected. Somebody asked about summaries. What I do is, I take notes here and I go back to my different constituent groups and I report right away to them. I send out emails to different groups. I think there is a real interactive process going on from some of the SLT members and I think it's not that it stops right here. Lastly, I want to support very strongly Bruce's' concerns about the budget process and the way that it was handled. I really feel strongly that we need to have a special meeting of the SLT to discuss this budget. It is tremendously complex. The fact that we had a short presentation on PEI and then new PEI bureau is not sufficient to me to make a determination. I already sent out the link to the 20 pages to different API organizations, we have a meeting next week. We will start discussing it, but I would like to also discuss it here. There is so much expertise here that is being ignored. We have reasons for our thoughts and we have always been able to come to consensus. **Mark** — There are several things. There is going to be a conference self-help and recovery exchange on March 9th-10th. We would like people to attend this conference. I have flyers. If people pay $10 for the conference. The idea behind this conference is so people, members, consumers can learn about different programs. It is very similar to the Alternative conference which is in Washington DC at the Catholic University. Bring the flyer to the consumers and

	have them come to the conference. Have them get information and bring that information back to your organizations and get some similar programs going in your organizations. On Feb 26th there is going to be a webinar that is dealing with people with disabilities act and people with mental health issues who are in jails. We want people on those calls, to listen in on that. On the 27th, there is going to be a National coalition for mental health self-direction training that deals with budgeting. **Romalis Taylor**— I want to make a comment to Mimi- the director made two comments of culture and hopefully we are going to honor that in the first line of the suggested changes that you have where it says increase focus on hearing directly from ***different cultures***, add that. In the lower indication of resourcing, DMH's role will be focused on facilitating and resourcing SLT, SAACs, and ***the UsCC***, that is a major commitment that the Department has made to outreach to those and we need to recognize them in this document and put it there If we can do that, I am down with what you are putting out.
Innovation Housing Update	***Maria Funk, Ph.D., Program Manager III, County of Los Angeles, Department of Mental Health*** I am here to give you a brief update. I was here last month also giving a similar update. I am going to update you on what we have done since our last SLT meeting. We did have another housing innovative workgroup meeting on February 5th, and some of you in this room were actually in that meeting. We continue to have those meetings and you all are invited. The focus on the last meeting we had was to talk about the 6.2 million dollars that has been set aside for housing models. NOFA that will come out in the summer or fall that the Community Development will release. We talked about what would be this groups, if we were looking at those projects that could come in through that NOFA, what would be our priorities? How can decisions be made about that projects could be funded. The Department has gone through these processes in the past. Back to 2007 that I have been part of, talking about funding principles that the Department would use to guide our decisions. In this case it would be CDC actually using these. I will quickly talk about the principals that we had talked about. We are asking for input on more, if other people have more ideas, we are continuing that conversation. I will tell you about the process to provide input in a minute. The funding principles that we talked about are looking at developments that will be built sooner based on the proposed occupancy date. Obviously, we want housing now, that is what's behind that. Developments similarly, developments that are feasible in terms of planning and zoning and those issues to make sure if they say they are coming online in the next 6 months that its feasible that they really can do that. The other big theme was getting the biggest bang for our buck. Development that provided the maximum benefit of the investment. Looking at the amount of money we're investing per housing unit. That is a topic that we have discussed here. People has had concerns about. We want to invest as little as possible to get the maximum result. Whether it is looking at the money that we are putting in thorough MHSA or jus the total cost of the unit including any other leverage funds that it was suggested by this group that we look at both. Also looking at developments that have other resources for operating subsidies which are what keeps the units affordable to the people that live there. Looking for projects that may have

	commitments or may not need that. Which the operating cost, if they are asking for MHSA money for that, that would increase the amount that we are investing per unit. That is about as far as we got in our work, when we met on the 5th. We also talked about other things and it took a while to get to this topic. Mimi sent an email on Sunday, the 18th asking for edits to this. We sent out the document that I just talked about now asking for additional edits. I saw one person did respond and gave us another idea, I am not remembering what it is right now. That is the feedback we want. We are having a conference call on March 1st at 1pm to continue this conversation. The meeting we had on the 5th was a in person meeting, but we know not everyone can make it to an in person meeting so it was decided that the next meeting would be a telephone conference call so people could join in. this is an open meeting, if you are interested and you are not on the distribution lists, let Mimi know and she will add you and we can send out the information and you can provide your feedback. The email that was sent out on the 18th, we are asking if you want to do written comments either editing the documents you can send them to me and I will incorporate them into the document or send them to Mimi and we will get them in for the March 1st meeting. The other thing that I want to say is CDC who has been overseeing the last two solicitations that we had, they have already begun to do research on zoning, legal, and feasibility studies for the new innovative ideas. In case you don't know what those are, we talked about those in length here in several meetings, they include tiny housing, using shipping containers, using a scatter site, permanent supportive housing model, recovery and shared housing, pre-fab modular housing, motel conversion, accessory dwelling units, intentional communities, restorative villages, 3D printed unit, echo-based housing and RV's and mobile homes. This is a continuing list, if people have other ideas besides these innovative ideas please feel free to also give us feedback about that as well. **Karen Macedonio** —I am so sorry, but I don't have any documents to look at. I am listening to what you are saying. I know I was part of the previous discussion, but this idea of putting everything in an email and if I am on the list or not on the list makes me feel excluded. Sooner, rather than later we need to find a way to used technology where we can have people weigh into a conversation and not just catch it on the fly as it goes onto the next sentence. **Maria Funk** — let us know if you have any other ideas on how to do that. We had an in-person meeting, a conference call on March 1st, if you didn't get the email that has the information, we can get that out. **Mimi Martinez McKay**- Karen, I think you are speaking generally, not just this topic. I absolutely agree with you. Even in terms of what I mentioned earlier of people getting input into the budget process. The way it is now is like 1980 and it needs to not be that way in terms of what we are able to post. Just like you I am aware of a lot of technology that we could be using. We are trying very hard to get it deployed on our website, it is much harder than you would imagine in terms of getting that to happen at the county level. **Karen Macedonio** — I will quote Zack Scrivner, who is the supervisor for Kern County, who just said the

reason why he likes nonprofits is because they are more flexible, and less cost involved, and they can be much more able to move more quickly. With that said, on our regular website, where you are posting things like DMH updates. Could we have something on the top of that page where maybe a summary. Housing meeting on such a date, anyplace centralized that we can see what is going on

Mimi Martinez McKay — What you are talking about is for MHSA in terms of the dollars, this housing group we need another mechanism, but I absolutely understand what you are saying, it should be on the website and we need to deploy it in a place that makes sense. I found out yesterday from Mirian Avalos that we are now finally starting the meetings with ISD to move our website to Wordpress that will better functionality. I was at a meeting on this last week, so I am very positive that these things are going to start rolling out.

Karen Macedonio — and I am excited about that, but it's not just the housing website it's the workgroups for innovations, the pipeline, the engagement workgroup, housing workgroup. This is a huge system with so much information. When you have conversations in the community you always find things that you don't know and at least as a SAAC co-chair I need a place where I can go look and see if there is a current answer. Just some simple something on a single page.

Mimi Martinez McKay — I agree with you.

Carmen Diaz— Maria, specific to my cause, is there anything being talked about there?

Maria Funk — Related to the innovative models we haven't talked about age groups. We haven't talked about whether one is more appropriate than another for a certain age group than another. If you have thoughts about that absolutely bring them to the table. It can be a funding principal that we can look at. It seems all the models can potentially serve all populations. There hasn't been a population specific conversation.

Ricardo Pulido—I am wondering if you have anything to do with the immigration population as far as housing that we can put into even a temporary shelter as well as a trailer concept. I understand that they are doing a lot of that in LA. We need to expand to the counties, hot spot areas, especially for the immigrants with high anxiety right now with the talk of deportations, do you have any funding for that?

Maria Funk — again, the models that we are talking about, we haven't talked about a specific population they would be open to. These innovative models are less focused on using things like federal subsidies that would exclude people that you are talking about. These models probably could be used for any populations including that population. I'll just say that I am not here to talk about this today but there are a lot of conversations going around the county about all kinds of options. Whether it is interim housing or permanent housing that would include people that don't have documents that they can be eligible for. There are many models that are being discussed out there to serve that population.

Teri Jay — I, myself, under the mayor's office here in the City of LA with the Los Angeles Human Relations Commission. I am one of the appointed council member for the newly historic LA for the transgender advisory council. One of that is that we have a topic discussion formalizing a housing committee within the trans community here in the LA County. One of the things that is being voiced and touched on is that the Trans community is facing discrimination under the housing. Is there a funding that is being mainstreamed specifically to assist Trans housing topic? That there is availability for low income housing for Trans community.

Maria Funk —Let me say a few things about that. For instance, with interim housing, the Federal government put out policies related to not discriminating against that community. In LA County and through LASA we worked with our interim housing providers and shelter providers to make them aware of that and make sure that they aren't discriminating. When we heard of issues, we definitely intervened. There was a Women and Homelessness subcommittee that the LASA commissioners oversaw and met for 6 months. We focused on Transwomen and had speakers come in and talk about the population and how to make sure though our housing, whether it be interim or permanent housing, there were many different discussions on that on how to make sure that there aren't discriminations going on. I know that those conversations going around, but there might be other conversations that I am not aware of. If you have ideas of other conversations that we should be part of let us know.

Teri Jay—I just want to interject and say thank you for the update on that. Realistically, it is happening right now. As I sit here there are Transwomen who are seeking shelters in Downtown LA who are being forcibly being placed in a men's facility, which is not ok. I do believe that there should be a safe place when it comes to housing occupancy specifically for Transwomen. The shelters are claiming that there are funding beds available for Transwomen, but there are not. They are utilizing them for a men's funding bed.

Maria Funk— So I mentioned that Federal guidance that came out about this says that people should be able to go to shelters that are for the gender that the person identifies with. Of course, as you know it doesn't always happen. I can say something actually happened to one of our interim housing shelters where we heard that the shelter was reluctant to accept someone, and we had to intervene. I would say that when those things happened we need to know the funders of the shelters need to know so they can intervene that doesn't happen, and people are welcomed.

Mimi Martinez McKay —There needs to be a mechanism that makes it easier for people to report.

Terri Jay — on behalf of the Transgender Council, I am one of the voice that is actually kind of advocating for the Trans community that there should be funding available for the trans community when it comes to shelters and low-income housing.

Patricia Russell —I was wondering in between meetings for our next telephone meeting is there movement going on? I was at the last meeting and I presented something from somebody who is a total innovator in terms of intentional community using shipping containers and knowing how to break through all

the red tape and all the things with building and safety. I was told it would get emailed out to all the group, I don't know if it did or not.

Mimi Martinez McKay — Could you please resend to make certain we received this?

Patricia Russell — I think we need to be talking in between meetings. I am wondering what movement since the meetings that we had both in person and on the phone is going on before we have our next meeting?

Maria Funk — What we said that we would do is that we have minutes from the meeting and we sent those out. We are revising the document that we all worked on so that we can send it back out to everybody and everyone can continue to comment on it. I would say those are the main things that have gone on since the last meeting related to this topic specifically. Also, with conversations with CDC about them getting ready so they are not delayed in getting the RFP out that everybody has a strong interest in. Making sure that process continues.

Dorothy Banks —just going back to Teri's comment. Maria when you said that you had a situation and you had to intervene. What is done afterwards to make sure that they don't continue to discriminate after that person is housed.

Maria Funk — You bring up a good point. We have to immediately address the situation at hand. The training issue is a very big issue. Making sure that people that are contractors are aware of our expectations and then providing a training to them on what the expectations are. I will say that LASA did a whole series on trainings on this issue. I think there's opportunity for more. The way we hear about problems is from case managers. Case managers working with their clients that often is the way we know. We are so happy when they tell us. If they are assisting someone and they report that something happened, then we intervene since we run the program. We make sure our contractors know our expectations and that we provide the trainings and technical assistance that they need to meet those expectations.

Dorothy Banks — So is there any other way that if the client tells the case manager and the case manager does not report this, what other avenues would they have?

Maria Funk — We have worked with patient's rights for years and years in making sure that all of our interim housing, formally known as our shelters, there are posters up about patient rights and their rights to the grievance process and how to report issues. Absolutely someone can report an issue themselves if they want to, they do not need to go through their case manager.

Member from the audience (didn't give a name) — Very quickly, I heard a rumor about shared housing and I think that is a bad idea, unless somebody really wants to go into shared housing. When somebody is homeless they need to have some time to recover and heal. It is a very important thing for them to have some safe space around them because they have been living in very unsafe spaces. I would encourage

	you to look at options for non-shared housing, support teams around those people. Also, with building and safety, I encourage you to talk with city planning because there are people in that department who do have some really good ideas about quick housing. Thank you.
Legislative Update	***Mimi Martinez McKay, M.A., M.L.I.S., Deputy Director, County of Los Angeles, Department of Mental Health*** I am going to give a brief legislative update, talk about a couple things Dr. Sherin talked about and then do some public comments at the end. Legislatively there is a lot going on. I handed out 3 fact sheets as well as a handout that says Major Mental Health Legislation. The 3 facts sheets are the ones I want you to focus on. One of them says draft and I probably shouldn't have handed it out to everyone but I really needed to because that one for AB 1971 clarifying the definition of gravely disabled. Board of Supervisors passed an initial motion in October where they were asking us to get stakeholder input into this process. I definitely hope that everyone got a copy of an email regarding responding to a survey. That survey was asking folks what they thought about this. This went out to all the SLT and much more broadly to respond to that survey. The survey was done before the end of the year. We got a lot of positive response about this clarification what it really comes down to is right now gravely disabled is food, clothing, and shelter. This would add physical health needs. This is the case in 37 of 50 states that is part of their definition, so this means California at this point is an outlier. What its meaning is that we would provide humane compassionate care to the most vulnerable residents as part of LPS. There has also been another couple of bills filed on this. The fact sheet on is that we are the sponsor of, LA County, so we think it is the one that clarifies the language the best. This is something that needs to be tracking very closely and I wanted to make sure that you had that. Another one sponsored by LA County is Emergency Medical Services and this one pertains to getting people to the most appropriate level of care. Right now you have a situation, again, this isn't the case in other parts of the Country, there has been pilots here in California where EMS where responding to a medical crisis of any kind, if they determine it is primarily a mental health crisis and that is what the need is then they can take those individuals to urgent care centers as opposed to an emergency room. Everyone knows the traumatizing nature of someone going to an emergency room if that is not the level of care that they need is something that we are trying to address through this bill which is AB1795. The other one, and there were some conversations before this meeting with Dr. Sherin and others about peer certification. How many people really want to see that finally happen in California? That is SB 906We really need everyone's voices on this. Google it and I can send out some information to the group and I already have but make sure that you are looking at what is happening in that space and you are lending your voice to that if you think this is important because it's hugely important in terms of how we are able to compensate peers and have peers not just at DMH but throughout the county in terms of the services that they can provide. I am not going to go through all of them due to time, and I will send this out electronically as well. There are a lot of things going on in terms of mental health that are going help improve the system. Clarification of some regulations that have not made sense for many years, including the fact that if you look at this second page AB2099. Being able to accept an application in writing for circumstances when people need care that it isn't the original, that it is a copy. Some of these things have been standing in the way of people getting care for no other reason than the fact that something was written in a way that hasn't made sense for a very long time. Some of them are easy fixes, a lot of the other ones. AB870 basically helping someone who is convicted of a felony to receive a mental health evaluation

	get appropriate care. We have jails, and as everybody knows, that are filled with people with mental health issues, and that is not the place that they should be. There are several bills that pertain that on this sheet as well.
	
	There is something very exciting with the University of California doing a trauma informed counseling clinic that would be staffed by college students that would be for high school students and middle school students. How many people are not talking about what is going on now in terms of trauma in the schools. I encourage you to really take a look at this.
	There is a lot going on with conservatorships. That is another thing that the Board of Supervisors asked us to study very closely and we are in the process of doing that right now. We are evaluating everything that pertains to conservatorships. There are several bills on that, a couple of them are here. I should mention that there are a lot more that are not on this sheet because the bill filing date was Friday and I spent a lot of this weekend going through about 800 bills that were filed at the last minute. There are a lot of other things that are going to emerge. I will link everyone in on this information. We really need your voice and your comments on this as we move forward
	
	I made several comments that we've heard folks say that looking at this spending plan that people want a chance to engage collectively as the SLT. Do you want us to find a venue to do a workgroup? How many would want to be at a in person meeting in the next couple of weeks on this? This looks more like a workgroup, I saw about 12-15 hands. We should be able to do that at our offices and also have a phone connection for people who would like to participate. We will try to make it middle of the day and not on a Monday or Friday.
	Romalis Taylor — You will send that all out to the SLT members that are not here?
	    Mimi Martinez McKay — it will go out to all of the SLT. It will be an ad hoc workgroup pertaining to this issue.
	
	Cynthia Perez — Can we make it earlier because if I get stuck down here.
	
	Mimi Martinez McKay — we can try our best. It really is a factor of rooms and schedules. Of course, some people want it later. Middle of the day is what we normally shoot for here.
	
	Mental Health Month, Dr. Sherin talked quite a bit about that. We have some funding that is going to help us to do some exciting things this year. That said I have been speaking at a couple of the SAAC meetings. People are talking about the things that are going on in their communities now. I will be sending out an email asking what activities do you have going on now and how can we help resource those that will make them bigger, better and also get some other materials to those group meetings or events so we can make that part of our Outreach on Mental Health Month. You will be seeing that, and I definitely want your ideas.
	
	Romalis Taylor — Can you send it to UsCC group as well? They have other constituents that are connected to doing things at the same time and that may not be a part of the SAAC.
	    Mimi Martinez McKay — yes, that is a great idea. We will send it out to them as well. We are looking forward to people's ideas on that.
	
	Ricardo Pulido — We talked about it at the workgroup but maybe not for each SAAC meeting but collectively for the

whole county, one big shin dig.

Mimi Martinez McKay —Dr. Sherin talked about some of these symposiums and those kinds of activities but also an event with music and entertainment. I agree something collectively for the county.

Public Comment:

Nina Womack— I recently finished a peer certification. I am a recovering and also a mental health consumer that has recovered from PTSD through natural means. I just wanted to say before I went into Peer certification with SHARE!, I was discouraged when I talked about becoming a peer advocate. I was discouraged by a DMH employee, not to go through the training because she told me her exact words were: "DMH staff will look at you as one of them." I had a hesitation at first with going through the training. Because of my passion to help the community and serve the community I went on with my training and I am disregarding that statement. I wanted to say to any staff members here who are DMH employees: "Let's not cause that division for people who are out here in the front line, wanting to help and are very passionate about helping. Don't look at us as one of them, but as we are all in this together."

Reba — I have more of a comment now that Debbie has left. I guess my question is how do you define a stakeholder? Especially in the SLT and wanting us to be here but then the presenters leave before there is an opportunity to ask a question. I have great concerns about the transcranial magnetic stimulation. As an end user of mental health services, I know that there was a presentation that happened at the commission meeting.

Mimi Martinez McKay — there was a meeting here about 2 months ago, the doctor who is guiding that effort for LA County at the meeting in December.

Reba — Thank you for letting me know that. How did the Department engage those of us who utilizes services so that we can receive that presentation? Was that even considered? I think what I really want to get across is being that we would be the end user of that, that seems to be on your plan for next year. We're we engaged in a way that we can actually give the feedback. If we aren't at the table and we are not being presented to, then we on the menu.
Mimi Martinez McKay — it sounds like you are wondering, maybe at the SAACs or the level where it is closer to the community, that is good feedback.

MC Harris — It felt like it was Shark tank presentation. When I came through the door for depression you would have said something magnetic around me, I would like to know if I am going to turn into some superhero or whatever. The question at hand, I was wondering has anyone been aware of the 7 words that the CDC. They said entitlement, vulnerability, diversity, transgender, fetus, evidence based, and science based. Whereas that I don't know if we can still use those words in documentations and some of the little programs. Going forwards with the Innovation from what I saw at different SAAC meetings a lot of the little grass roots programs in the community are always over looked. A lot of them should be in this room but a lot of them are not because they feel neglected, behind a desk looking for grants for this and that…we need to look at not only while we are being innovative we make sure they stay up to speed. That's why I like the fact that you came to me to get some of the contacts to some of those programs.

Mimi Martinez McKay — absolutely, that was part of the goal of innovation pipeline work group was to get more of those voices into this process.

	MC Harris— Look at the people on the ground, take us seriously and bring us at the table also. **Bernice** — I wanted to mention that the culture competency group which we say CCC and the Underserved populations are really a great place to access as you were hearing some of the populations that are often not represented here. For example, I am also thinking the Latino population they often need interpreters. We are also bringing in more those with disabilities, some of them might require interpretations either because in this case, they can't hear. A lot of these individuals they are very active in the CCC group and we have a new underserved population which is the disability group that is bringing in more people that I think are the people that represent many of the populations that we are talking about bringing their voices to the table. That also requires a little forethought because obviously to get interpreters to be part of the processes here we need to file paperwork and let them know in these meetings. Whether it is the individual UsCC meetings, Culture Competency meetings or even when we have the UsCC Leadership meetings, these are good places to bring this conversation to the table. Each one of these individuals represents a very diverse group of individuals they are working with, not just culturally but also in Mental Health families and so on. I think that is just something to keep in mind to make sure that whatever emails go out, we are seriously bringing in this stuff to our meetings as well to let them know. **Mariko Kahn**—Mimi, maybe I missed this, I know Dr. Sherin covered the SLT formation and ideas, are we going to get a chance to talk about the SAAC reinvigoration? **Mimi Martinez McKay** —Yes. There was also a co-chairs meeting recently that is between the SAAC co-chairs and the Commission and even more than what was on there was discussed. Yes, we need to come back to that and vision. **Ruth Belonsky** — I am looking at the AB1971 for the gravely disabled and there is a wonderful metaphor on this page where there is black and white and there is grey. Between all three of the items of somebody being a danger to somebody else, being a danger to themselves and then there's this huge leap of being gravely disabled and there is nothing in between for people that fall into that category of none of the above. I know it's not in your hands to do anything about it, and I know that the supervisors are discussing it, we need to push much more for something other than three categories. There needs to be something else for people who don't fit the gravely disabled but also not a danger in anyway. **Mimi Martinez McKay** — I agree, we had a meeting with disability rights about that very topic in Sacramento last week. Thank you for bringing that up.
Annual Update Review	***Debbie Innes-Gomberg, Ph.D., Deputy Director, County of Los Angeles, Department of Mental Health.*** I want to start off acknowledging the amount of change that is going on. I wasn't here earlier, I was at the Hall Administration, so I did not hear Dr. Sherin's talk but I understand that we are 11-12 years into the Mental Health Services Act and there is a lot of change going on. When I walked in, I heard some of the comments that you made and then there is a spending plan and other things going on at the state level There is a lot going on right now and I just wanted to acknowledge that. I wanted to talk to you a little about the Annual Update and give some updates on some other projects that I have been reporting on over the last couple of months.

	First and foremost, the Annual Update was posted yesterday. Many of you know that first and foremost the Annual Update is an update on the last fiscal year. The programs that we implemented in fiscal year 16-17 is what we really report here. In addition to that, sometimes when we are making programmatic changes that will affect the next fiscal year, in this case 18-19, we report on that as well. As you know we posted the proposed plan for accumulated funds on Friday on our website. On the executive summary I did a very high-level summary of it and then posted the plan right after that so that you see that. I can go over it high level in a moment, but I think Mimi had a really good idea and is to maybe have a call sometime in the next couple of weeks around the details of what is being proposed. The first that that we did different in this Annual Update is that we included a director's message. I had seen that in other counties and I thought it was important to start something off with how the director envisioned services. Last month I went into a fair amount of detain of Full Service Partnership Outcomes and the analysis of that. You see that in there and in addition, Prevention and Early Intervention Outcomes. Many of you know that is more focused on Early Intervention but I want you to take a look at that section when you are able to, it is significant. What you are seeing is a number of evidence-based, or promising, or community-defined practices that are making a difference in people's lives. I want to add something to that, we were able to have Rand Corporation do a real quick evaluation of LA's implementation to Mental Health Services Act and we focused on Full Service Partnerships Programs for Children, TAY and Adults. Prevention and Early Intervention for Children and TAY. They will be issuing a report very shortly that will complement the information that is in this Annual Update and that you've seen in the past. One of the reasons why we are doing it is because it is really important that the State of California and the County of Los Angeles understand the Outcomes that we all are producing. I wanted to highlight that a little bit. The proposed plan for spending the accumulated MHSA funds is, as many of you indicated, it's really large. I talked a little bit last month about the intention. The intention is to really think about supporting each area in terms of our systems of care. One of the largest components of this plan is in Prevention. I think mentioned this last month, this is an opportunity, and Kalene was very involved with the development of this plan. This is an opportunity to use the County as an approach to the Prevention of Mental Illness, utilizing risk factors and protective factors, identifying those and addressing them. You are going to see, in this plan the involvement of the Library system, the involvement of the school systems, the Department of Children and Family Services, Public Health, Parks, and all kinds of entities where people are likely to be. We will then, through the work that will be done, will really assess somebody's likelihood of becoming mentally ill based on specific risk factors and addressing those risk factors and at the same time shoring up protective factors like social support, meaningful use of time. You will also see an approach to spending this accumulated money over 2-3 years that will be tied in with another plan we will post shortly. According to AB 114 we will post a plan for funds that would have reverted July 1st of 2017, for us fall into the Prevention and Early Intervention category. That will be posted shortly. Much of the PEI proposal is in here. Innovation through the Innovation Pipeline workgroup is still in development. I wanted to thank all of you that have been a part of that. I think that there have been some really good ideas that have come out of there. One of the things that we did, and I want to thank Robin Ramirez and her staff for really spearheading this is really focusing on the clarity of the information on each page We hope that we made the information, which is a lot, much

	better to read. You will also see throughout here, whether it is PEI or CSS the shift from the 7 programs in PEI to the new components of Prevention and Early Interventions based on the regulations. On the CSS side, even though we are reporting on a fiscal year where we still had 24 work plans, we're reporting less granularly. We are reporting around the 6 work plans, the consolidation that happened last year. Workforce Education and Training, Capital Facilities, Information and Technology, all of that is in this. If you take a look at the Early Intervention section, you will see a lot of good information around the Early Intervention practices, suicide prevention, how that is making a difference, the underserved cultural community groups and the projects that they have done and their outcomes as well as stigma and discrimination reduction. Looking at changes in attitudes, behaviors, and knowledge and understanding of mental illness or seeking mental health services. **Eddie Lamon** — Is what you're saying, do I have this? **Debbie Innes-Gomberg** — The SLT was sent the link yesterday. **Eddie Lamon** — I am computer ill-literate and 3 years into blindness, so I need a copy of whatever you are talking about so someone can read it to me. **Debbie Innes-Gomberg** — I think I have someone that can take care of that for you. **Mimi Martinez McKay** — We can send it to whoever you like so they can read it to you. We can get you a hard copy as well. **Eddie Lamon** — As some people know, I am the person that asked if we could use some of this MHSA money for housing. I have been on housing committees ever since. We didn't have money to do anything, we just talked about what kind of housing was needed. We need to go out and ask the people that are mentally ill what they need. **Karen Macedonia** — Debbie, this RAND report, can you expand on what it will include, when it may come out so that we can talk about it? **Debbie Innes-Gomberg** — we think that it will be released in the next week or two. We paid RAND to do an evaluation that complimented what we already do, it didn't replicate because it wouldn't make any sense. It's qualitative and quantitative in nature. In other words, we sent data to them, that they analyzed quantitatively, and they did it in a really short time and did a fantastic job. They did a qualitative analysis of the impact that PEI and FSP made in the lives of clients that experienced those programs. Basically, one of the things that they found, as you imagine, FSP and PEI are very effective for the populations that they are serving. There is a lot more to that than that. **Karen Macedonio** — What I am specifically thinking of is a comment that Dr. Sherin has made, while you were busy someplace else. He was talking about bringing in high power people to come talk during May Mental Health Month. I am really thinking possibly this Rand report can give us all talking points where use to go out into the community for conversations, so I am focusing on it as it could be a real important tool. **Debbie Innes-Gomberg** — I would agree with you. I think that this could be a report along with the Annual Update and the Outcomes in the Annual Update to focus us because what is coming down the pike in the next week or so is the results of the MHSA audit that various counties and state went through. What we are hearing is that it is going to stir things up around the use of the Mental Health Services Act and counties have to be prepared to say: "hey we are making a difference here".

	Romalis Taylor — I want to talk about the PEI. We worked on this group and I am not hearing the model that we talked about with regards to schools. There were some very innovative, creative concepts, did that get in? Yes, it went in. **Bruce Saltzer** — I don't know if the link works because I checked it and it didn't work. **Mimi Martinez McKay** —Did you click on it right when the email went out? I had the same experience, there is a syncing issue with the website but we all verified last night that is was working. If it's not, let me know. **Bruce Saltzer** — In terms of the details, the concerns I raised before is the same thing. To give general comment and hen to look at something that has 50-100 items, all with specific budget numbers. For example, Outpatient treatment and stabilization there's $20M dollars for directly operated clinic expansion, it doesn't say anything about any additional funds for the nonprofit agencies or the contract agencies. There are a million questions in here about how the specific dollar amounts were determined. Why is one given $6 M and others given $10 M, those are the kinds of things historically the SLT was involved with. I'm just being honest, but if the bottom line is that the only input is given is general comments and they you guys come up with the plan and it's posted, to me that really minimized the purpose of the SLT. Allow individuals to comment on a 300-page document, the idea that there will be changes collectively and meaningfully really gets lost in my opinion. I don't mean to be as direct as it is, but that is the way that it feels at this point. **Debbie Innes-Gomberg** Tomorrow, Dr. Sherin and I will go to oversight and accountability commission in Sacramento to do two things. The first is to give an update on Innovation3 Technology Suite, which we've made significant progress in the last month on. Specifically, our project manager, Karen Kaulk has been working with Kern County and LA County. We did a vendor orientation to the vendors that were on the CalMHSA, kind of like a Master Agreement List. We will start Monday on doing demos with each of those vendors to be able to fully understand their products as it relates to peer & family chatting, digital phenotyping and manualized interventions delivered via an algorithmic avatar. We will be doing the demos on that, being able to select those vendors. They call it kicking the tires so to speak, to really understand each of the vendors and their capabilities to deliver the products that both Kern and LA County want. In addition to tomorrow, Mono County will present their plan and hopefully get approved so that they will be the 3rd County involved in the Technology Suite. Orange County and Modoc County will be the next two counties that will follow with regard to that. We will also be presenting tomorrow on Transcranial Magnetic Stimulation that was the Innovation4 Project and we hope that will be approve tomorrow. We can then go forward and order the van and hire the staff and being able to do that work initially in Board and Cares. Today, my hope is to send the Innovation 5 which is the peer support specialist Full Service Partnership Program project to the Oversight and Accountability Commission for review and get on the calendar to get that one approved. Beyond that, we have the projects in the Innovation pipeline workgroup, so we are really trying to create a set of projects that move forward so that we aren't at risk of reversion of those funds. The board approved the CalMHSA participation agreement yesterday which allowed us to transfer the funds to CalMHSA for the Technology Suite.

	Ricardo Pulido — Thanks Debbie for the info. One thing that I want to know is a brief timeline on the proposal packages. I know that we are talking about some stuff right now and we don't obviously want the money to revert back to state. Would you give the folks a little breakdown? **Debbie Innes-Gomberg** — Yes, absolutely. For Innovation, I plan to present the projects that have been moving forward in the Innovation Pipeline workgroup to the Director's Management Team and Dr. Sherin before that on Monday. Basically, what they are is this is the idea or the project and this is the approximate budget, I say approximate because they are not fully developed projects yet, and this is what makes it qualify as innovation projects. We will have that document, ultimately, that document will be posted as AB114 Innovation project plan. That will show how we will spend the dollars subject to the reversion as of July 1st 2017 across the Innovation projects. In terms of Innovation 3 itself, I think we want to move forward with vendor selection as soon as possible. We do want the opportunity in May or June to have consumers and other folks test out these products along with other technology products out there, we have my three and the other applications. **Cynthia Perez** — Innovation 2, so you have any updates? **Debbie Innes-Gomberg** — We will have the results in the next week and a half. There were obviously more delays that one can imagine. The light is literally at the end of the tunnel. Also, the evaluation for Innovation 2 that bidders conference is around March 12th. **Cynthia Perez** — Innovations 5, does it look like you are staying on track with the dates that you have posted on the website? **Debbie Innes-Gomberg** — The original plan, I am altering the dates a little bit because it's now February and we had thought that the plan would go to the OAC before that. We are trying to adjust that a little bit. **Cynthia Perez** — Ok, and you will have those on the website? **Debbie Innes-Gomberg** — that is a really good point, I will talk with Mimi about reposting the plan. Not necessarily for public comment, but just so people would know. **Mariko Kahn**— Each innovation plan that is coming will have a number? In your proposed spending plan for the MHSA funds, I am looking at where you placed Innovation 4 which is section 3 Outpatient Treatment and Stabilization. I don't notice anything in the budget that is specific to the innovation. Of course, I just saw this yesterday, so I haven't really delved deep, but I don't see Innovation planning as part of the use of the accumulated. **Debbie Innes-Gomberg**— That is correct. One of the things that you will see in here is that there are general treatment categories. The intention was to integrate Innovation based on the intended target and the project itself versus just categorizing it here under innovation. The innovation reversion plan, or the AB114 plan that will be out in a couple weeks, that you will see it really clearly. It is just innovation and it's all the projects and cost and things like that. It will be a much clearer picture. I think in this plan it only goes through 5. If 5 is in here it's under FSP **Bruce Saltzer** — Just a follow up on Mariko's question before. Instead of a call, is there an opportunity for a meeting. I mean even in a meeting its going to be tough. Bottom line question is there really an opportunity for meaningful change in the plan, realistically. It's a 300-page plan, you already invested a tremendous amount of time into it, even

	the summary is 20 pages, how are realistic is it that anything is going to change in there. The understanding was that there was going to be some chance for discussion about it. If it is what it is then you should just say it is what it is. **Mimi Martinez McKay** — It sounds like you are talking about the Annual Update and the spending plan at the same time. Is that correct? **Bruce Saltzer** — Yes, they are related. The 20-page summary gives an overview of everything and the annual update I suppose is just specific to this fiscal year. **Mimi Martinez McKay**— last fiscal year. Most of the annual update as Debbie pointed out is last fiscal year. The spending plan you are looking at is this fiscal year. **Bruce Saltzer** —ok, that is helpful. The update for last fiscal year you are asking for approval for last fiscal year? It's a little confusing. **Debbie Innes-Gomberg** — who approves the annual update that is the mental health commission. It is a report about services that have already happened. A projection of the budget for the next couple fiscal years. When you read through this and we have heard this, for example the Older Adult slots are full, so there is a gap there. So those are the comments around annual update that are really helpful. **Bruce Saltzer** —is there anything in the Annual Update that has anything specific to future funding at all? **Debbie Innes-Gomberg** — if you look at the budget section in the back you will see a future funding section. It is to the best of our ability to project that out. **Bruce Saltzer** —Does that incorporate what is in the 20-page spending plan? **Debbie Innes-Gomberg** — to some degree. **Bruce Saltzer** — so it is basically, if it gets approves it is in fact endorsing the specific allocations, correct? **Debbie Innes-Gomberg** — it doesn't have the level of granularity. What is in the back of the Annual Update is very much in line with what the State requires. The way the accumulated funds are laid out is more conceptual to how LA uses these funds. **Bruce Saltzer** — that is really the key is, how does this group have meaningful input into the accumulated funds before they are specifically allocated according to the 20-page spending plan. That is the major question is potentially how do we potentially have some discussion about that before that is finalized? **Debbie Innes-Gomberg** — If I was a stakeholder, I think I would look at this at different levels. The first level is there are conceptual types of services, there are outreach services, engagement services, intensive and residential services. Did we get it right? Are we over investing in one thing and underinvesting in another. The balance of Early Intervention and Prevention. Does it make sense to get us to where we want to go. We have been talking a lot in the last week or so about thinking about where the Department wants to go in 5 or so years, and how does this plan help us get there? We did this in Innovation too. **Bruce Saltzer** — that is exactly what we are talking about. How do you decide how much for here, versus there? There are some good things but again it doesn't mean that there shouldn't be any discussions. Forget the Annual plan, before the 20-page document is approved and implemented, the question is: "how is there opportunity for meaningful input relative to the specifics of the 20-page allocation." That is the key, and that's how you are going to determine how you are spending tens or hundreds of millions of dollars. That is historically what the SLT spent a lot of time reviewing and giving input in so that is the question. How do we have a meaningful way of having input that 20-page document before its finalized. **Mimi Martinez McKay**— For this group, collectively, it could be the will of the group.

	Eddie Lamon — Debbie, when you talk about next year's budget, you are also talking about next year's opposed budget. **Debbie Innes-Gomberg**— we have an estimate of what we will get in terms of the Mental Health Services Act in each component. In March we get a better sense of how good that estimate is. When you look at the budget there are unspent dollars from prior fiscal years. The fiscal year allocation, interest and other things like that. **Eddie Lamon** —so we will have an opportunity to have meetings about it before July 1st? **Debbie Innes-Gomberg** — Mimi will get into that in a moment.
Announcements	**Carmen Diaz** — I just have an announcement. I didn't bring fliers because they didn't give me any. Some of the SLT members will remember that the WET funding that went under item 10 for parent partners, parent advocates. The training is together. They are going to have an update meeting on how everything is going, the curriculum on March 1st, from 1-3pm at Vista del Mar. 3200 Motor Ave. Los Angeles. I told them that the SLT needed to know and want to come and see how the updates are going because we voted it in. I am letting you know it is RSVP. The RSVP is parentpartnertraining@dmh.lacounty.gov. If you want more information, email me, call me, anything. You have to notify them by tomorrow.it would be good for the SLT to know how it rolled out and it happened quickly, and the money got used for what it was intended. **Mimi Martinez McKay**— lots of comments are made of the website, if you haven't gone to home page a window will pop up saying: "Sign up for updates to this webpage" Sign up for those. As things are posted, remember everything can't go on the front page because then you can't find anything. Make sure you sign up for those updates. One last announcement is the UsCC Leadership meeting will be on March 20th at 1:30pm-3:30pm at 600 Commonwealth Ave. 6th floor conference room. **Dorothy Banks**— the handouts that you gave out about the recommendations can you also email those out? There weren't enough copies. **Mimi Martinez McKay** — We will post it to the website. **Adjourned**: 12:26pm.