April 22, 2022

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(Testing Captions).

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(Testing Captions).

>> Recording in progress.

>>DR. D'ARTAGNAN SCORZA: Good morning, everyone my name D'Artagnan and I'm calling this meeting to order. And before we begin I'm going to go ahead and turn it over to mark lee who is going to walk-through the meeting disclosures and mark will take it away.

>>MARK LEE: Thank you all, I'll now read the meeting disclosures and we are SPROFDing Spanish interpretation and cart live interpretation today. For Spanish interpretation please click on globe and select Spanish if you

are English speaker also please click on globe icon and assist English this will assist ensuring your speech is in the platform for live cart captioning you can select the closed captioning on your zoom desktop or mobile app. This meeting is being recorded for the purpose of meeting minutes by remaining in this meeting you consent to recorded this is a public meeting and subject to the brown act next slide, please.

Since conversation are not vis to people on the telephone the chat is limit today technical about assistance no response or forwarding to Task Force members if members of the public would like to provide comment please do so during the public comment or during the end of the general comment period at the end of the meeting.

For anyone experiencing -- this concludes meeting disclosures Doctor, I will pass it over to you

>>DR. D'ARTAGNAN SCORZA: Thank you so much, mark, I really appreciate that. Let's open up with our land acknowledgment. We do land acknowledgment because they're simple and powerful ways of showing respect. It invites us too honor the truth and respect the culture that existed here on this land. In today's acknowledgment I recognize and acknowledge the first people of this ancestral territory the land we call Los Angeles county. With respect to the elders past and present I

recognize the original stewards of this land and those we continue to lift up along with stories and culture. Next slide, please. I hope you all had a wonderful week.

I know there's quite a few (unintelligible) right now. I want to acknowledge and thank each and every single one of you for being here today. We are going to review Task Force charter and lay the ground work needed so that we can launch our three subject area tables and we're going to have a really important conversation about what prevention means and the operations that exist in the field and I want to thank everyone that's had time to prioritize this work in the past month or so. And your assistance so we can structure our Task Force to align it's in board priorities as well as meeting overall objectives to strength live outcomes for folks here in L.A. county. With that being said I'm going to turn it over to mark as well who is going to conduct the roll call.

>>MARK LEE: Thank you doctor we're now going to conduct the roll call and to expedite the Task Force unmute your audio before name called so you can be ready to announce your attendance predominantly. If unable to unmute yourself please raise your hand on the zoom so we can assign if you're on telephone calling in you can unmute yourself by pressing star six you can raise your hand with star nine. In addition, we are welcoming new members today. I welcome you to share correct pronunciation when

you confirm attendance. We will now begin roll call by last name alphabetically.

Member Vincent homes

>> Present.

>> Member becker son.

>> Present.

>> Member daffer.

>> Present.

>> Member Ferrer.

>> Present.

>> Alternate member park.

>> Present.

>> Member Howard I believe is absent today. Member Hunter.

>> Present.

>> Member.

>> Present.

>> Member meadows.

>> Present.

>> Member meeker.

>> Member Miller.

>> Present.

>> Member.

>> Present.

>> Chair Scorza.

>> Present.

>> Member.

>> Present.

>> Member Todoroff. I believe I saw her earlier. Okay. Member Trejo then.

>> Present.

>> Thank you all this meeting has reached a your rum we'll now go back to the slides and we'll open the public comment for specific agenda items to be covered in today's meeting for those online that would like to provide public comment on specific item on today's agenda please use the zoom raise hand feature now. When you're called upon please unmute yourself on zoom and state your full name and which agenda item you will be commenting on. I will lower your hand once you have completed your public comment. For those on the telephone please dial star nine to raise your hand we will call out the last digits when it is your turn. Please dial star six before you unmute to speak. And I see that.

Member Todoroff I believe that is a marking that she is present.

And I do not see any raised hands for public comment

As reminder of negligent public meeting if you would like to submit written public comment the information

for how you can do so is online on our Website. I'll pass it back to you doctor

>>DR. D'ARTAGNAN SCORZA: Thank you so much. We'll have another opportunity for public comment at the end of the meeting. If you are interested and would like to provide public comment [we would|weld] invite you to do so at that time. The last item for today's meeting is the Task Force review and take appropriate action on last month meeting minutes each of you were e-mailed meeting minutes. Before we vote are there corrections to the meeting minutes.

Hearing none, can we get a motion to adopt the meeting minutes from the virtual meeting that took place on Thursday March 3rd.

>> So moved.

>> I'm sorry. I heard two at the same time.

>> It's Alan.

>> Thank you Alan. So Alan moved. Can I get a second.

>> Second. This is Laura Trejo.

>>DR. D'ARTAGNAN SCORZA: Thank you. If all of you can come off of mute, that would be great, please all in favor.

>>MARK LEE: We will now conduct a vote for this motion. We ask all Task Force to unmute your audio when I call on your name.

(Roll taken)

(Roll call vote taken)

>>MARK LEE: The motion passes we'll continue onto the next item Doctor.

>>DR. D'ARTAGNAN SCORZA: Thank you so much mark and thank you all so much for taking time to review and take action on the items. Let's move on to item seven. We're going to talk about a framework that's going to help us understand and contextulize our work. And before we introduce the guest speaker I would like to give background why we're going to have this conversation and in order to develop structure throughout the county but in conversations we have had with you and others throughout the county we come to appreciate we have operational definition may vary wide what prevention means and that may inhibit our ability to structure framework around a system in a way that makes it co 'cy as well as allows to address the services that we are providing so we can prevent harm, maltreatment or other negative health outcomes in people's lives. We also recognize that there shall some conversation that we're having that are synonym numerous what it means to thrive. In some cases we're talking about what it means to prevent harm and other cases and what we

want to do is take a moment to explore these constructs and as we mentioned in the first Task Force meeting unpack the notions we have around these con instructs so we'll move on to the next slide.

We're going to

Start with brief research our team conducted reviewing the definitions that are available currently at the federal, state and even local level. So what we did is we took a motel to analyze the number frameworks out there and when our guest speaker does his presentation you'll see exactly how this aligns with the operation definitions that many of us use when defining what prevention is with our services and throughout the county. Often we find depending on the [agency|assumption] or the organization, there are incredible varying definitions, so you may have at the chosen bureau as a leading organization here in the state that many of us work with a definition of universal supports being provided in the primary prevention category, and NIH if the they focus on primary prevention at risk individuals, and CDC they focus on intervening before a negative health outcome occurs, and then in even in California department of social services they focus on directing efforts at the general population in order to strength communities and improve child well-being on ah focusing social determinants of health. And there are different ways these agencies have come to

find what the prevention is as well as what thriving is.

The reason why we share this with you all is because we wanted to briefly problematize these current definitions to help contextulize the presentation that's going to occur with our guest speaker. Next slide, please.

In these tables, we have looked at not only entities serving child welfare substance abuse, health and homelessness is and also looked at the guidance out in the field as el well. We know prevention is a continuum and the boundaries are not always clear cut but these examples are why we need to be clear about what we mean by prevention and the categories we use. You'll see on these slides when using the term promotion is not typically or included in the frameworks utilized at the state local or federal level.

Here in L.A. county there are definitions we pull from the preliminary research and we also recognize there are many definitions that are departments use. We wanted to bring them to the table to make us all aware and see there's an opportunity for us here as a county to speak and ultimate the same language when we're talking about what prevention means. For example, if you look at the very bottom row, here in the county, we have a similar definition about primary prevention, which is utilized not only in the homeless and the prevention has been plan and what we're looking specifically at is individuals who addressing primary

prevention as individuals that have a need before the disease has occurred rather than the general population.

While those two things sound similar it's important to know this definition means in some cases individuals that may be at risk are placed in the primary prevention category. And that certain programs themselves may be alined within specific categories. If as a county we want to have a common vision, a common structure, and set of funding treatments and metrics, it's important for us to come to agreement and utilize same definition as well as same language so we can take an opportunity to clearly define what we mean when we say prevention and examine and interrogate the use of these terms primary, secondary tertiary. And as our CEO likes to say as a model helping to ensure. People have a good life.

Now, we know this idea of developing in capacity and peoples families and our communities to have a good life is really important, but what's also important to note is that the lack of distinction between harm prevention creates some confusion when it comes to us designing the programs and tea type of data we use to track outcomes demonstrating how we're improving live's over time. Let me pause there and see if there are questions about these operational definitions before we get into the presentation, what the field says about prevention frameworks. Any thoughts or

impressions? You can feel free to come off the mic or raise your hands?

I sigh a question, are you off the mic or

>> This is Alicia, G. one I think the idea more in the absence of struggle or disease but in fact thriving at the base of everything is the ways we can prevent and mitigate suffering. I wanted to highlight that. Is and something else in the educational context, the supports and interventions are tiered. The individuals are not. We don't say this is a -- this student is a tier three student for example, and the focus on the system itself because if we believe the system is perfectly [design|define] today are achieve the results [it is|s the] incumbent on us to change that system in order to change the outcomes I wanted to highlight that this system is accountable and it's not about the individuals being tiered but the services and supports we provide at their base are effective supporting people and thriving. So thank you.

>>DR. D'ARTAGNAN SCORZA: Thank you for that. I think that's incredible. I think I acknowledged Kelley had the same Kelley did you want to add.

>> Nothing already that wasn't said eloquently I appreciate the focus on the system versus the individual and the conversation.

>>DR. D'ARTAGNAN SCORZA: Awesome. Other thoughts?

>> Good morning, everyone. I really about appreciate this opportunity because I believe most of the time we jump into not to define what we're about to do so thank you for putting this intentionality and framework out there. My observation I would like us to add live scan approach good for children as well as population elder in community and persons with disability, and most models actually do not speak to that. My recommendation would be that we really intentionally define a lifespan approach of the work we want to do together.

>>DR. D'ARTAGNAN SCORZA: Thank you doctor. I could not agree with you more I'm actually really excite about that idea because we're going to welcome a conversation with Arnold Chandler who has worked with us in the development of countywide strategic plan, to help us both define lifespan approach but also to align that with prevention framework as well. Are there other thoughts?

>> I think to add to the state approach I would say it is more focussed on lifespan approach doctor Trejo, good to see you today. And I think it's important to look collectively of each agency reels and strength the

communities so we can have better outcomes across the lifespan.

>>DR. D'ARTAGNAN SCORZA: Agreed. Thank you so much for that. Any thoughts especially with the work you have done.

>> Thanks Dr. I'm glad we're just echoing what some of the other members shared and excited on same page and I think we shared in earlier conversation I think it's really important to get the framing and the language having shared language across I think this Task Force around what we're working on. I think for myself and from OCP's perspective just like, language around promotion, you know, and ensuring our kids families and communities are thriving is something that I think is the language approach we took in the countywide prevention plan we reduced 2018 loved the addition of that particular framing in the continuum of prevention.

>>DR. D'ARTAGNAN SCORZA: Fantastic. Well, folks thank you so much for those comments and that feedback. I'm going to take a moment then. I think our presenter is having a few technical difficulties so we're going to begin the presentation as he try to join in one second and transition to this discussion around sort of what our prevention framework is going to look like. I'm going to go

ahead and start this presentation as he's works to join us. One of the things we took some time to do prior to today's Task Force was to examine and understand what a prevention.

For government could look like.

This presentation was developed by our colleague Arnold Chandler who I mentioned is having technical difficulties one of the things we did was we took a look at the field and important to note many of the definition we utilize in the field and we'll walk-through this work prevention and one of the reasons so many varying definition there is no common definition across the field to begin with, so we're utilizing different definition for a number of reasons and we'll get into just a second.

Part of what we're going to talk about what are main finding from a scan of prevention frameworks and meta framework and problem frameworks as well as intervention frameworks are developed and designed and then get into implementation frameworks and all of these combined will help us understand the difference between frameworks and the ways in which our definitions here locally can help us better align the work we're trying to do. In analysis of both prevention and promotion frameworks that exist in the field, one of the things we learned very clearly is that prevention focuses on, you know, stopping or trying to inhibit negative

undesired outcomes. When we're thinking about prevention it's often about again preventing undesired population outcomes and when we're talking about promotion the idea is to promote desired population outcomes and important to note both in prevention and promotion those are two incredibly different things. When we think about the role of prevention and promotion

They are aligned not necessarily in the same way. One is preventing harm from occurring, and the other one is encouraging or developing thriving around positive life outcomes. What are some of the main finding from the prevention frameworks? Often those were developed with particular outcome or field in mind. In other words, in the field of Hubble health we wanted to see certain health outcomes be reduced.

There were certain criminal justice child maltreatment outcomes etcetera and no omnibus frameworks identified or applied across all relevant fields or outcomes and important to note in no one place was a central prevention framework, so depending on the field, health, homelessness criminal justice etcetera, there were many varying definitions. Now, that's not to suggest that that's not the case or should not be the case but it's important to note that those frameworks themselves are incredibly varying. Doctor Ferrer.

>> Thanks so much. I did want to sort of say I'm not sure. That review really captures where sort of public health is at the moment. I mean I think there's a big difference of public health and health particularly health services which sometimes gets -- those disciplines get interchanged.

I think that doesn't really advantage where the public health field is because I think the public health field deeply acknowledges that, you know, ensuring that folks have optimal health and well-being outcomes means addressing in fact sort of the route cause that contribute to optimal health. That is sort of across all domains. I just want to note I think for public health there's been a deep recognition that you can't just look at what's happening in one sector if you really are concerned about ensuring optimal health and well-being. And it really because optimal health and well-being depends on people having resources and opportunities that will in fact ensure. Optimal being and that is not the domain of health that is the domain

Of all these sectors that really interact where people are living and working. I do think it's worth looking to the public health field more intentionally about their frame can because I think that actually is a more comprehensive framing. I think that framing also acknowledges that preventing poor outcomes really is about ensuring that

people have resources and opportunities for optimal health and well-being. You can't really do one without actually aligning with the need for resources and opportunities to follow.

>>DR. D'ARTAGNAN SCORZA: Yeah Doctor,fer I think you're incredibly right about that. I want to make sure I'm making distinct here assumption is not necessarily health outcomes limit today specific field but instead to acknowledge when we did the span of prevention frameworks most of them came from a field of public health. When you look at public health talks about prevention there are to your point broad framework itself, but in the distinct that we make between prevention and promotion. Some of the elements of promotion are in the definition of prevention, most likely you said there is acknowledgment that we need to prevent negative outcome from occurring.

Especially given the roll of the multiple domains across public health but also th recognition that because people do not have resources they need to thrive we're not able to affect there are distinctions we want to start making so that way we can articulate at least at the local level and within the field what it is we mean when we say promotion prevention itself. When I get to the other sections on intervention and even the life framework course work I think

will make clear and I think you're right public knowledge does invest in positive life outcomes and to promote those outcomes. Does that align with your thinking as well?

>> I think just public health is one place we can find evidence and alignment where with this belief if what we're looking at are good outcomes across the board it all is interconnected. You can't really expect that efforts in one sector that are not connected to other sectors will have as powerful impact on peoples life course, on our ability to thrive, they get connected because the conditions on which people are living is going to impact and that is by the nature interconnected for those of us are working in government but applies across the board to community partners as well.

>>DR. D'ARTAGNAN SCORZA: I think you're absolutely right about that. This conversation is important so I'm grateful you lifted that up. Thank you for that feedback. One of the things that we acknowledge and I think you also lifted up Doctor, is that in a lot of frameworks there may not be direct link between prevention and promotion and references or relationship that some parts in the field that some research in the field have identified. And about often they're focussed on preventing bad outcomes so even health promotion is for preventing disease but when it comes to again thinking more broadly about this framework there's acknowledgment and recognition a need to invest in

positive life outcomes but incorporated in these definition of prevention and the other challenge frameworks tend to assume that problem analysis done often lack framing on how one should be done in other words, much like discussed earlier there's recognition we need to develop route causes but mow to go about acknowledging Ruth causes there's a gap in the field and also in the frameworks themselves we recognize the need and how you go about and incorporate in the way you define your programs can sometimes be Nebraska let us depending upon the framework that's being used.

In thinking about sort of meta framework for prevention and promotion it's important to note frameworks themselves are used to develop models. T identify and organize factors influence population level outcome framework in and of itself is not necessarily the end all be all it's just how we want to organize the work we're doing and the way we think about so we can change and approve. The models themselves help guide choices in other words, what specific interventions do we want to engage in order to achieve those outcomes. There are different types frame works. The earlier factors that might cause them, so the Ruth causes. In the problemization framework reflect what long term outcomes and which factors will be targeted and intervention framework problematizing in other words, the

things that lead to the challenges we see is not the same thing as intervention framework. Intervention framework help to identify based upon risk and protective factors and as a result we have intervention working model which reflects the ways interventions will be implemented for which populations are at risk I'm sorry populations that have specific risks and/or protective factors.

It helps to identify which factors may be programs in order to ensure. Those interventions are implemented and you can think about and we'll talk about that later.

And the model reflects what choices needed to manage and finally evaluation and learning framework it helps us think about what worked and what didn't work. And the choices about what questions to answer and how to answer them. So these sort of types of works. What problem frameworks and in other words, we ought to be thinking more broadly about the ways in which we're distinguishing between how we're problematizing the communities are facing, what we're actually going to address them, how we're going about implementing those changes and how we determine what we're doing is working and/or not working. Each of these build upon and the way we think about the relationship between them in our evaluation learning model we ask ourself

Did we learn both processes and approach to

implementation work and things we need to change? And once we make that identification are there things we need to suggest to change in our intervention and what we're doing and as such did what we learn from the implementation and evaluation call to how we're analyzing the problems themselves in other words, what is the problem that we're trying to solve and based upon what we learned did we correctly identify and problematize the issue itself?

In a problem framework it helps to identify long term outcomes and factors might cause them.

The lack of affordable housing and what are protective factors need to help prevent or increase positive behaviors, strong family cohesion, access to healthier food, etcetera and what are factors we need to examine? Those factors increase likelihood of positive ones in context of specific risk factors so, for example, living in a neighborhood disadvantage something that may improve positive health outcome is access to prenatal and perry and post partum care for mothers and healthcare for infants.

As a problematize framework Doctor, this builds upon what you suggested we do, is look at that time life course and lifespan as a way to examine the things that need to happen over the course of someone's life in order for them to do well. And what are things suppose to happen across someone's life, constitution mile tones need to be achieved

at age of five interested ready to learn need to be proficient in grade school by grade three or four. Proficient in math and English by grades eight and ready to graduate high school in order to go onto get a successful job or obtain postsecondary education. There are things that happen in one's environment, in a neighborhood where concentrated affluence you're more likely to achieve those specific milestones. The environment that one lives in which includes ones family, peers, classroom, justice system that help touch our lives both micro and macro all sets the stage for our human lives.

Finally, those dimensions in human development and environmental factors so you can think for example the ways in which trauma may be passed from one generation to another. The ways in which, you know, someone's environment or experiences may affect their outcomes or the ways in which genes predispose to health out comes all these things can influence whether we achieve or meet certain positive life outcomes or certain negative life outcomes and your environment can help shape that as well. Full-timely that helps to inform and influence what we call life course outcomes the milestones that occur over time. Percent this life course framework helps us understand what it is we need to do over a period of time that nuances People's lives and all of these things are interrelate. These

constitutional milestones help determine the trajectory of our lives. For example, I mentioned earlier and these are examples and one framework there are many things need to be done cross, but for example if you attend preschool or no preK or insecure attachment that can lead to certain negative outcomes over the course of your life over the course of your age. Zero to five can be obviously we know with our work, if you don't achieve outcomes by those ages that will increase your likelihood that you'll seek negative life course programs and so on and so forth. What you begin to see is a relationship between whether or not one achieves a certain positive outcome and whether or not they have

They have also experienced negative outcome. That can likely contribute to them being either on track or off track over the course of their lives it is not impossible for someone who may have experienced negative life outcomes add vis childhood experiences, etcetera to get on track. It's important for us to know if this is the direction someone's life is heading in we have to problematize why high school dropouts are occurring and school suspicions are occurring, preterm weight and low birth weight and adopt intervention framework help identify what activities we need to engage in order to address the challenges people are facing in their lives over time in order to get to a place where folks

May be on track. The life course framework help

us and identify the points of intervention. Now, in order do this integrative framework problemtizization models. Let me pause there. Doctor Ferrer.

>> I wonder if you can go back for a moment to the last slide. I'm a little worried that sometimes people look at life course approach. As a very individualized model. And other times people look at this approach as a model that argues for building and resiliency. And I think both might be problematic for us. As we try to move forward. I don't think the life course approach really is saying at all that people who experience adverse events, you know, are more likely or most likely to, you know, face a very difficult trajectory. I think life course approach system and policy that interact with individuals and create advantage and disadvantage. I want to be like super clear that we don't really see this as -- we don't really see this as a place where our emphasis should be on individuals on changing individual behavior. Because sometimes I see this as people blaming a family, they you know blame the parents. The parents didn't off this, they didn't do this and I think that would be unfortunate because it takes people's individual behavior out of the context in which they're living and the kinds of choices they can make because of that. And I think the second thing it gets.

Used a lot to argue for which I think you were trying

to avoid at the end, saying, you know, let's look at the folks who experience adverse events and come out and, you know, they're fine and find out why they're so resilient and let's build in resiliency into these models of action and activities we're going to promote. Because obviously some folks seem to do okay in spite of experiencing adverse events and I think that would move us away from what I think is -- I don't think it's either or but more important we shouldn't be asking people to be resilient in the face of horrible things happening. We should be trying to get rid of horrible things from happening.

I just want to make sure that, you know, when we put up a diagnose that shows all these individual outcomes I think it could mislead all of us. And I would hope we want to stay away from, you know, this model that really either says, you know, we're going to develop -- we're going to use opportunity to develop lots of resilient people or we're going to understand and really focus on changing and individuals experiences.

>>DR. D'ARTAGNAN SCORZA: So well said. I think not only is that an incredible way of framing it, but important if for people to know one's opportunities and one's choices are only as good as opportunities. You can't eat healthy food if you don't have access to healthy food in your

community. The ecological and context yule factors helps influence the choice we make in our lives. It's not behavior issue with us and the material conditions that you experience that lead to these specific life course outcomes is that accurate way of framing what you just listed for us.

>> Yes, and much more articulate. Thank you Doctor.

>>DR. D'ARTAGNAN SCORZA: You thank you. I want to really acknowledge that and that's correct, and the -- what the environment does to bring out what, you know, to help influence and effect our choices.

>> Just quickly I was hoping to build upon the conversation we're having here. I notice this frameworks we're looking at that time lifespan of this generation of people or whatever generation of people we're talking about, but doesn't seem to talk object historical and intergenerational trauma migration into L.A. and the multi generational factors these systems have contribute today poor outcomes we're seeing now so I wanted to lift the historical and we can't necessarily directly solve things that have happened in the past but we do have to use those to inform what we do going forward.

>>DR. D'ARTAGNAN SCORZA: And the problemtization frameworks is how we bring in the historical factors so what are the policy that lead to the

outcomes we seek. And after this presentation we're going to have a discussion that ties some of the together and you're so incredibly right in thinking about what you just said. I'm going to try -- this is really helpful, feel free to jump in at any time. One of the things that I think is really important for us to recognize that in order for us to do this work and look at the relationship between.

Ecological factors and the way in which our system touches lives. I'm shifting to this because in order to affectively problematize we can have a systems analysis and we need to do that, but we also need to see in which the ways in which the relationship between our actions and activities and not just here as an constitution here in L.A. county but more broadly schools, healthcare, structures economic, private industry. The way effecting people's lives and identify how we link what's happening to someone's lives to the specific outcomes that we're hoping they can achieve both positive life outcomes and beyond.

We think about that as a problem framework it's hard to problematize without having effective data and we know some communities are not going to have data we want to acknowledge not going to have quantitative or qualitative or other forms of data. Indigenous knowledge we need to rely upon.

Data is not limited to the scientific method for

example it is important for us to make sure that we do that work, right? Instead of obviously making the assumption we know why conditions are the way they are. There may be some cases to help drive the decision making but important for us to recognize and note that as well.

Intervention frameworks helps identify which is based on risks and protective factors and, again, this is scan of the field. All of these frameworks assume problem analysis has been done, if we don't take into consideration, race and racism has played in leading to these outcomes then we may completely miss the mark. What we must do is take some time to examine what these frameworks means for us.

>> You may be able to weigh-in, but drawing from the field we were able to identify public health drives the way we define prevention now. Universal selective and indicated and then universal indicated and treatment. These sort of multiple prevention frameworks I think in many ways help drive what others in other fields use. We'll get into that briefly here in just a second.

In public health and primary intervention frameworks, primary is focusing increasing where secondary seek to lower rate of established cases and tertiaries negative effects of having that undesired outcome. You basically have four ways of looking at this, but three listed

here. One is promoting positive outcomes. One is making sure. At universal level those negative outcomes don't start in the first place.

The second one is when a negative outcome is likely to happen we work to intervene so it doesn't happen and third when that negative happened we do something about it, that we reduce and address the harm.

On the indicative side a focus on develop interventions focussed on everyone in the population if the benefit out weighs the cost selective interventions are made for above average risk for having undesired outcome and indicated you define

For individuals that show risk factor for the undesired outcome and then obviously treatment is treating the negative outcome itself so targeting those and cross multiple prevention frameworks we can see there are again varying definition both in the field of public health and relied upon in other field to help drive how we define prevention itself.

Let me pause here just a second and see any questions about these versions.

When we think about -- we have problem frameworks intervention frameworks and the life course model is primarily a model to help us problematize some of the challenge that is communities are facing, right? It's not

intend today help drive interventions, so we should I want to be clear you have develop strategies and implementation frameworks identify factors to consider and the most you see developed what we call NIRN. A series of models through the hexagon tool. For example, what is the need that we want to address for a specific population, what inform that is need, n how do identify that need, what's the evidence we would like to use determine whether or not we're meeting that need addressing that need. How does your proposed intervention fit with the values culture history of that community and/or what impact is upon other initiatives. Is it actually well defined and applicable for multiple contexts and that is the usability part of the hexagon and

Do we have resources implement that specific intervention and how do to make sure on going basis we are addressing needs when you move forward with that implementation for example what are we going to maintain fidelity and coaching etcetera. The model can be used and looked toward these are just examples I'm not suggesting we adopt these models but we are in doing the scan examine model out there help inform models we chose L.A. county in regards and where the to the way we do our work.

NIRN looks at specific stages, at each of these stages you start first by accessing the conditions that exist, explore evidence, examine usability of specific intervention.

Instead of assuming we have a program that that program is going to work in every single context. We examine the context itself and determine whether that program match that is context.

Often our interventions may not succeed the way we want them to because we did not access whether or not that intervention applies to the needs of the population or needs of that community. The needs of older adult social security different than a population of zero to five. You would not necessarily do the same thing for everybody, right?

We know that sort of intuitively but this is what helps the ways equine implement our programs as well. When you get ready to launch a program or launch intervention itself making sure. We have tools to help do that are incredibly important. Interventions launched upon incredible ideas but the thoughts that go in to preparing the interventions for launch, this is actually I think an important way to think about the work we're doing because if we receive let's say a million dollars to go launch intervention and we don't have the time, there's a lot of pressure and energy to get that intervention launch but we didn't go through the stage to examine whether that will be effective for the target population. Then we will face fidelity issues down the road. When we come to evaluate that intervention

we will have hard time proving we met the outcomes we said we wanted to meet.

This cycle of core implementation components I'm going to skip because I want to get us to another discussion a bit later. This is incredibly important for us to recognize and we'll get into this a little bit later but essentially what this means is that we take the time to examine who we want to serve and who will be the -- what the treatment is and who the treaters will be. And then we provide the training and support people need to launch that intervention. We engage in staff performance and evaluation and data in place to examine the outcomes and make sure administration in place and intervening whatever structural challenges might be so we can lead create specific outcomes. All of those efforts together ensure. When the person on the ground doing the work leading the intervention we will be able to see the types of support they need to maintain and systems in place to ensure. Success. If we have a program person on the ground doing work in short we have program aid on the ground doing work and the components they have in place to do that intervention are not in place they haven't been trained or on going consultation or effective way to evaluate their performance

And make decision in realtime so they can pivot to the needs in the community we have not given support they

need to make decisions in the field and we have not intervened in the system this inhibiting their ability to be effective we are less likely to see outcomes for the people we're working with.

And technical leadership tells you how and adoptive leadership helps you think the mitigate challenges you're facing in order to achieve those outcomes. In summary, there are multiple frameworks that can inform allow we define and identify and design what we consider intervention here in L.A. county and problematize the folks and communities and folks are facing and how we design and implementing those interventions and what we do to evaluate and learn from those interventions. Let me pause there for a second.

And we will switch back over to the other PowerPoint and see if there are any questions or thoughts.

Feedback, considerations?

>> Doctor Scorz, this is member Hunter and great deal of information and incredibly informative and interesting I enjoyed the exchanges between and I'm looking forward to have the slides and the scan and the additional background information. I think that would really help me to engage in discussion about the various frameworks and implementation model in a more meaningful way.

>>DR. D'ARTAGNAN SCORZA: Thank you for that

feedback Doctor Hunter. Just so we're clear the intent of the presentation was to help the lay foundation and what we're going to do is go in to prevention sub table and those who are going to be a part of, will take this on and work with this and bring data to help better define our own prevention frameworks here in L.A. county I think the key take away we want to leave you all with there is no clear definition and there are multiple ways of looking at it and there should be no surprise why our county or others in our field may not have one common definition for prevention. Because while existing frameworks in multiple ways of looking at it and multiple fields we have not made a decision, so it is incredibly difficult to align frame works within these to -- indicated programs or treatment programs if we have not come to some agreement about what they are.

That's the key take away, right? Is that looking at the field, looking at what we have here in L.A. county we have to come to agreement on what works for us at the local level. That can be informed by what's happening at -- that should be informed by all of you within our departments but that we need to come to agreement and have a common set of definitions ourselves. Any other thoughts? Meredith

>> Yeah I really appreciate that point Tamara, and I think for me this is tremendously helpful to ground the conversation and I really enjoyed the discussion between

doctor Ferrer and you and refining how we're think about this. And I think the other thing that stands out as we are defining a frameworks is the scope and power that this body and even the county has in addressing some of those issues I think there are in terms of approaching different frameworks the problemtization versus intervention frameworks is thinking about what are some key areas this Task Force like medially can take on where the county is doing harm? And not intentionally, but general relief for example, $221 a month is not going to get someone out of poverty and thriving in their community. I think we have to think about what are actions we can take immediately as or recommend immediately as a task force and then in terms of looking at the more robust sort of framework over the course of several years, what are the longer term goals we can set and benchmarks we can set. I was just reflecting on that but sometimes we can get abstract and philosophical and being able to address all the different ways people's ecological and structural circumstances contribute to not only their not thriving and their actual harm and think about what are the tangible things we can recommend and take on that would immediately mitigate some of the harm that either more, you know, even inadvertently is done by some of our programs.

>>DR. D'ARTAGNAN SCORZA: That's incredibly

thoughtful thank you for that feedback and that take away and I think that's absolutely right and I think the next conversation we're going to have can build up on that. I want to acknowledge we have three sub tables we're going to be talking about today very shortly and one of them will focus on implementation and coordination and that will look at emergent opportunities for us in the county to do the very thing you're suggesting so I invite you to elevate areas opportunity for us to do this work and think about where we can address issue in regards to harm and also elevate where things may be working and we Noah lot of good things happening in our network, good things happen in African mortality initiative good things happening DMH and the program also and how we take advantage of and identify those opportunities for challenges and also where the opportunities exist. Other thoughts as well?

>> One small thing that kind of emerged for me when we were looking through the implementation pages the theme of sustainability that was shared across each of those different implementation pages and that's a theme we have been giving a lot of thought to at first five L.A. when we launch something we need to mention what this program looks like in five, 10 years, or even further out. The funding staff, structure, early outcome measures that tells we're on

track and our context is always evolving and changing but it's something we can launch without giving a whole lot of thought what this looks like later on down the road. Something emerged with me as key theme especially because prevention work takes a long time so I just wanted lift that up.

>>DR. D'ARTAGNAN SCORZA: Thank you for that. Carry.

>> Thanks I wanted react to what Meredith said and I 100 percent agree on that example and I included that in strategic plan for alleviating poverty and important and effects poverty. Having said that I agree in that sense as you called out very appropriately it's mitigation strategy it's not prevention strategy in fact in my plan I have laid out under mitigation factors and I say that probably what is going to be tough in this group is what has been laid out with this framing and how we're going to think about prevention and how we're going to get on the same page of what we're doing is actually getting to our are we actually talking about prevention or are we trying to fix the county and focus on mitigation which is entirely different conversation, and there's a lot of good things there and you're right completely agree, but I think there is a slippery slope there and I think we also have to get our brains around what is it we're talking

about and if we mean prevention we have to talk about prevention.

>>DR. D'ARTAGNAN SCORZA: That's right, carry, thank you for lifting that up.

>> Yes. For setting the foundation because I think it was really helpful to see that none of the systems really agree on this definition. My question is: More on logistics of things, are we as a body going to draft this draft common definition and then break out into these groups versus the groups are going to do the definition I just seen I think it can work both ways if there's proper structure and guidance but it would be helpful for everybody here to come up with a common definition if possible.

>>DR. D'ARTAGNAN SCORZA: That's right. Thank you. The answer to the question is the latter there is a prevention planner sub table which incorporates people with lived experience and let me qualify that by saying one of the things we want to do is center the experience of the family and the individuals we're trying to serve. In developing these definitions we want to make sure we have people with lived experience and experts in field alongside in the development of these conversations and in our dialogue.

We'll get to this when we review the charter, they're going to take on the framework with the common definition along with types of metrics we can identify etcetera. Second

sub table focus on addressing issues where harm is created and third sub table is going to take on implementation on coordination as well as emerging opportunities that's where we know things like countywide prevention plan going to CDSS in partnership will take place things going on we're going to try to do alignment around but sub table will take that on and bring that back to these the Task Force.

That's a great question. Thank you for asking. Other thoughts, considerations?

Let's go ahead and go onto our set of slides. We have one more bit of an overview to share with you all, because I think this is going to help land the plane. I think this is going to speak to doctor's comments said earlier and when we did the scan we said okay, look. Here we're talking about taking on antiracism. In practice when we look at these examples of primary secondary and tertiaries prevention and we're going to use those terms as organizing construct but in primary we know certain types of things we're currently doing as county and things done more broadly at state or federal level that really focus on and identify and align with these types of existing definitions that we have so, for example, we know tenor protections, and -- I'm sorry. Go ahead Doctor,

>> I'm happy to wait until you're done with the slide, though.

>>DR. D'ARTAGNAN SCORZA: Okay let me get through. You got it.

We know some ways some of the programs themselves align with these current categories based upon existing definitions. Just so we're clear these slides I'm going to share with you are not intended to limit what it is that we have been able to identify and/or design. You might have other ways in which you say that might fall into secondary but given the way some of the programs defined we tried to group as much as possible. In the primary category you'll see things like investments in tutoring and mentoring program as intervention strategy to address the high school graduation rates for example.

In some cases of public health making sure. People get check ups and that can be considered universal but just to be clear there are some ways to think about this as well.

>> I think for public health primary prevention would be much more directed at sort of policy so, you know, having policy that prevent lady from leeching into the soil from leeching into the water, having, you know, policy that is address food insecurity, having tobacco policy that limit exposure to secondhand smoke and prevent people from smoking in doors. I think for public health much of this is

not what we would consider primary prevention, like, for us primary prevention water prevention that really creates healthier conditions in our communities. I would want that reflected here like, I think this is an old definition and I don't think most public health practitioners would think this is what we do as primary prevention.

>>DR. D'ARTAGNAN SCORZA: Thank you so much, I appreciate that I think you're absolutely right we definitely want to reflect and acknowledge you're absolutely right we're outing old definitions and I think we're trying to provide examples of where these -- why, you know, we're still problematizing and trying to unpack why it is we may not have a common definition but you're spot on in that these are some of the ways in which we currently develop and/or align these programs so thank you for that acknowledgment.

Let's move on to the next slide. Again, similarly with secondary prevention based upon these older definitions again existing definitions, you -- this is how we would look at secondary prevention as being COVID eviction moratoriums youth programs and focus on tutoring and target programs at risk youth and conducting at risk outreach for communities most likely to face conditions that have worsen if left untreated. Again, we're going to have to do some work here ourselves. Next slide, please.

And this is responding to the harm and the (reading

from material) again getting back to the multiple frameworks we see in public health as well.

Again, it's important for us to try and locate where we think these programs might go. Next slide, please. In the thriving and promotion category and I think you spoke to some of this earlier. One of the ways we try to think about thriving is not just stopping negligent things from happening but encouraging positive things from happening. We know government taken a role in encouraging positive life outcomes.

The development of white suburbs and we seen happen through the government endorsement of better credit scores and long term for buyers there are things we do to promote thriving in certain communities so when we say systems are designed to create outcomes they really are, right? The systems themselves can lead to specific outcomes for specific communities that may either promote positive life outcomes or create and lead to negative life outcomes in populations.

We also see this in the areas of health, right? With regards to the types of health insurance that some of us may have access to say for working conditions, higher quality wage, these things lead to positive life outcomes in people's lives for example in communities having access to concentrated activities good parks, good food, shelter. All

these things promote positive life outcomes.

We're not at adjournment. I'm sorry. And then we have one for active harm.

Sorry. It looks like we have an issue here with the slides. There we go in terms of active harm and punishment, what we recognize it's not just good enough for us to say we want to promote or prevent negative life outcomes. We also have to address harm. And the ways in which our institutions create active harm through as doctor pointed out through policy procedures and practices and the use of imminent domain for example policy like urban renewal the placing of approval of permits for environmental for factor toyers for example and communities historically and faced issues with regard to poor air quality. Things we may be actively doing as a result of policy procedures and practices and the way we determine and define our budget and

Whether or not it leads to investment in schools or the sponsoring of certain activities across fields, right? All of these things can create active harm and lead to negative outcome in our communities so thinking about our role how other constitutions might be engaging in harm that under mining the things we're trying to do will be important part of our work. Let me pause and see if that resonate and see if questions. Tracy

>> That was an accidental unmute. Sorry about that Doctor.

>>DR. D'ARTAGNAN SCORZA: No worries. Any initial thoughts or reactions to this framing?

>> This is really, really fascinating I'm thoroughly enjoying this. It reminds me, this particular screen, active harm and the previous screen that sort of talks about policy around housing at the federal level etcetera sort of in many ways reinforce in my mind something I think doctor articulated. If we're going to talk about prevention the first stage is policy. All the counties the programs introduced are normally established as a result of some belief, some set of policy, some philosophical, you know, set of beliefs. And I think many of us have been in the county before and seen gazillion programs and I think it would be great as some conversation prevention strategy or frameworks to really talk about the policy and the philosophical (unintelligible) that will help us develop not only the policy but the programs that come as a result as result of that. Looking at the various policy by various and benefitted some and disadvantaged in my head reinforces the need for a lot more conversation around policy as part of prevention before this conversation around programming and programming frameworks around prevention.

Thank you for lifting that up, really

>>DR. D'ARTAGNAN SCORZA: Others want to add?

>> Just thinking about ass we think about, the examples you shared around the promotion and what doctor shared around primary prevention if we're looking at systematic and policy change as we continue to do this work, you know, are we only focussed again on sort of what's in our county departments and county sphere of influence or are we also think about setting forth recommendations for policy agenda for the county to pursue not just here in L.A. but also with the state and federal partners because a lot of things examples shared here again in promotion and primary prevention is systematic and structural and goes beyond just the things county departments are working on. I think just think about what that means to have sort of a policy agenda.

>>DR. D'ARTAGNAN SCORZA: Thank you for that one of the things we will be proposing is a policy on prevention for the county. So just know that is a consideration. In the charter you'll see it outlined and think about what a policy agenda will look like our framework and prevention policy can help drive exactly what you two are suggesting. Other thoughts or considerations? Now, we're

going to close out this discussion. We want to provide framing for you all to help again T up this, you know, the -- T up some constructs that we need to continue to problematize and examine if we are to get to common understanding of what it is we're trying to do as a Task Force and what is we want to produce at the end of this as the board called upon to make a set of recommendation with government structure starting from a place.

Where we are all on the same page and taking local definitions and understanding exactly what we're trying to do to bring into focus what the implications of policy and we're doing all of that and centering families and thinking experience of users and journey, this will help drive whatever governess structure we recommend. What I think we wanted to do was learn from previous efforts so we can create common vision and build work based on that common set of definitions and common policy. At this time we'll be reviewing and taking action on the draft charter. Each of you was e-mail asked posted online as well. We sent inform

This to charter members and published prior to the meeting.

Next slide, please.

Again some of the major deliverables as you may recall from the board motion asked us to complete and recommend government structure countywide delivery

system construct and support budgeting and establish set of guide metrics reflect county residents made better as result of prevention services. To meet these deliverables, the coordination integration table, including data and working systems. This table will act on emerging opportunities may arise certain driven initiatives and the table examine drivers lead to with respect to racial equities and inequities.

(Reading from material)

Finally, the prevention alignment table how we deliver programs and service in holistic and coordinated way. And fits in well-being thriving communities as we discussed earlier and as Arnold Chandler presentation shared, there are we're hoping this table can help our county develop a common cohesive narrative with regard to the role the county must play not only actively preventing harm but also in generating well-being in our communities and really taking on this idea of who's deserving and can idea of deservedness certain communities deserve certain investments because of the nature of those communities so taking on the role that racism and classism or otherisms may play in determining who is eligible to receive services.

As you all know our Task Force membership includes 19 leaders from both county and the external. Subject area of tables will have at least five to ten members each with no more than 20 and includes Task Force working

alongside and people with lived experience. You all were asked to be here recognition of not only your leadership but your expertise. We're hoping to build out these teams with subject area table members. We're asking the general members it have Task Force and the three table and the general members of Task Force will be expect today attend all Task Force meetings and provide any relevant data, expertise, relevant to the task force charge. We're expecting you to solicit whether it's your colleagues or communities partners you represent or serve. We're going to ask two of you within the Task Force serve as co-chairs for each table and that you play leadership role to ensure. The work of the Task Force gets done. As co-chairs you'll be guiding the table develop priorities and will bring that work back to the main task force. As the task force chair I'll work close between to help ensure. Align with the and heather and mark lee, birthday today by the way and Linda, and the Task Force and each of the three subject area tables are subject to the brown act will be receiving support to ensure. Compliance

And as well as requirements for agenda and public accessibility.

Finally, we suggest that all task force and table members review the working agreements at the bottom of the charter ensure. We work with each other. And the work we

will engage upon engage in while we flow is very personal to many of us, will allow us to not only incorporate respect we can aim you antiracist let me know to the work we're doing in support of our communities.

At this time we're going to open it up for any questions you may have with regard to the draft charter or feedback you have and you can raise your hand and I can call upon you as well. We'll go ahead pull up, we're going to stop sharing the presentation and bull up the document itself.

>> One quick question, actually. The document mention general members are we thinking of that as members of the public or is there a distinguish between subject area table members and general members beyond that that can join in and actually participate in those groups or will it kind of cap at that 5 to 20 member that you mentioned earlier.

>> Thank you for that question. Referring to people that are not on the general members are the people on the sub tables not necessarily you all who are Task Force members so we're saying if you participate in a sub table as a member of that sub table these are expectations of you. If you would like read we can make more clear but we were just saying if it's a person with lived experience or we bring in

another expert these are what the expectations are. Would you suggest a language change or are you okay with that?

>> I have two questions I saw the dates for the Task Force that we agreed but do we have a time frame for I guess when a set of or the draft deliverables will be developed. That's my first question. And the second one I'm assuming the subject table this will be working concurrently and just wondering how you envision the subject table folks to be coordinating if overlap seems like prevention alignment frameworks would inform governess structure or other discussions happening in another subject table so just wonder how you envision that table coordination.

>>DR. D'ARTAGNAN SCORZA: Let me answer first last question first. We will be calling upon subject area table co-chair to work together to do planning. There will be much like we did for countywide work groups we had countywide and there that I will be cross each other because as stated the work that one group will be doing will inform another group our team will provide support and so will help support primarily prevention frameworks table and also the interdependency planning.

And then the first question you had remind me. I'm sorry.

>> Just time frame for developing some of the draft.

>> Our next progress report is due to the board in September. The idea is to get back to the board with preliminary with an update on the progress we made towards achieving deliverables by September.

Doctor

>> Thank you so much. I really appreciate all the work that went into drafting the charter, and it's great to have this for us to look at one sort of overall comment that I have there are lots of places where we're talking about coordinated service delivery, where we're talking about program delivery and less places that talk about policy. My suggestion would be every place where you're talking about programs you should also talk about support, you know, things, policy, changes, practice changes, there are just other things that we're going to want to be considering here. And I know some of this, you know, is limited obviously by the language and the motion, but I think is part of the charter we have an opportunity more intentional about what, you know, I know from your presentation there's agreement on which is really looking at those levers that really influence a lot of the work we're all going to be trying to do together.

>>DR. D'ARTAGNAN SCORZA: Do you have suggested changes --

(Simultaneous talking).

>> There are a couple place, frameworks, alignment, I think there's work about coordinated service delivery for clients. I think it should be coordinate delivery and support for -- you know, something that leaves the door open to not just look at services. I think there's another place on page 3 where you're listing and the kinds of experiences you want members to have I think the last bullet including principal public delivery agency strategic planning I would just add there, you know, policy and system change or just something that says we acknowledge a lot of the work we're going to do looking at broader policy.

>>DR. D'ARTAGNAN SCORZA: Understood. I have a team pulling up the charter now my hope if you all -- wedge take action on it with these changes if no subsequent objection to the comment we can incorporate those change ifs you're all okay.

>> I'm fine with that.

>>DR. D'ARTAGNAN SCORZA: Mark is going to pull up the charter and screen share and incorporate that language in those sections. I think the first one I heard you mention was on page 2 under prevention alignment frameworks and I think you mentioned coordinate delivery for clients so perhaps we can say -- (reading from material)

you mentioned adding some language there. Do you mind resharing that? You're on mute if you're speaking.

While we wait for doctor are there other thoughts?

>> One other quick question I'm just wondering if you could speak a little more how subject table members would be selected and making sure. We're getting good mix of community members etcetera.

>> Co-chairs will come together, and we'll both assemble recommendations for their tables themselves and we'll then make formal invite those individuals. There are other folks we received recommendations for to potentially received recommendation from so we'll provide that to co-chairs as well but co-chairs going to help identify the membership as well as send out invitation to participants to join those subject area tables. Does that help provide an answer? Okay.

>> Read's question brought something to mind with regard to collaborating partners with lived experience is there budget for compensation?

>>DR. D'ARTAGNAN SCORZA: That's incredible question we do believe principle with (unintelligible) there's not set aside for those dollars to participate in the subject area table. But there are some dollars that we set aside when we do the community outreach and engagement

component associated with getting a broad amount of feedback from people with lived experience. There are some dollars we were able to make available in a specific category but in terms of participating in subject area table unfortunately not. That's the challenge.

>> I just wanted provide logistic -- for subject area tables and I see he's on here if he wants to chime in. The actual membership list we can operate tentatively but memberships will need to be confirmed at future meeting in order for them to be future members so that will be presented to this body at some point.

>> That is correct. That is correct, Mark this is Nora from county council.

>>DR. D'ARTAGNAN SCORZA: Doctor Hunter, I think we can explore.

>> I definitely yeah I agree we definitely need to explore that and hopefully, that's something we can do offline. I don't know that it has to be delineated in our charter. If not then we -- that's something that definitely explore offline.

>>DR. D'ARTAGNAN SCORZA: Understood. Okay, great.

Thank you for that. Alan

>> Yeah Doctor, to add onto doctor hunter's point when I think specific work tables are launched I think

the timing on these depending on how we engage those with lived experience is going to be crucial I can tell you right now most of our young people if we're going to try to engage young people are going to ah be evening so that might not get time frames feedback you need so delivery schedule or implementation time we have it may need to reflect different time frames hours, maybe phase s.

>>DR. D'ARTAGNAN SCORZA: Agreed. Are you recommending that for the sub tables?

>> Yeah, or maybe within those sub tables just making sure. They're time frames reflect, you know, multiple meetings in the evenings on weekends in order to try to meet that and be in line with folks with lived experience.

>>DR. D'ARTAGNAN SCORZA: Awesome. You got it. I think for those who are chose to sign up as Task Force sub table co-chairs would definitely work to ensure. That we are making those as successful as possible. That's a really good point. Thank you for that. Doctor Ferrer, have you been able to rejoin us?

>> Yeah, I have been here.

>>DR. D'ARTAGNAN SCORZA: I'm sorry. Would you like to make the suggested language for the charter itself?

>> Yeah, I mean I thought I gave some language

for the first area, and then the second area I noted it was on page 3.

>>DR. D'ARTAGNAN SCORZA: Can you remind of.

>> It's page 3 the last bullet at the top and I would suggest including their applying such principles to program delivery community public health policy, comma, practices, practice comma, and agency strategic planning.

>>DR. D'ARTAGNAN SCORZA: On page 2 I think another comment in the frameworks itself.

>> Yeah suggested under alignment frameworks where you say integrated and coordinated delivery maybe it's integrated and coordinated service delivery and support for clients leaving it open to other ways not just services.

>>DR. D'ARTAGNAN SCORZA: Understood. Okay, thank you. Any additional changes from folks?

>> Actually, do you really want to use the word clients? Can it be for residents? Because they're not always our clients when we're doing our policies.

>>DR. D'ARTAGNAN SCORZA: That's correct. Thank you for that.

Any additional changes or comments, thoughts?

If there are no further changes or comments, at this time we would like to take action on the charter. Moving the charter forward, I would like to invite a motion to ratify the

draft charter. Would someone like to move ratification of the charter as amended?

>> Moved.

>>DR. D'ARTAGNAN SCORZA: It's been moved. Is there a second.

>> Second.

>>DR. D'ARTAGNAN SCORZA: Doctor seconded. I will turn it over to mark who will capture the vote.

>>MARK LEE: Thank you I will now do you the roll call please unmute in advance.

It have (roll call vote taken)

>>DR. D'ARTAGNAN SCORZA: Thank you all so much.

We are making good time. Next let's move on to item ten. Item ten is to nominate elect co-chairs for each of the three subject area tables.

Addressing disproportionality and frameworks alignment. I think given adoption of charter here we understand each of these subject area tables will incorporate focus on policy as well as think about what we can do to promote positive life outcomes. At this time you we'll be nominating and asking for self-nominations you can

nominate or self-nominate as co-chair for each of the three subject area tables. I just want to thank each of you Task Force members and county staff and others that have, you know, provided

Fruitful feedback. And so, you know, to help move this process forward, we are going to open it up now for discussion on who the individuals are that would like to serve in each of these tables beginning with coordination and integration table. If the there are no sub nom nations or thenally go ahead and make a nomination to move us forward. Before we do that Angela

>> Yeah, I actually have a nomination for the coordination and integration I would like to nominate min meeker.

>>DR. D'ARTAGNAN SCORZA: All right. That's great. I was going to nominate as well. So that's great. Are there other nominations?

>> Doctor, this is Laura. Self-nominate to work with min.

>>DR. D'ARTAGNAN SCORZA: Thank you Doctor, right now we have two nominations are there other nominations?

That's our coordination and implementation integration table. I'm going to go ahead we're going to do

these one at that time ask that the team bring up the voting chart for this table. Right now we have two here. Nora, can we do this simultaneously or one at that time

>> I would recommend doing one at that time at.

>>DR. D'ARTAGNAN SCORZA: Do we have to make a motion to this? Before we do that we have to make sure the folks nominated that min accept the nomination.

>> Correct.

>>DR. D'ARTAGNAN SCORZA: Since Doctor Trejo self-nominated that's answer so thank you both.

>> I just want to clarify are we voting on two chairs or on two co chairs right now for one subcommittee?

>>DR. D'ARTAGNAN SCORZA: For one sub table.

>> No you further comments. Thank you.

>>DR. D'ARTAGNAN SCORZA: Great. Thank you. I think we need a motion to approve minsu meeker as co-chair of coordination integration table.

>> This is dash bra, so moved.

>> Motion to approve.

>>DR. D'ARTAGNAN SCORZA: Thank you, doctor. Move to approve and Sheri you move.

>> I will second.

>>DR. D'ARTAGNAN SCORZA: Thank you. Thank you all. We have a first and a second let's begin the

vote. Mark --

>>MARK LEE: Yes I will. It's yes, no, abstain again.

(Roll call vote taken)

A the motion pass

>>DR. D'ARTAGNAN SCORZA: Thank you so much now we'll move on to second co-chair for coordination and integration table. Can I get a motion to approve Doctor Laura Trejo for that subject area table.

>> So moved.

>>DR. D'ARTAGNAN SCORZA: Thank you I have a first. Is there a second.

>> Second.

>>DR. D'ARTAGNAN SCORZA: Thank you Doctor, mark can you call the vote?

>>MARK LEE: Yes, again yes, no, abstain.

(Roll call vote taken)

The motion passes

>>DR. D'ARTAGNAN SCORZA: Thank you so much Mark thank you Doctor Trejo and min to volunteer and thank you both for being willing to help take this area on.

The next table will be discussing the addressing disproportionality table and this table will center on again

identifying areas where disparities may exist as well as adopting and presenting strategies that we may be able to utilize to reduce those disparities. At this time I'm going to call for nominations. Either self-nominations or the nominations of others. Is there anyone who would like to self-nominate for this table?

Or nominate someone else?

Hearing none, I'm going to nominate doctor Tamara hunter for this co-chair role. Dr. Hunter or do you accept or any thoughts

>> Yes, I accept.

>>DR. D'ARTAGNAN SCORZA: Thank you so much. Are there other nominations for this co-chair for this table?

I should add by the way if we do not have a co-chair for the table at this time you can give it some thought and we will bring it back to the group at the next meeting as well. And so my goal is to at least get a co-chair for each of these subject area tables so we can prepare to launch them. If there are no others then I will go ahead and close the nominations. Great. Thank you all. Dr. Hunter has been nominate and had accepts. Can we get a motion to approve Dr. Hunter

>> Moved.

>> Motion to approve.

>>DR. D'ARTAGNAN SCORZA: Thank you so much I have --

(Simultaneous talking).

>> I second.

>> I heard you moved as well. Is that a second?

>> Yes.

>>DR. D'ARTAGNAN SCORZA: Doctor motion and had Alan second. Let's go ahead and call the vote.

>>MARK LEE: Thank you.

(Roll call vote taken)

The motion passes.

>>DR. D'ARTAGNAN SCORZA: Thank you so much and thank you Dr. Hunter for being willing to serve in this capacity again appreciate your leadership and thoughtfulness here. Now, we'll move on to the subject table area and the alignment table. This subject area table will focus on establish set of for prevention in the county with an cry towards addressing issues with regards to policy and understanding how we define promotion. This team is going to work closely with our consulting groups as well to help identify metrics as well as come up with prevention here in L.A. county as well as the policy we propose for the preparation of the government structure. With that being

said I now open it up for nominations.

Any self-nominations.

I'm going to go ahead nominate Meredith B. for this role but Meredith is not here so Nora I do believe she mentioned she will be coming right back. She has to accept that nomination, correct?

>> Correct.

>>DR. D'ARTAGNAN SCORZA: Since she's not here to accept I'm assuming we can't take action on this item at this time. Are we able to take action after the public comment item or should we -- can we move action for this particular item around.

>> We can table the item and then pick it up again after general public comment.

>>DR. D'ARTAGNAN SCORZA: I think it would be so I think that's what we'll do, we'll table the item. . We will do general public comment and hopefully, Meredith will be back by then. We'll come back to that. At this time I'll turn it over to Mark who is going to walk us through public comment. Mark.

>>MARK LEE: We will now open up the general public comment area for those on the line that would like to provide public comment please use the zoom we will call in order you raised your hand I will lower your hand once you

have completed your public comment for those on the telephone please dial star nine to raise your hand. We will call the last digit of your telephone number when it is your turn. Please dial star six to unmute yourself before you speak. We'll now begin the public comment.

It looks like there are no folks who would like to make public comment this concludes the public comment period. As a reminder if you would like to submit for future meeting please e-mail prevention dash Task Force up to 24 hours please include item agenda as well as comment.

>>DR. D'ARTAGNAN SCORZA: Thank you, folks since Meredith is not back at this time before we move to adjournment. I'm going to reopen the item on nominations for this subject area table for prevention framework alignment for the prevention frameworks alignment table. Are there any self-nominations?

I think so that means we're not able to take action on this item at this time until Meredith returns. Noro, how do you suggest we proceed

>> Doctor Oakley, I would defer to you but you could technically nominate another person at as well and I know we're going to come back for the second co-chair on the other table so we can technically come back for this as well for the second coy chair.

>>MARK LEE: Correct me if I am wrong the tables are still able to operate including with co-chair until they're nominated next time so if member is able to operate as a tentative co-chair could which he confirm next time and establish and continue.

>> They can operate correct as we discussed and they don't technically need a co-chair to engage in preliminary items discussions before the actual sub table is confirmed by this Task Force at the next meeting so they can get together. In a tentative matter.

>>DR. D'ARTAGNAN SCORZA: Okay that's really helpful to note. Before we wrap up this item, are there any discussions or questions for the subject area table co-chairs or any immediate reflections of those subject table co-chairs?

>> Doctor, will your team be meeting with the co-chairs in the coming weeks to discuss further and in greater detail?

>>DR. D'ARTAGNAN SCORZA: We will, absolutely we plan to set up meetings with each of you to make sure that you have the tools and resources needed to begin operationalizing the subject area.

>> Great. Thank you.

>>DR. D'ARTAGNAN SCORZA: You got it.

Min or Doctor Trejo is there anything you would like to add at this time?

>> No, thank you I'm looking forward to getting to work.

>> Yeah, same for me.

>>DR. D'ARTAGNAN SCORZA: Awesome. So then I think what we'll do is we lb. will follow your advice noro and we will work then to temporarily establish subject area tables. Folksily ask for your nominations and feedback --

>> I'm sorry I think Meredith just entered the room. I'm going to add her.

>>DR. D'ARTAGNAN SCORZA: While Meredith is getting set up I'm going to invite you all to make your suggestions. We'll have mark reach out to get suggestions on -- rather we'll confirm the process we need to take to gather your suggestions to the subject area tables but if you can give thoughts to who would like to participate be it youth representatives or community members people lived experience subject matter experts etcetera. We invite you all to make those recommendations so we can begin recruiting for subject area table. At this time I believe Meredith you are here?

>> I am, thank you Doctor, and I apologies I'm

doing double duty with our commission meeting this morning.

>>DR. D'ARTAGNAN SCORZA: No worries I appreciate you being available given that I made a nomination to appoint you as the co-chair for prevention alignment framework subject area table. Do you accept? Boyfriend.

>> I do.

>>DR. D'ARTAGNAN SCORZA: Great, with that being said folks, I think so we can take action, is that correct.

>> Yes, correct.

>>DR. D'ARTAGNAN SCORZA: Mark please call the vote -- can I get a motion and a second.

>> So moved.

>>DR. D'ARTAGNAN SCORZA: Is there a second.

>> I see Tracy as a second.

>>DR. D'ARTAGNAN SCORZA: Mark, can you please call the vote Mark.

>>MARK LEE: Yes.

(Roll call vote taken)

Thank you the motion passes

>>DR. D'ARTAGNAN SCORZA: Folks I want to thank you for making yourself available and appreciate ability to walk-through the concepts today and excited about the

work we will have at the next meeting and introduce to subject matter experts who will be supporting Task Force and also walk-through the approvals of subject area tables and membership and those subject area tables will begin operating as quickly as possible. We will keep you posted on the funding stream analysis as well and we'll have a conversation about the funding treatments at the next meeting again thank you all so much for being available thank you for your time and leadership, and if there are -- are there any further comments before we conclude the meeting?

Carry, I see you're off mute do you have anything you want to add

>> Oh, no.

>>DR. D'ARTAGNAN SCORZA: Okay, no worries. Okay, folks, hearing no further comments this concludes today prevention Task Force meeting the next meeting on Friday May 20 and follow-up up soon to announce the able area meeting which will be open to the public thank you for joining us today and folk, have a wonderful weekend.

(Meeting concluded)

>> Regarding stopped.

Ask is