

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SYSTEM LEADERSHIP TEAM MEETING

Wednesday, October 19, 2011 from 9:30 AM to 12:30 PM

St. Anne's Auditorium

155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. To provide an update on AB 3632 and School-Based Services.
 2. To provide an update from the County of Los Angeles Department of Mental Health.
 3. To offer ideas on how to strengthen the System Leadership Team for 2012.
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MEETING NOTES

I. Review Meeting Agenda and Materials

- A. No corrections were made to the September 21, 2011 SLT meeting notes.

II. Department of Mental Health – Update

- A. *Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health*, provided an update on the Department of Mental Health.

1. The Department of Mental Health (DMH) will be hiring and interviewing for the positions of Director of Patients' Rights and Director of the Department of Empowerment and Advocacy. A consumer leader will be invited to the interview panel for the Director of Empowerment and Advocacy. The client coalition has suggested specific interview questions. The names of consumer leader candidates were forwarded to Human Resources and will be considered for inclusion in the panel.
2. The RFPs for Prevention Early Intervention (PEI) and Innovations (INN) projects have not gone out. There has been a block at County Counsel with many projects getting stacked up for County Counsel review before being released. County Counsel has assured that more staff will be assigned to review the projects and move the process forward.
3. An update on Assembly Bill 109 – Criminal Justice Realignment- was provided. The California Department of Corrections and Rehabilitation (CDCR) determines an individual's release date based on their anticipated release date and the total number of accrued credits earned. Individuals can earn credits by taking or engaging in certain recovery classes and activities. Once the credits were calculated, numerous individuals ended up being released several weeks earlier than anticipated. The Probation Department, Department of Mental Health, Department of Public Health, and Department of Public Social Services have collaborated and shifted staff to adjust and assist the busy Probation hubs. However, some Probation hubs have been extremely busy while others have had no business.

4. DMH had difficulty obtaining the CDCR records for CCCMS, which is term that refers to the level of care where released individuals are sent to parole outpatient clinics for quarterly visits with psychiatrists. However, DMH needs the records to ensure that those individuals are in the appropriate level of care.
5. So far, DMH has reviewed 180 packets and conducted 98 assessments. Among the 98 assessments conducted, two-thirds of the cases had a mental health need and 22 percent had a substance-abuse-only need. Of the two-thirds, 90 percent demonstrated a need for co-occurring disorders treatment. Although the substance-abuse-only cases exceeded expectations, the total number of cases with mental-health-only treatment met expectations.
6. A significant number of individuals have been placed in IMD Step-Down programs or similar levels of care. Of the total number of released individuals received by DMH, two-thirds were referred to treatment and community agencies within DMH's network; the majority of the remaining individuals were seen at directly operated programs in South and Downtown Los Angeles. Out of caution, DMH screened everyone, including individuals who did not have a mental health history. Consequently, several individuals who had no history of mental health treatment did not want to get assessed or receive treatment.
7. In regards to ancillary services, the Probation Department will contract with Walden House, which will subcontract to faith-based and community organizations.
8. DMH, DPH, and CDCR have been thinking about a potential experiment to address recidivism. The experiment entails asking individuals with a history of opiate abuse to take a shot of Vivitrol before being released. Vivitrol is a 30-day naltrexone injection, which decreases the craving for alcohol and opiates. As part of the agreement, if these individuals took the first naltrexone injection while in prison, DMH would continue the treatment upon release and track the outcomes. However, this treatment would need to be voluntary. The research data indicate that Vivitrol decreases recidivism for opiate by about 33 percent. The leadership in SAPC has been very supportive of the experiment. DMH is trying to get the CDCR system interested in the experiment.

B. Feedback

1. Question: Why are treatment services not mandated? Can individuals simply opt out of receiving services?
 - a. Response: Under the current status of the law, neither DMH nor Probation can force individuals to receive mental health treatment. An additional judicial procedure is required to mandate that individuals receive treatment.

2. Question: Are individuals showing up to the hubs within the 72-hour time period?
 - a. Response: Yes. The Probation Department is keeping statistics. Individuals who do not show up within a specific time period are labeled as 'absconders.' Fortunately, the level of 'absconders' has been low.
3. Question: Is there a relative number of 'absconders'?
 - a. Response: Not at this time.
4. Question: Does the amount of staff assigned to various SPAs meet DMH's estimate of allocation and resources?
 - a. Response: DMH assigned directly operated staff at the hubs for screening purposes. DMH also transferred staff around to meet the needs of busy hubs.
 - b. Response: Surprisingly, the level of activity in Pomona is light. It may take three or more months to figure out what is going on and get all the kinks worked out.
 - c. Response: In regards to whether there are enough treatment resources in community agencies, the response was mixed. Some agencies have not received referrals while others have received a significant number of referrals. Service Area 1 and 2 may need additional resources; therefore, additional providers will be contracted.
5. Question: Does DMH feel comfortable about having enough resources to meet the needs?
 - a. Response: Yes.
6. Question: Is it true that in Alameda County instead of giving the released individuals bus passes and \$200, they picked them up at prison and drove them to the hubs? If so, can't we do the same here?
 - a. Response: Unfortunately, I do not have a response to the Alameda question. However, in Los Angeles County, Sheriff Baca originally volunteered to pick up and drive the released individuals to the Probation hubs, but it turned out to be impractical because of the large amount of individuals released in LA County. The Sheriff's Department would have turned into a bus service.
7. Question: Do we know how many individuals are Transitional Age Youth (TAY)?
 - a. Response: Unfortunately, the exact number is unknown at this time. However, the demographics are being tracked. The answer to this question can be found and shared with the SLT in a future meeting.
8. Question: Is gender being tracked?

- a. Response: Yes.
9. Question: In regards to those individuals released to parole outpatient clinics for quarterly visits with psychiatrists, how is DMH going to make up the financial difference?
- a. Response: CDCR is providing DMH with case rates. Moreover, CDCR is providing LA County with a pool of funds that are based on various elements. However, each county can decide whether to invest in treatment or not. LA County decided to invest in treatment.
10. Question: Is there enough money?
- a. Response: DMH will soon find out whether or not there is enough money. DMH may have enough money but for the wrong reasons. For example, if individuals who need treatment refuse treatment and DMH does not have the authority to require treatment, then that may be a budgetary plus. However, if individuals end up back in prison, then it becomes a budgetary minus. It is our belief that investing in providing more treatment resources, rather than medication-only services, will drastically reduce the recidivism rate.
11. Question: What is the morale of those individuals released early?
- a. Response: We need to be clear about what 'early release' means in the context of this policy, because it has received a lot of attention yet does not highlight perhaps the most critical pieces of this policy. In particular, the first cohort of individuals was not released early. The difference is that these individuals are getting a different kind of supervision. Formerly, these individuals would have been supervised by a parole officer and would have gotten parole outpatient services. Now, these individuals are supervised by a Probation officer and obtain County mental health and substance abuse treatment.
 - b. Response: The major change is in the judicial philosophy, where low-level crimes are getting handled locally and not in State prison.
12. Question: Why have some Innovations (INN) projects not been released, such as the Peer-run Innovated Services and Peer Respite Homes Model?
- a. Response: First, there are various items waiting to be reviewed by County Counsel. Second, DMH has negotiated with the State Department of Mental Health and the Oversight and Accountability Commission a way of interpreting existing law so that INN does not revert in ways that would damage counties. Third, if the funds revert, they would revert to a pool that would be distributed for Innovation Plan purposes among all counties. DMH believes that it has found solutions to avoid contributing to the reversion pool.

II. AB 3632 and School-Based Services

A. Paul McIver, LCSW, District Chief, Countywide Interagency Programs, Children's System of Care, County of Los Angeles, Department of Mental Health, presented on AB 3632.

1. Since July 1, 1986, county mental health agencies and school districts have been responsible for working together to provide assessments, outpatient mental health treatment, and residential placement for special education students. Since 1986, there has been a budget battle every single year in Sacramento over resources. There was a successful litigation arguing that, if the State mandated AB 3632 program services, then it should appropriately fund counties. However, despite successful litigation, the State did not fully fund the program. In more recent years, the argument has changed where the counties are demanding that either the State appropriately fund counties or the State relieve counties from the requirement to implement AB 3632.
2. In October 2010, former Governor Schwarzenegger suspended the mandate on the counties and deleted the funds for the program. This action led to more litigation. However, the Governor was within his authority to suspend the mandate and delete the funds. When the school districts asked whether they would have the exclusive responsibility to provide services to disabled students, the response was affirmative. In June 2011, the legislature passed the Budget Act stating that AB 3632 would be inoperative for this fiscal year and the statute and regulations governing AB 3632 would be repealed, effective January 1, 2012. The school districts have begun the planning process to address how they will cope with the radical change.
3. DMH and County Counsel, along with Los Angeles Unified School District (LAUSD) and their legal counsel began working on a Memorandum of Understanding (MOU) for this fiscal year, 2011-2012, which is characterized as a transition year: the transition from a County DMH responsibility to an exclusively school district responsibility. The State legislature allocated a one-time transfer of \$98.6 million of MESA funds for the provision of mental health services to disabled students during the transition year. School districts will need to determine what they will do to fulfill their responsibility under the Federal and State education law to meet the needs of disabled students.
4. The MOU developed in late August 2011 is being reviewed by local school districts. The MOU enables schools and the kids and families to continue receiving mental health services funded by the Department's share of the \$98.6 million, which is approximately \$33 million. The MOU will expire December 31, 2011 but has provisions that enable it to be renewed on a month-to-month basis, but no further than June 30, 2012.
5. LAUSD is training and orienting their own staff to conduct assessments and provide some mental health services. They also may develop contractual relationships with individuals or agencies to deliver these services on or

before July 1, 2012. Other school districts in LA County have not disclosed their specific plans for assuming responsibility of AB 3632. DMH is asking and offering guidance, direction, and consultation. The \$33 million that was allocated for the transitional year will probably only last until June 30, 2012. However, after June 30, 2012, the County will have no role in the provision of services to special students and no legal or fiscal responsibility to do so. That responsibility will rest entirely with school districts.

6. There are three components within AB 3632: assessment, outpatient mental health services and residential placement services. School districts are best able to accommodate the assessment component sooner than the other services. The assessment component determines eligibility and enables districts to manage the costs of the program. In regards to the second piece, outpatient mental health services, school districts have some options. In particular, school districts can implement the services in-house through school psychologists, social workers, nurses, and others. On the other hand, school districts can contract with other individuals or agencies, including DMH's network of providers in the County. School districts may also want to conduct a competitive bidding process to identify and contract with mental health service providers.
7. The array of services is going to be a major transformational process. With the repeal of the statute and governing regulations, AB 3632 was left with the Individuals with Disabilities Education Act (IDEA) terms and requirements and CA Education Code section 56363, which defines related services. Currently, counseling and guidance, parent education and training, psychological services, social work services and residential placement are the related services on the menu of options for school districts. The equivalence in County mental health terms is assessment, individual, group, and family therapy, case management and residential placement.
8. Within the new configuration, medication management and residential placement are highly contested items. The IDEA does not require medication management services. Besides assessments and making a diagnosis, any other services that a physician may provide falls under the medical exclusion part of the federal law.
9. School districts are stating that they will not be writing medication support or medication management on students IEPs. IEP teams will advise parents to use their private insurance carrier, if applicable, for these mental health services. If medication is necessary, parents will be advised to obtain medication through their private health plan. However, parents will be advised that medication is not a free entitlement service under the relevant education laws.

10. Individuals eligible for Medi-Cal can continue to receive medication services as Medi-Cal beneficiaries. In regards to the uninsured population, DMH will determine and charge fees according to their ability to pay.
11. School districts have sought DMH for support, guidance, training, and consultation with regards to residential placement. School districts are concerned about paying for the educational services, tuition, and other mental health care services related to residential costs, and specifically about the room and board costs, which have been paid by DCFS for the past 25 years. DMH wants to support and ensure that children and families get access to services by providing all the tools, training, and education that school districts may need to move forward.
12. Moving forward, a possible challenge may entail managing 81 different systems of care for serving disabled students, as each individual district in Los Angeles County will determine their own specific policy and procedure for providing assessments, mental health services, and residential placements for their disabled students.
13. Parent advocates and people that participate in IEP meetings have been undergoing trainings in preparation for school districts starting to have IEP meetings for existing students to revise the plans to go from County DMH-prescribed menu of services to Educated-Related Mental Health Services (ERMHS). The role of parents and parent advocates in IEP meetings has not changed; but the role of County mental health has changed.
14. County DMH may participate in IEP meetings, if invited, but only as advisors. The IEP team will determine eligibility and the related services that will be provided. Parents will also have to approve the newly written IEPs, and still retain their rights to appeal.
15. The parent trainings have highlighted the importance of using facts to demonstrate the link between mental health problems and their ability to be educated. The trainings are helping parents prepare themselves with descriptive, behavioral information and how to show the direct link between behaviors and how these impact their child's ability to be educated. The trainings have been well received. Parents are asking great questions and taking the new information and applying it to their representation and advocacy efforts.
16. In collaboration with ACHSA and their children's policy group, efforts are being made to publish and post on the DMH website a Frequently Asked Questions (FAQ) document.
17. There is an ongoing oversight group for the MOU, which includes representation from mental health, counsel and SELPA directors. The oversight group is meeting regularly and refining the details in the process.

18. The transition will be difficult and awkward because the rules are changing. Unlike 1986, this process will roll out differently for school districts. There may be some vulnerability to compliance complaints, administration hearings, and litigation over a period of two to three years, which will shape and define what will happen for disabled students going forward.

B. Feedback

1. Question: Will parents have a choice to go directly to DMH for services or will they have to go through the IEP system? Do DMH services exist for school-aged children?
 - a. Response: Parents of school-aged children can always choose to go to DMH for services, especially if their children are eligible for Medi-Cal. About 60 percent of all the school-aged children who received mental health services under the AB 3632 program were also eligible for Medi-Cal.
 - b. Response: Moving forward, school districts will be responsible for differentiating between medically necessary services, eligibility for treatment under Medi-Cal, and educationally related services which may not be medically necessary, but required by IEPs.
2. Question: Does health care reform cover the other 40 percent of school-aged children who are not eligible for Medi-Cal under AB 3632?
 - a. Response: Health care reform may cover the other 40 percent, but it is not guaranteed.
3. Question: What other advice can be shared with parents?
 - a. Response: Parents should be patient because the transition will take time. If parents do not understand or if they disagree with an IEP recommendation, they should seek support and advocacy from organizations, such as Jim Preis' Mental Health Advocacy group. Also, there are public interest law firms available for legal assistance.
4. Question: Are parent advocates working with DMH allowed to continue to work as partners and advocate with their clients?
 - a. Response: Parents can still invite anyone to an IEP meeting.
5. Comment: Parent partners and parents in the community should be equipped with an understanding of the federal law.
 - a. Response: Both federal law and the State Education Code have a menu of related services, which may include, but is not limited to, the services that are related for students' IEP.
6. Question: How can descriptive behavior be defined for parents to easily understand?

- a. Response: Parents are suggested to keep a journal of specific behaviors that may affect their child's ability to be educated. Behavior descriptors may include the child constantly staying up until four or five o'clock in the morning, going out and doing drugs and/or drinking alcohol, etc. There needs to be a connection between the behavior and the ability to learn.
7. Question: What will happen to DMH staff under the AB 3632 program?
 - a. Response: DMH staff under the AB 3632 program will be informed that they will need to find another job. Some DMH staff already identified other jobs within DMH. DMH and Human Resources have helped staff by providing job interviewing training and getting the staff connected within DMH or with other departments that have vacancies.
 8. Question: How are school districts planning to address the issue of cultural differences?
 - a. Response: School districts have not disclosed their plans.
 9. Comment: I want to make a comment, followed by a question. The California Department of Education (CDE) has informed school districts that they have three options to fund mental health services. First, school districts can fund mental health services themselves. Secondly, school districts can fund mental health services themselves and receive some sort of Medi-Cal reimbursement through the Local Education Agency (LEA). And third, school districts can go through another program where DMH will pay for all the services. In other words, the County will pay for the school districts' share and the federal government will pay for the County's share under the EPSDT program.
 10. Question: Does it have to be this way? Or can this be negotiated?
 - a. Response: DMH's first choice will be the Medi-Cal option. However, this gets complicated because some school districts are already legal entity providers for DMH and are already matching funds using some portion of DMH's match. On the other hand, DMH has programs with some school districts where there are school-based health centers that provide mental health services using Medi-Cal not connected to AB 3632.
 - b. Response: The Board of Supervisors, however, has clearly indicated that DMH is finished with AB 3632 and with the expenditures of local funds from AB 3632.
 - c. Response: The CDE and school districts across the State of California are seeking more information about Medi-Cal. Both are interested in offsetting some costs through Medi-Cal. State agencies were requested to provide some informational bulletins or webinars that may enable the CDE and school districts to get more information to make informed decisions.

11. Comment: I have a concern pertaining to school districts conducting narrow mental health assessments. Mental health clinics and providers will need to advocate for children by conducting robust assessments and informing parents of their rights, under federal law, to obtain independent assessments in case parents do not like the school assessments.

a. Response: An unintended consequence that may occur over the next couple of years is that school districts may define their role more narrowly in regards to serving disabled children. In particular, the avenues whereby children had access to mental health services and residential placement are no longer available. Information needs to be communicated to families.

12. Question: How does Healthy Start fit in with Medi-Cal?

a. Response: Families will be eligible for 'Healthy Families,' 'Healthy Kids,' and other Medi-Cal related programs. Families will be able to continue to access services with or without the IEP.

13. Comment: In regards to the issue of medication monitoring, the memo that was sent out from DMH and Public Counsel provides a broader point of view of how individuals, who provide medication monitoring, can still be looked at, including psychiatrists.

C. *Sam Chan, Ph.D., District Chief, Family and Community Partnerships, Children's System of Care, County of Los Angeles, Department of Mental Health*, provided a presentation on school-based services, including a demonstration of an online-based program targeting teachers on indicators of mental health.

1. Question: Is this training being provided at the high schools?

a. Response: The program has not been brought to California and there has not been an opportunity to test the program. The program is a great avenue to provide training for the school counselors. Also, there is a gatekeeper training for university faculty and college students.

2. Question: Why has this program not been tried in high schools?

a. Response: There is not enough money to purchase the program. The program is brand new.

3. Comment: High schools in low-income areas that are not meeting Average Yearly Progress (AYP) have to set aside 10 percent of their money for staff development. Perhaps these funds can be used to purchase the program.

a. Response: Teachers get two days of staff development per year. The program is flexible enough to be able to stop and finish at various points throughout the school year.

4. Comment: If funds are available and the needs of the school are put into a school-site plan, then it will get done.
5. Question: Can this program be presented at a school?
 - a. Response: Yes.
6. Question: There is a significant high school dropout issue among Latino and African American students. There are more African Americans and Latinos in prisons than in universities. What is our role to address the relevant cultural factors?
 - a. Response: This program is promoted because many teachers do not have the capacity to identify and help students with mental health symptoms. The primary goal is to keep students in school. Teachers should feel comfortable about asking students questions about depression and suicide.
7. Comment: Given that a high proportion of youth who commit suicide are LGBTQ, there was hope that the Kognito program would include special scenarios that can help address this difficult issue.
 - a. Response: The Kognito program has a scenario for LGBTQ youth. The designers of the program are willing to work with any organization that can help develop new training models.
8. Comment: Can peer support be included in the Kognito program?
 - a. Response: When engaging representatives from LAUSD and presidents of all the campuses throughout the school districts, the importance of the peer perspective was also underlined.
9. Question: How are families going to be incorporated?
 - a. Response: The Department of Defense Veteran's Affairs (VA) is piloting the post-traumatic stress disorder (PTSD) component on the east coast of the United States. The pilot program includes helping family members recognize PTSD symptoms. Unfortunately, plans to bring the pilot program to the west coast were unknown.
10. Question: What is the cost of the program?
 - a. Response: We do not have specific information about the cost. It depends on the organization, the number of people, etc. The cost can be in the hundreds of thousands for larger organizations.
11. Comment: The task of identifying, approaching, and referring students to mental health services should remain a responsibility of mental health professionals, not teachers.
 - a. Response: Suicide is preventable. The program is trying to increase skills in teachers and bolster their confidence to identify and refer students for mental health services. The program is trying to give

teachers the tools to identify students with poor grades, who are defiant and anxious, and to explore ways to help them.

12.Question: Is there any evidence that this program has stopped a single suicide from happening? The evaluation of this program is not strong. These types of presentations promoting a private product are inappropriate for the SLT.

13.Question: Are any other school districts in LA County doing something similar?

a. **Response:** The website is hosting webinars and trainings through LAUSD.

14.Comment: There seems to be a lack of interest in a team-based approach that includes the students and family members in distress. An example of a similar and successful program is 'Inspire Australia.' Another concern is the lack of inclusion of psychosis and schizophrenia in the program.

a. **Response:** More information is available on the website.

15.Question: Why was there nothing on the website about schizophrenia, psychosis, or substance abuse?

a. **Response:** Within every demo in the website, in the right hand column, the product detail provides additional information about the programs. Other demos focus on other issues.

16.Question: Is this accessible? Is a PowerPoint going to be sent out?

a. **Response:** The website provides a summary of the PowerPoint. The website includes free demos and provides information on the different programs. For additional information, please refer to the following website: <http://www.kognito.com/>

V. Strengthening the SLT

A. A poll was conducted at this meeting via an iClicker ® program. The following is a summary of the polling results, followed by brief reflections.

1. Demographics:

- a. Returning SLT members: 15
- b. New SLT members: 17
- c. Members of the Public: 13 (9 had attended prior SLT meetings)

2. How helpful have has the content of SLT meeting been?

a. New SLT Members

- i. 9 of 16 felt the content was helpful or very helpful.
- ii. 7 felt it has been somewhat helpful.

b. Returning SLT Members

- i. 9 of 14 returning members felt it were helpful or very helpful.

- ii. 2 felt it was somewhat helpful
 - iii. 2 felt it was not helpful.
 - c. Members of the Public
 - i. 4 of 13 members of the Public felt it was very useful
 - ii. 9 felt it was useful.
- 3. Has the meeting process given SLT members an opportunity to voice their views or questions?
 - a. New SLT members
 - i. 9 of 15 agree or strongly agreed.
 - ii. 5 somewhat agreed.
 - iii. 1 disagreed.
 - b. Returning SLT members:
 - i. 7 of 11 agreed or strongly agreed.
 - ii. 2 somewhat agreed.
 - iii. 2 disagreed.
- 4. How effective has the public participation method been?
 - a. All SLT members
 - i. 4 of 29 felt it was effective or very effective.
 - ii. 14 felt it was somewhat effective
 - iii. 9 felt it was not effective.
 - iv. 2 did not have an opinion.
 - b. Members of the Public
 - i. 3 of 13 felt it was effective or very effective
 - ii. 5 felt it was somewhat effective
 - iii. 4 felt it was not effective
 - iv. 1 did not have an opinion.

B. The summary of results will be reviewed for more follow up discussion and input.

VI. Public Comments and Announcements

- A. Announcement: An announcement regarding AAA UREP Capacity Building Projects was made and a flyer was shared.
- B. Announcement: An announcement was made regarding posters for SLT members to take home.
- C. Question: Referring to the polling results, a member of the public asked, 'Why didn't we have a voice to say what we wanted to say?' It was clarified that at the next meeting more time will be spent on discussing the results of the polling activity.

- D. Announcement: The C4A Annual Meeting and Allied Conference, 'Strategies for Success – Positioning for the Future,' will be held on November 14th through 16th, 2011 at the Marriot Los Angeles Downtown, Los Angeles, CA.
- E. Announcement: The author of *Bi-Polar in Order*, Paul Wooten, will be in Los Angeles on various dates.
- F. Announcement: An announcement regarding a workshop at the Pacific Community Center in Glendale, CA was shared.
- G. Announcement: The Los Angeles Client Coalition will host an event at the California Endowment (TCE) in February 2012. Everyone was welcomed to attend.
- H. Announcement: An announcement was made regarding an organization based in Sacramento, CA called Gwen Slattery of United Athletes for Children and Families.
- I. Announcement: An announcement was shared regarding the launching of the First UAC Chapter in Los Angeles in the first part of 2012.
- J. Comment: An appreciative comment was shared regarding being able to participate in the SLT meetings. In particular, more seats for parents in the SLT were recommended.
- K. Announcement: An announcement pertaining to Free Health Care at the Los Angeles Sports Arena was made. Volunteers were needed.
- L. Comment: An appreciative comment was made regarding the transition with AB 3632 and the importance of Dr. Sam Chan's presentation to the SLT.
- M. Comment: In the past year, implementation of health care reform has begun, AB 3632 has been eliminated, and there has been a large amount of prisoners released from State prison. Why is the SLT only hearing presentations and not providing guidance and advice?

VII. Meeting adjourned at 12:30 PM.