



# Agenda

## **MUNICIPAL DRUG STRATEGY TASKFORCE MEETING**

**Thursday, November 15, 2018**

**Market Station- Conference Room- 500 Market Station**

**11:00 a.m. - 1:00 p.m.**

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes: September 27, 2018
4. New Business:
  - a. Welcome and Introductions (Emily Kaltenbach, MDST Chair)
  - b. Community Conversation Update (MDST Chair)
5. Presentations:
  - a. SF County Detention Center Presentation (Priscilla Torres, Community Re-Entry Specialist)
6. Break to get lunch (15 minutes)
7. Information:
  - a. Question and Answer Session—SF County Detention Center
8. Comments from the Chair and Committee Members
9. Report from Staff
10. Matters from the Floor
11. Adjournment

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**DATE: 11/06/2018**

**TIME: 5:04 PM**

**INDEX OF**  
**CITY OF SANTA FE**  
**MUNICIPAL DRUG STRATEGY TASKFORCE**  
**MEETING**  
**November 15, 2018**

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<b>ROLL CALL</b>	<b>Quorum</b>	<b>1</b>
<b>APPROVAL OF AGENDA</b>	<b>Approved</b>	<b>1</b>
<b>APPROVAL OF MINUTES OF: September 27, 2018</b>	<b>Approved [as amended]</b>	<b>1</b>
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<b>MATTERS FROM THE FLOOR</b>	<b>None</b>	<b>12</b>
<b>ADJOURNMENT</b>	<b>Adjourned at 1:04 p.m.</b>	<b>12</b>

**MINUTES OF THE**  
**CITY OF SANTA FE**  
**MUNICIPAL DRUG STRATEGY TASKFORCE**  
**MEETING**  
**Santa Fe, New Mexico**  
**November 15, 2018**

A meeting of the City of Santa Fe Municipal Drug Strategy Taskforce was called to order by Emily Kaltenbach, Chair at 11:00 a.m. at the Market Station Offices, 500 Market Street, Suite 200, Conference Room, Santa Fe, New Mexico.

Roll Call indicated the presence of a quorum as follows:

**MEMBERS PRESENT:**

Emily Kaltenbach, Chair  
Andres Mercado, Vice Chair  
Sophie Andar  
Laura Brown  
Tim Condon  
Michael DeBernardi  
Tony Dixon  
Alex Dominguez  
Laura Dwyer  
Denise Herrera  
Wendy Johnson  
Laurie Knight  
Bernie Lieving  
Larry A. Martinez  
Johnn Osborn

**MEMBER(S) ABSENT:**

Jesse Cirolia for Kathy Armijo-Etre  
Bennet Baur  
Marcela Diaz  
Sue O'Brien for Veronica Garcia  
Karen Wells  
Sylvia Barela for Christine Wendel  
Lt. Paul Joye

**STAFF PRESENT:**

Julie Sanchez, Youth and Family Services Division, Program Manager  
Lisa Noriega, Youth and Family Services Division, Special Projects Administrator

### **OTHERS PRESENT**

Jerome Sanchez, LEAD Santa Fe  
Kathlyne Gish, Highlands University MSW Intern  
Michele Lis, Consultant  
Katie Haug, Nurse Practitioner  
Marissa Salgado, MIHO Intern  
Pricilla Torres, Santa Fe County Detention Facility  
Kyra Ochoa, Community Services Department Director

### **APPROVAL OF AGENDA**

MOTION: A motion was made by Larry A. Martinez, seconded by Alex Dominguez to approve the agenda.

VOTE: The motion passed unanimously by voice vote.

### **APPROVAL OF MINUTES: September 27, 2018**

The following changes were made to the minutes of the September 27, 2018 meeting: Page 1-11 should state Laurie Knight, not Laura Knight.

MOTION: A motion was made by Larry A. Martinez, seconded by Alex Dominguez to approve the minutes of the September 27, 2018 meeting as amended.

VOTE: The motion passed unanimously by voice vote.

### **NEW BUSINESS/ACTION ITEMS:**

#### **a. Welcome and Introductions**

Ms. Sanchez introduced the new Community Services Department Director to the taskforce group. Ms. Gish introduced herself to the group as the Youth and Family Services Division MSW Intern.

#### **b. Community Conversation Update**

Chair Kaltenbach thanked the Members for their input on the planning process for the community conversations. Chair Kaltenbach stated that Michele Lis is going to share what the plan looks like moving forward over the next couple of months

Chair Kaltenbach stated that we rarely hear from the voices most impacted and least heard. So the community conversations will be prioritized within communities in Santa Fe that are often not heard and Michele will walk the group through that plan. In addition stakeholder groups are also included in the community conversations for example: clinicians, providers, law enforcement, EMS providers; focus groups will be held with these groups as well. Many members of this committee will be engaged in those conversations as well as stakeholders or with communities most impacted. The Chair thanked members for volunteering to facilitate some of these groups. After the plan is

presented she mentioned to the members that they can be a part of outreach, facilitation, participating, etc. She wanted to add that this an educational experience so resources will be provided to individuals. She gave an example that when Marcela did groups last year there was a lot of interest in having resources, people didn't know where to turn if family members needed help so there will be an effort to put together a resource packet or guide that will be provided to participants. Also, participants will be provided a stipend for participating in groups or individual sessions.

[Michele Lis sent around copies the community conversation plan]

Michele Lis walked the group through the community conversation plan. The first few pages are the individuals impacted by groupings, this work was done in subcommittees and forwarded to the Chair. Some of the groupings have already been completed earlier this year. The members talked about what is the best way to reach some of these communities, some people may be more suited to being in a group while others would share one-on-one. There is a two track method for getting input- some will be in focus groups and the others are individual interviews. There's a total of sixteen groups, the timeline is to schedule most of the conversations in the first two weeks of December and the first two weeks of January. Mid-January is the deadline to get as many of the conversations done as possible. Then the report will be analyzed. The Prevention Committee was thanked for coming up with a facilitation and introduction guide. The hope is to have at least twelve people per focus group so twelve or fewer questions can be asked with different perspectives. There are four templates of questions, one is separated for youth, one is for individuals impacted (Bernie will take a lead role working on that). There's a community survey for all other groups, parents, faith leaders, etc. who are effected not directly but indirectly. There's also a stakeholders survey. That's how they are divided, the tools are ready to go and will also be translated into Spanish. The surveys will also be uploaded to survey monkey for those wanting to participate anonymously.

Chair Kaltenbach wanted to add that if a members name is on the plan it's because you've been identified as someone to connect with.

Bernie Lieving asked a question on spontaneous interviewing across other populations. Michele stated that's fine, the interview guide is just a guide, the hope is that at least some of the questions will be covered for some consistency. Chair Kaltenbach agreed and that this is about engaging the community and not a formal qualitative research project.

Michele Lis stated the need now is for boots on the ground, if the members have a person that they think would be great to have in the conversation to send their contact information in an email to both Michele Lis and Chair Kaltenbach so they can send a formal invite to participate.

Sophie Andar thanked Michele for the information and brought up a group not on the list, the Santa Fe Public Schools Teen Parent Program. She did approach Christina Esquivel who supervises that group and there is willingness to participate. It might be helpful that instead of holding separate meetings to instead leverage naturally occurring meetings which may be more comfortable for participants. Another group that was

specified by the prevention subcommittee was the Lifelink Sojourners program which focuses on human trafficking which is particularly unheard voice but very impacted.

The members agreed.

Chair Kaltenbach mentioned that the conversations be facilitated by the community itself and not by an external facilitator. So if any of the members find that would be a great role for yourself then please let her know, she wants to make sure there's trust and relationship there. Chair Kaltenbach stated that a community partner stressed that often time's information is taken from groups and how important it is to have a community involved versus just having the information taken and used. Chair Kaltenbach stressed the importance of not being paternalistic and to remember the guiding agreements that all the members signed to uphold.

Laura Brown wondered if it would be helpful to have a one-pager or paragraph on what the process is and why we're doing this. She stated that in the name of information justice it would be really important and wasn't sure if anyone had thought of that.

Michele Lis stated that have two emails going out to potential participants, one to reach out on permission to access networks and another is much more relational.

Michele Lis stated it's a lot to do and the members may not get to all sixteen groups in that amount of time.

Sophie Andar asked if it's a recommendation that each group have a mental health professional presence, is that being maintained.

Michele Lis answered, no but it was talked about and in a lot of cases it will be. A lot of people who we think might be fragile or in a fragile place there will be individual interviews done. An example was given of women with custody issues and people who are currently incarcerated. We'll rely on you for your connections on that, some of those perspectives are the ones that we don't typically hear from and are the least likely to participate in a group.

Tim Condon asked on the second email to the individuals would there be an option to come to a group or do an individual interview.

Michele Lis stated that outreach isn't being done via email, the individual ones are just reaching out to people one on one. For example the people doing the reaching out can say 'do you have thirty minutes I want to connect with you about this project that I'm doing interviewing folks' explain what it is and that the participants would get twenty five dollar gift cards. She said there would be some of that kind of outreach.

Bernie Lieving stated he's using preexisting people he has worked with in the community so it's not like a cold call, its people that he already knows pretty well. He doesn't think we should engage vulnerable populations that the group doesn't already work with. It could be weird.

Michele Lis said the conversations would be anonymous.

Wendy Johnson suggested that be emphasized in the one pager that Laura brought up.

Laurie Knight wondered if there was a hybrid model where if someone is in the middle of a group the invitation be made for those not comfortable sharing that there's space after the group to do a one on one interview.

The members agreed.

Chair Kaltenbach said that the participants will have paper copies of the questions that people can fill out if they want to provide information but are not comfortable with sharing in the group.

Larry Martinez stated that some of the people selected were selected because of their ties to the community such as Bernie and others, if there's a level of trust there already there's a little more veracity to answer the questions then for a total stranger. He thinks that's a very good point and it's great to have such people already tied to the community.

Laurie Knight stated she has a special interest in reaching out to the LGBTQIA community especially transgendered folks, she there's a transgender law center in Albuquerque but isn't sure how to get that community organized up here [Santa Fe]. She asked the group to be sensitive to that and if there are individuals from that community to make an extra effort to reach out to those folks.

Chair Kaltenbach thanked Laurie for that suggestion and stated she was going to reach out to Solace and would ask if they would be willing to host a conversation and specifically to the Trans community.

Tony Dixon added that the Gender and Sexuality Alliance Network could be a resource, he would have to find out how much of a group they have in Santa Fe but there might be some resources to put a group together.

Michele Lis stated that if there is already a group that exists that you could coordinate that would be great. She and Emily are trying to put together groups and that takes hours. This is the kind of help they need.

Bernie Lieving stated that to follow up on what Laurie said to get some youth included from that community because of the YRRS data and what it shows for unsafely house, LGBTQIA report high percentages of heroin use. The Mountain Center can possibly help with this.

Alex Dominguez asked if these packages would be available to all the members, including the facilitation packet, questions and gift cards. Or do members need to request based on scheduled interviews, how would we proceed?

Chair Kaltenbach answered that if members are volunteering to do interviews she

would set members up with all the tools, the guide and gift cards. She would then create a processes to be able to share the information back. She let everyone know that their grant ends in February and that's how they'll pay for the gift cards, so it's not limited to only 130. So don't feel limited to that.

Chair Kaltenbach asked if any of the subcommittees had any updates. The question was brought up on what was needed from the subcommittees or any next steps. Chair Kaltenbach recommended that instead of meeting over these next few months that the subcommittees start engaging in community conversations so when we have the information to share back out were giving recommendations that are informed by the community and informed by evidence based research or other models or examples that are happening. She said that the taskforce will be extended to the end of 2019 so the spring can be spent really diving into the recommendations.

[Subcommittees did not share any updates]

*Break to get lunch.*

## **PRESENTATIONS:**

### **a. SF County Detention Center Presentation**

Chair Kaltenbach said the board will be hearing from the Santa Fe Detention Center and thanked Alex for helping to set it up. Chair Kaltenbach introduced Priscilla Torres, one of two Re-entry Specialists at SF Detention Center. Chair Kaltenbach reminded the board that they are there to listen about the programs that inform the MDST policies not necessarily to tell Priscilla what the policies should be. During a telephone conversation between Chair Kaltenbach and Priscilla, they discussed that there may be some ideas that Priscilla can share from her own experience. Chair Kaltenbach stated that Priscilla does not represent the board sitting in the room and she is aware that many of us are interested in seeing MAT in the jail for example but we would like to hear what is happening right now on the ground and then we can build that into our recommendation. Chair Kaltenbach gave the floor to Priscilla.

Priscilla thanked Chair Kaltenbach. Priscilla stated that there were three re-entry specialists but one left so her and another colleague split the jail 50/50 for the time being. She stated they have 545 inmates as of today's date. She mentioned that Chair Kaltenbach wanted to see what programming we are offering for the inmate population. Currently there are 5-6 behavioral health therapists who are not all independently licensed. There are maybe 1-2 that are, the rest are LMSW or some kind of social worker or professional counselors. Right now, they are the ones who facilitate programming. The SF Detention Center has the matrix program which is an intensive outpatient model that they have condensed within 30 days and we've isolated one pod where we are actually screening applicants. We look at the underlying charges that the inmate has such as substance abuse, possession charges maybe DWI related charges and we try to get those people in there. The pod only holds 12, that's capacity for that pod and they're secluded from the other pods once they're accepted into the program and that is a 30 day program. Those individuals are offered the opportunity to take Naltrexone, the pill form of Vivitrol. We haven't had success because



they will start taking it and then they do not continue. Currently there are 11 individuals in the program and none of them are taking it as of this morning when she checked. (Member) asked if they are giving the oral form and Priscilla answered yes.

Priscilla stated that is the Matrix pod and those individuals are monitored closely prior to their release. We try to connect them to services such as La Familia where we refer a lot of them if they want to continue their MAT program.

Priscilla stated that in another unit one of the therapists is teaching seeking safety. It is a model which addresses PTSD issues and seeking safety in relationships, such and changing thinking behaviors, emotions, substance abuse.

(Member) asked if acceptance into the program is based on the charges against them. He asked if it is also offered to any other inmates. She stated that it is but due to classification purposes we have to be sure that these individuals don't have enemies or they're not trying to get in because one of their enemies is in there. And the therapist uses a screening tool to see how motivated they really are. (Member) said that means that every volunteer that wants to participate doesn't necessarily get selected. Priscilla stated if there are any behavioral issues while they are in there, it becomes problematic and they are released from the program.

(Member) asked about the pod that is designated for this program. He asked if it is offered to both genders. Priscilla said they have another therapist working with the female population and she pulls them out and brings them into a classroom setting because we don't have the space or an isolated pod but it is being offered in another setting.

Priscilla stated that another therapist is offering trauma informed care, emotional regulation, anger management, life skills and coping skills. The therapists go in and out and work with individuals who volunteer. And they receive a certificate upon completion of the program.

Priscilla stated that one of the behavioral health therapists is doing a Narcan training and goes from pod to pod on a weekly basis and sees who might be interested in participating in the training. Then she pulls out interested inmates and goes over the training and they will also receive a certificate upon completion. SFDC was working with Bernie (Lievig) to provide the Narcan kits and Prevention Alliance will continue doing that.

Priscilla said once they finish, the therapist forwards the information to her, and she meets with the property officer and take the Narcan kits and we drop them off in their properties so when they are released they have Narcan. She said that in the 4 months that they have been running this program, they have given out 75 narcan kits so it's been a great program so far.

Priscilla stated that they are in the process of trying to get vivitrol upon release like the trial done at MDC by Dr. Condon.

Dr. Condon clarified that it is not a pilot project that it was just a research project. He stated that it is not an ingrained policy there yet.

Priscilla stated that they have been working with Alchemy's to provide vivitrol but only upon release and it would only be for the individuals that are already in the Matrix program because we want to be sure that we are not just giving vivitrol without any services tied to it because it goes hand in hand with counseling as well. It's caught up in procurement and our legal team but it's been an ongoing battle. She reminded everybody that it is a voluntary program. But they have the option to take suboxone along with a referral to La Familia or PMS to be sure they have that added support once they're released.

Priscilla stated that her and her colleague screen, on a weekly basis, incoming inmates to check if they have Medicaid, and if they don't, asking if they would like to be enrolled. Surprisingly, most of the inmates are already enrolled in Medicaid because a lot of times, it's the same people going in and out. After 30 days their Medicaid is suspended by HSD and then SFDC notifies HSD when the inmate will be released with 72 hours advance notice so they can reinstate the inmates Medicaid. She stated that this process is for every inmate, not only inmates in the Matrix program and it takes hours to enter one inmates data because it is a shared database with HSD so they can see who's being booked in and released.

Priscilla stated that another program is care coordination is somebody that helps the inmate after their release which keeps them in contact with a coordinator who will assist in getting the inmate to doctor's appointments, mental health appointments. PMS, Blue Cross Blue Shield and United Healthcare are currently providing care coordinators that go into the facility to conduct HRA's face to face for inmates that interested in care coordination.

Bernie Lieving asked about legislation; asking if there is an awareness about HB370 at the director level or are you doing the naran because you want to. Priscilla responded that she just continued the process and she can't speak on management's position.

Chair Kaltenbach asked Priscilla to explain HB370 for those that are not familiar with it.

Bernie Lieving explained that HB370 is a mandated bill that requires OTP, county detention facilities and state prisons provide overdose prevention education approved by SAHMSA, the Department of Health or HSD and provide naran to people being released. State General funds are being used for 8 county detention facilities statewide We are working with NMCD to expand to all 11 prisons. He will be doing a training in December for re-entry specialists. It also mandates that law enforcement officers carry naloxone.

Bernie stated that during conversations with law enforcement entities, they don't necessarily want to do it but because it is mandated they do it. If that's the only way we can get it into the hands of law enforcement, we'll take it. We just want it in the hands of law enforcement even if it's only so they are in compliance with the statute.

Priscilla continued talking about the care coordination and said that she is unsure of how successful the care coordinators are upon the inmate's release. Some inmates have come back and stated that they have met with their care coordinator on the outside and sometimes they are just lost because they don't have any way to contact them because they don't have a phone, or address or their jumping around from shelter to shelter or on the streets. But we

offer them as much as we can while they are incarcerated.

Priscilla said that the portion that keeps her and her colleague really busy are the individuals that are court ordered into inpatient treatment. Right now, it's been the worst its ever been there because we are just having a difficult time getting people into inpatient treatment. It's taking several months. It's taking 4-5 months that inmates are waiting for a bed. All correctional facilities are using the same facility and there are not many inpatient treatment facilities.

Wendy Johnson brought up the issue of peoples idea of the difference between inpatient treatment and residential treatment. She has been working on educating the courts for many years. Nobody can give a clear way to speak to judges about CME requirements. She said the problem is that judges are ordering inpatient treatment because they think that the best or the most intensive and that is not right.

Tim Condon asked Ms. Brown to define the difference between inpatient and residential.

Wendy Johnson clarified her comments by saying that she is referring to outpatient, period. She said she doesn't want to discuss the definitions but that there are judges that believe that inpatient treatment is best.

Chair Kaltenbach stated that she made a note so the task force members don't lose sight of the judicial education.

Priscilla stated again that it is a big concern and the hardest part because inmates are waiting long periods of time for a bed. She stated that providers are reluctant to accept inmates because of co-occurring disorders. A lot of inmates get sent to Santa Fe Recovery because they have their transitional living portion. The waiting time is 6-8 weeks.

Wendy Johnson mentioned again the issues that come along with IOP and other treatment options. She emphasized having Norepinephrine in the jails for drug treatment.

Chair Kaltenbach asked that we hold off on the discussion so Priscilla will have enough time to give her presentation. Chair Kaltenbach said the group could discuss this further and MIT at a later date.

Priscilla continued saying that she coordinates with the Public Defender's office, District Attorney's and Probation/Parole Division to get the patients into inpatient programs. Pregnant females is another group they work with and are referred to the Milagro Program which is run by UNMH and they are transported back and forth. She stated that housing continues to be a huge barrier for them because they don't follow up for appointments.

Chair Kaltenbach mentioned that she would like to have experts come to the next meeting to discuss Housing First.

## **INFORMATION:**

### **a. Question and Answer Session—SF Detention Center**

Tim Condon asked what do you perceive as the biggest block for meaningful MAT in the jail?

Priscilla stated that diversion is the biggest barrier.

Alex Dominguez stated that another issue is that sometimes you can't even identify the individual that need MAT because they get booked on Friday and released on Monday so they don't have time to get MAT. Priscilla agreed and said they may also be going to the Department of Corrections.

Andres Mercado asked what the issue with diversion really is. Priscilla stated that it is a safety concern because of the drugs that are already in the jail and treatment medication can end up in the wrong hands. Mr. Mercado asked if there is any concern that it is a supply and demand issue. Priscilla stated that she can't speak on the Director or the Warden's behalf but she believes diversion is definitely a concern of theirs. Priscilla believes that to use Suboxone and Methadone is still a while before those conversations will start; the concerns are who will administer it, the cost, who will pay the bill, etc.

Dr. Laura Brown thanked Priscilla for her presentation and stated that because she worked for Department of Health from 2003-2010 and buprenorphine was used in Santa Fe Detention Center and it was successful during the time she was there when prescribed appropriately. Dr. Brown mentioned it could actually cause legal issues for facilities that don't provide MAT.

Priscilla stated that even with Vivitrol, that does not cause an inmate to get high, they are having a hard time with legal and procurement because they're afraid of the long term affects.

Chair Kaltenbach stated that there is a collective agreement among the group that we need to discuss MAT and treatment medications in more detail and also existing maintenance.

Tim Condon mentioned that he and Priscilla worked on a project together to come up with a paper about how rural communities better their re-entry programs for inmates with substance use disorders. During those conversations, many concerns were brought about the use of buprenorphine. It is very safe. But their concern is that when it is prescribed, it can then be sold to others who do not have a prescription. He noted that this was a concern of a parent that attended the conversations on this subject.

Tim Condon pointed out comments about Vivitrol being dangerous and he took issue with that. Mr. Condon referenced an article that there is an overdose age and the tolerance of Vivitrol goes way down; that is true with all Naltrexone. There are about 3,600 articles on the usefulness of Vivitrol.

Chair Kaltenbach said that she is making a list of conversations to have at a later date. She asked if the members of the board would want to create a panel on MAT in correctional settings and the members unanimously agreed that it would be helpful to have a panel.

Sophie Andar offered an additional resource called Corrections Opiate Safe (COS), created by SOS. COS has two goals: (1) to promote trusting collaborative relationships between

people who work in Corrections and people who work on the health services side and (2) to enhance MAT in Correctional settings.

Chair Kaltenbach mentioned the guiding principles of the board to remind members to think about how these conversations can change policies. Also, she asked that everybody be careful about coercive treatment and that perhaps the board should be making recommendations for alternative treatments to court mandated treatment.

Denise Herrera asked of the Warden might be able to attend one of the MDST meetings so they can hear personal experiences. She also mentioned a personal experience with a male family member who was incarcerated, in and out, for 12 years and she feels that if he had more options while he was incarcerated and aftercare when he was released then she feels he would not have been in and out of jail for 12 years. She said when he got out, and got on Suboxone through the program, he did not return to jail.

Alex Dominguez said that the job of the MDST is to make recommendations to the Mayor and then go from there, but going to the Warden is not a good idea. He has also talked to the Warden about the importance of having Suboxone in correctional facilities.

Chair Kaltenbach asked the group if inviting experts is something the group agreed with. The members said yes. She said we could do a community presentation and invite him.

Bernie Lieving asked that the group does not get focused on correctional facilities being treated as health care facilities. The group needs to look at front end intervention with people who are already on buprenorphine in the community is getting treatment and not looking at the penal system to do the work. But, we can coordinate with correctional facilities but we need to focus on drug treatment in our community.

Chair Kaltenbach reminded the group about an article out of New York in homeless shelters and an outreach team on the streets in San Francisco for modeling in our City.

Laura Brown said in reference to Bernie's comments, that she agrees but given the cycle of being in and out of detention centers, so even though it is not ideal that they're receiving healthcare while in a correctional facility, it is happening and they might be out in the community tomorrow so we have to include them as the community. Second, adding from her earlier comments, buprenorphine was prescribed and continued for people and they used it for detox. Final thought, it would be helpful for the Warden and Public Safety Director to consider speaking to other Warden's within the state to discuss if there are benefits to using buprenorphine so they get a sense of what they are getting in to with the medication.

Chair Kaltenbach said she has a list of items to be discussed at a later date. Any other ideas for subcommittees, or people to invite, to let her know. She thanked Priscilla for her presentation. She asked if there were any other thoughts or comments and no comments were given at that time.

## **COMMENTS FROM THE CHAIR AND COMMITTEE MEMBER**

There were no comments from the Chair or Committee Members.

#### **REPORT FROM STAFF**


There is no report from staff.

#### **MATTERS FROM THE FLOOR**

There were no matters from the floor.

#### **ADJOURNMENT**

There being no further business to discuss, Chair Kaltenbach moved to adjourn, second by Alex Dominguez, the meeting adjourned at 1:04 p.m.

  
\_\_\_\_\_  
**Emily Kaltenbach, Chair**

**Respectively submitted by:**

  
\_\_\_\_\_  
**Julie Sanchez, Youth and Family Services Program Manager**

**Respectively submitted by:**

  
\_\_\_\_\_  
**Lisa Noriega, Youth and Family Services Special Projects Administrator**