

**Alcohol, Drug and Mental Health Board of Franklin County
2015 2.2 Mill Renewal Levy with .5 Mill Increase Proposal**

**HSLRC Meeting Minutes
May 21, 2015**

The Human Services Levy Review Committee (HSLRC) meeting was called to order by Chairman Jessie Hemphill on Thursday, May 21, 2015 at 3:08 p.m.

ROLL CALL

HSLRC members present: Jessie Hemphill, Jerry Friedman, Jean Carter Ryan, Nathan Wymer and Zak Talarek

HSLRC members absent: Denise Bronson and James Bowman

A committee quorum was present.

Office of Management and Budget (OMB): Heidi Hallas, Justin Nahvi and Erik Janas

REVIEW AND APPROVAL OF MEETING MINUTES

Mr. Hemphill stated the next agenda item is the review and approval of the May 7th minutes. Mr. Friedman made a motion to approve the minutes. Ms. Carter Ryan seconded the motion. All members voted "Aye" and Mr. Hemphill said the motion carried.

FINALIZE HSLRC 2015 ADAMH LEVY REPORT

Mr. Hemphill said the next item on the agenda is to review the draft of the report prepared by the OMB staff. He told Ms. Hallas she did a very good job.

Ms. Hallas stated that she thought she captured what the committee is saying as far as the justification. She thinks what is missing is the full recommendation from the committee for what they want to see going forward. She did start putting some pieces together based on what she had been hearing. If there are other comments, edits or concerns about the report, they can start with that and then go into discussions.

Ms. Carter Ryan said they were discussing this planning committee to address those systemic issues. The question about retaining people and paying social workers is really not just for ADAMH and their providers but for all the levy agencies. They can't hold ADAMH accountable for that but it just seems that this discussion needs to go above ADAMH when you're talking about across the board. Folks need to be getting together and thinking about this strategic issue that addresses operations across many agencies. She thought they were going to be talking about all agencies and it wasn't just ADAMH providers but other social service providers as well.

Ms. Hallas said is she thinking as far as the recommendation including system wide discussion?

Ms. Carter-Ryan said when you talk about the group that convenes all the homeless providers, they brought people together under one umbrella to address homelessness across different agencies and that has helped move the agenda moving forward. Is there some other organization that could be convened to address some of these types of issues like the systemic issue that is employee retention?

Mr. Friedman said he had a similar thought but he was thinking more in terms of leveraging their role as a payer in terms of collaborating with other county agencies and looking at where they might both be funding

an agency. He liked the idea of kicking it up a level. Would that be an appropriate role for the Office of Management and Budget to convene? If they leave it to the individual agencies, it just seems to float out there.

Mr. Talarek said there was a recent meeting with the Council of State Governments that worked with the reentry coalition which included the Commissioners, Sheriff's Office and ADAMH. There are a lot of things that are happening and he doesn't want the emphasis to be have another committee. They need to focus on these larger systemic issues. OMB has talked about coordinating through the budget process to help emphasize that type of collaboration or meet the outcomes that the Human Services Levy Committee had discussed during that levy review process.

Mr. Friedman said he thinks what they heard here was more so about system capacity and then issues about workforce development and retention. Those in the big picture are things that seem to keep popping up.

Mr. Talarek said a lot of these issues are systemic to poverty. Part of the causes is not having a job and he knows that is something the Commissioners have addressed in terms of trying to find solutions with different programs. He thinks it is an opportunity that the Commissioners would decide.

Mr. Friedman said they could make a general recommendation to the Commissioners. There are opportunities for collaborative efforts. Workforce is a huge one. They have heard on occasion that Children Services had a very limited population of providers. There is really not much competition out there in terms of their ability to negotiate a competitive rate and he doesn't know how you fix that. They have a lot of folks doing a lot of things that is either crossing over and duplicating each other or creating gaps that collectively they could improve on both the financing and delivery of care.

Ms. Hallas said it may not be a report recommendation but it could be a letter to the Commissioners of the Committee's thoughts on these issues because they have been hearing this over and over. This is our third levy where they have been hearing the same issues. There could be a part two to this after they get these levy recommendations, they could say here is the outstanding big picture of countywide things that the Commissioners could take a lead on.

Mr. Friedman asked how the budgeting process is handled now. Is there any attempt to look at initiatives that are coming forward during the budgeting process to see whether or not there is a way to leverage some of that activity?

Mr. Talarek said OMB has talked about trying to get more collaboration in breaking down the silos. With the budget this year, the Domestic Court works with ADAMH and Children Services with the reception center that they have. That has been a joint program that went through the budget process and was coordinated to make sure that Domestic Court had some outside funding that they were losing but to try to continue that program. As part of the budget process, OMB needs to do more of not looking at it agency by agency but also the budget should be looked at in the aggregate if there is ways to collaborate; not only as part of the budget process but with grant opportunities. In the grant world, funding is becoming more competitive so you need to have that collaboration in order to get awards. Moving forward they want to get a process put in place so they can draw down more federal and state funding and not rely on county dollars to be the sole providers of these services. A lot of these are bigger issues and they would be making a very good case in drawing down those opportunities. The report might at least start the conversation to help OMB go to not only ADAMH but the other agencies saying they need to get everyone together so they can coordinate to make the best system they can.

Mr. Wymer asked if Mr. Talarek owned that at the end of the day. Does that fall on the Office of Management and Budget at the end of the day?

Ms. Hallas said OMB has a unique relationship with the Boards. The Commissioners have appropriation authority. Their boards votes on their budget that gets requested through OMB. OMB can tweak it and say

this doesn't look reasonable but once the Commissioners approve how much they can have it is locked in by budget category. Their purchases do not come through OMB. Their Board approves all their purchases and purchase orders. They are independent in a lot of ways as far as how they operate and who they report to. It is an interesting framework.

Mr. Hemphill asked is that true for all the levy agencies?

Ms. Hallas said the Office on Aging reports directly to the Board of Commissioners as the appointing authority.

Mr. Janas stated the elements of control that the Office of Management and Budget does not have with the other three agencies they do have with Office on Aging. The director of Office on Aging reports to him.

Mr. Hemphill said he was under the impression that periodically there is a form to review the progress in meeting the budget and all the financial objectives for the levy agencies.

Mr. Talarek said they do report quarterly in terms of their performance measures as part of the budget process. They participate in the budget process. On the terms of the day-to-day operations, the contracting authority does not come through the Board of Commissioners so there is not as much opportunity of oversight that OMB has compared to Office on Aging or another county office that doesn't have its own contracting authority. OMB see resolutions that come before the board for contracts and purchase orders that go through the purchasing department for most county agencies. The three levy agencies with an independent board don't go through that process. They have their own contracting authority and their purchases just go into the system. OMB can do oversight after the fact but with the other agencies OMB can see something ahead of time if something doesn't look right and work out the details.

Mr. Hemphill said if they have a recommendation in a report of a levy agency encouraging greater collaboration is that something that OMB would monitor as part of the quarterly review?

Mr. Talarek said yes OMB would monitor that as part of the budget process. They would set that as a standard to follow up with the agency. OMB would only have control in terms of how much to budget, after that it is a little harder. OMB can keep talking to them in terms of asking the questions but in terms of what they actually do, OMB's only hammer is in terms of at budget time as the control.

Mr. Hemphill said what he's hearing is that it would not be the vehicle to react to Jerry's recommendation that there be greater collaboration.

Mr. Talarek said he thinks it is good if it is in the report because there isn't a system in place that says you could mandate collaboration even outside based on the ORC frame. He thinks it is more than a bully pulpit that if the Human Services Levy Review Committee says that this is what you should do. Going forward the agency would want to because if they come back and say they can't survive, the Committee would ask have you worked with your other partner agencies and they say no. Then OMB would report that they haven't collaborated.

Ms. Hallas said she attends all the board meetings. The Board of Development Disabilities regularly reviews the Committee's last recommendations and actively tell their Board what the recommendations are, when they're working on them, what their progress is, and if they have met them. They actually integrated what the Committee recommended to make sure that they have met those points and they will report to her what the status is on different things. There are ways to do it, but it is up to those agencies to really embrace it and incorporate that as part of their process to be able to come back to the Committee and say they took the recommendations seriously and this is how they did those things. If the Committee wants to talk systemic, she recommends to put it in a letter on behalf of the Committee.

Ms. Carter Ryan said she liked Ms. Hallas' idea that there should be a letter to the Commissioners because they are seeing this as a consistent problem across these agencies. Can they create a group that could look to address it?

Mr. Friedman said another item is around leveraging their position with some of the major agencies that they contract with to look at more sustainable patient centered outcome measures that could further sustainability of the agency. With continuing use of fee for service approach, which is what they're doing, the more you do, the more you get paid. There is really nothing that ties the outcome of that patient's care to the agency.

Mr. Hemphill said maybe that needs to be a more specific recommendation of other options of financing, specifically those fee for service arrangements, for other opportunities or arrangements to be considered in addition to that one that will provide a source of revenue.

Mr. Friedman said capitated models or partially capitated models that reward good patient outcomes and some shared risk arrangements or shared savings arrangements. There could be upsides and downsides. The focus in his world is value. Are you getting for the price you are paying the quality and in some degree patient satisfaction. If you have patient engagement you probably have some degree of satisfaction and then the question is are people approving. If we are pushing all the service out and it is not having any effect then how are we measuring that? Mr. Friedman doesn't have a good sense that they are really tracking and monitoring the outcomes. He thinks they are checking off the box that they have delivered the service and bill it. It is a huge problem in medicine. You have a doctor who sees you and diagnoses you wrong and he gets paid. You come back and he gets paid again.

Ms. Carter Ryan said part of that value discussion also needs to be what are they doing about prevention? Instead of thinking about all these people that have addictions, what are they doing to shrink the pool and what strategies are out there? They didn't hear a lot about those strategies that are really critical. That needs to go in here and also needs to be in that letter. All these agencies need to start talking about how they are going to shrink the pool so they don't have abused and neglected children so they have less people that have addiction issues. They should be putting more emphasis on that so there less need at the other end.

Ms. Hallas stated on page 16, issue two, she had fee for service system. Does the Committee want to leave it as its own freestanding issue? She created that one bullet based on the discussion at the last meeting. She doesn't believe they are asking too much because ADAMH is starting to head that way. That is why they are building that new SHARES system. They were saying MACSIS didn't have that level of detail and data currently as that exists and they are building that in SHARES. Also, in their report they just started a couple contracts that are incentive based so it's not unreasonable to add it.

Mr. Friedman said the only addition he has is patient centered outcomes.

Ms. Carter Ryan said the recommendation to convene a planning committee to identify and analyze future needs isn't comprehensive enough. Doesn't the Committee want to say to identify the needs of the funding sources, requirements, and how that all comes together in terms of a system issue.

Ms. Hallas said she can definitely change it. She heard the issue was that they needed to do a better job at quantifying what is going on in their system so they can plan for the future. As these numbers of changes are coming into law or pending, they want ADAMH to be more thoughtful of those things as they move forward and plan ahead. The committee may not be the most appropriate group to do that. Ms. Hallas was taking the pieces of everything she heard from the last meeting. In the first paragraph, she just talked about all the policy changes of the state and federal level that have come across since the last 10 year cycle. When the Committee has asked for that information, ADAMH indicated that they couldn't determine the impact. What she heard the Committee saying was is there some way they could take a look at that. What would your recommendation be for them?

Mr. Friedman said he thinks rather than a planning committee, maybe ask them to create a mechanism and process to identify existing capacity and workforce issues.

Ms. Carter Ryan said she thought the Committee was talking more about what the prospective policies and strategies are going to be coming out about laws and requirements through this discussion like Medicaid funding sources. What are they all and how does that impact their ability to address mental health and addiction issues at the local level.

Ms. Hallas said thinks the Committee was trying to get their head around all these changes that have happened and are continuing to happen. What does that mean for ADAMH and they have never quantified it. They would say it has not fully happened or it might change. As a system, they have to really start understanding those things so they can project need. There was a slow reaction to reprioritizing dollars. It is about getting ahead of it and saying what does this mean for our system? What does this mean for cost savings? They talked that there has to be some kind of savings because someone else is picking up the treatment bills. ADAMH couldn't quantify it. As a system and as a payer, shouldn't you be scanning the field on a regular basis to say what is coming and what it mean for us and how could we project the financial impact. The documents the Committee got came from the state level when they had talked about Medicaid. The state projected a much higher amount of savings from Medicaid. There was some frustration on behalf of the committee about why isn't this part of what ADAMH is already doing. They need to look at what is going on and being proactive instead of reactive in order to take advantage of the cost savings. Ms. Hallas believes that part of the problem with the large cash balance was they were slow to react. When Medicaid fully elevated in 2011, they could have reprioritize dollars more aggressively.

Mr. Hemphill said so why doesn't the Committee address Ms. Carter Ryan's suggestion about prevention or focus on prevention.

Ms. Hallas said so do they want a different bullet?

Ms. Carter Ryan said she did think it was a separate bullet.

Ms. Hallas asked if the Committee wanted to keep the first bullet in the draft report.

Ms. Carter Ryan said she thought it was an important one and she thinks the question is just how to wordsmith it. There are things coming down from the federal and state level, so how do you plan for, respond and react to those in a more strategic manner. Creating some mechanism to do so needs to happen. She is less judgmental about their inability to respond because they don't know how this is going to play out. She does think if they had some type of assessment process in place that could help them guide their decisions that maybe they don't have now, that would be helpful.

Mr. Friedman said the thing that always struck him is how does their leadership keep track of what is going on? Do they have a dashboard, do they have a report that they generate on a monthly or quarterly basis that tells them what is coming at least within their world? What are those key metrics that they are tracking? Is there a dashboard that they could create that would allow you to understand and see things coming? The reaction is that "it is just happening to us" as opposed to we identified the coming issues and we managed it.

Ms. Hallas said they the ADAMH Boards have a board association but Franklin County is no longer participating.

Mr. Wymer asked who is filling that gap now.

Ms. Hallas said she didn't know but she could ask. Part of the issue was the pushback on state funding. Honestly, Franklin County doesn't receive its due share of state dollars. As a growing county, they county has not been compensated on an increased per capita bases. Ms. Hallas then state that issue two in the

report is the fee for service system. Does the Committee want that to be a freestanding recommendation or should the issue just be provider payment and not necessarily calling any fee for service.

Mr. Freidman said generically and it's probably integrating care delivery and financing.

Mr. Hemphill said they might want to coin it alternative funding models.

Ms. Hallas said in the actual recommendation she put to explore different provider payment models to increase system efficiencies and cost effectiveness. Does that capture the spirit? She can go further into those things that they have discussed. For employee retention, does the Committee want to keep that issue as its own issue or merge it?

Ms. Carter Ryan said she thinks it should be in there as well. She thinks they had it in the last levy.

Mr. Talarek said the difference with Children Services is they provide the service directly with their employees and this was more of ADAMH funding the agencies who are then providing the service. Trying to improve the system wide, the system would improve if you dealt with the retention issue at the provider agencies.

Ms. Carter Ryan said she thinks the problem within the mental health and addiction system is the opportunity to call it out again. It is a good time to do it. Recognizing that they don't have direct control but they can certainly use their dollars to help make a difference.

Ms. Hallas said that their position is a payer position. ADAMH supports the majority of these agencies' budgets and then they go well we can't tell them what to do. She doesn't understand that.

Mr. Friedman said does the report mention capacity in this one because he thinks that is the other issue. It is really the capacity to meet the need.

Ms. Carter Ryan asked what is the recommendation in regard to the capacity? The point is there are not enough employees that are actually in these agencies to address all the needs.

Mr. Friedman said what they heard was that they had this money and they tried to push it out there and there weren't slots that were available. Probably in part it is the efficiency of the system, so are the right people working on the front lines where we are having constant churn of those employees which is going to reduce the productivity? Then overall, there doesn't appear to be sufficient capacity and how do you grow that if you are continuing to pay low wage scale that is not encouraging retention.

Ms. Hallas said she was just at a BDD meeting and because the provider choice in Medicaid, the county now has 1500 BDD providers that the state has certified. New providers are coming in because there are additional funds to serve this population. You don't hear about that in the ADAMH system. More providers wanting to be part of the network would increase competition. Not only do you have quality employees that keep turning over ADAMH needs to start going beyond their network. They only open the doors to that network a couple years ago when things started shifting. In the meantime, some agencies merged so their network is smaller than it once was but they are saying the demand is so much higher. She asked the question at some point is there a concern about demand because they have so many smaller entities and merged bodies that they don't have as many social workers. The response was they have grown their network but they have grown their network for other services like housing and reentry. They're not even their core service people agencies that are struggling with 60 day waitlist. She's not sure how the Committee wants to address employee retention in the report as it ties back to your letter to the Commissioners.

Mr. Friedman said he thinks it merits a separate recommendation and if there is a little bit of overlap, it just shows how well aligned the Committee is.

Mr. Hemphill said these retention issues in item 3, does that pertain to just the ADAMH providers or does the ADAMH Board itself have a retention and capacity issue?

Ms. Hallas said ADAMH doesn't have social workers. They are administrators so they don't have the turnover like these nonprofits do. It seems like the stronger and healthier agencies are the one that do physical health also. They have to change the way they are thinking because it is not working anymore. When it relates to capacity, she can touch on it in issue three and say with all the turnover they can't service as many clients. She can also list the capacity issue in the identifying future needs so if they are ahead of the game, they can start building capacity knowing that more folks may be coming through the door now that Medicaid has expanded.

Mr. Hemphill said he thinks it should be both places.

Mr. Friedman said in addition to Medicaid there is the issue of mental health parity and there are federal regulations coming out on that which will also then increase demand because more people will have coverage for that service.

Ms. Hallas said it may reduce their system demand. In their last levy book, there was a lot of discussion on how they are serving people who are insured because they didn't have health coverage. On the private insurance front, a lot of folks have left their system and are going to the private social workers for those types of services because it is now covered.

Mr. Friedman said the law passed in 2009 but the Feds just issued the regulations and there was a big question whether or not it would cover public plans and so it will cover governmental plans as well.

Ms. Hallas said in number 4, they want to talk about prevention?

Ms. Carter-Ryan said the issue is identifying strategies to reduce the number of people who are addicted to alcohol and drugs and try to intervene with early intervention with people with mental health issues would be a way to stop things from escalating.

Ms. Hallas asked so that the recommendation is the Committee doesn't feel they are putting enough emphasis on it at this point in time? Are they just not prioritizing enough?

Mr. Talarek said they have talked about going into all the schools and he thinks building on that almost ties to the first one. Let's not be reactive let's be proactive and let's invest now. It may not help the current population that has needs but 5 to 10 years down the road it is going to have an impact so the people getting taken care of are aware to get the mental health coverage early when it is not a serious mental illness so the pool is not continually growing. It makes sense to frame it that way and align it with the first one. You can prevent it so you will not need as large a capacity as well addresses the capacity issue from another angle.

Mr. Friedman said again it is population health management. You can't ignore the folks that aren't in crisis. You have to look across the population and allocate the resources based on the need but you can't say just because someone is in crisis today that there isn't some need elsewhere. The other thing that has come to his attention is disparity. He doesn't really remember much in the levy book about disparity and where there was any focus on alleviating disparity.

Ms. Carter Ryan asked what does he mean by disparity?

Mr. Friedman said racial and ethnic. Are things being delivered in a culturally competent way? He heard a story on the way down here that Children's Hospital has done this multi-year study and it appears that suicides among kids from 5 to 11 years old in the African-American community is increasing and the white community is decreasing and that is a problem. There needs to be some very early prevention and how much of that is being comprehensively. Where are the real hotspots and what can they do to bring equality?

Mr. Hemphill asked how do you create programs that prevent mental illness? If you are obese, you can focus on your diet but what do you do to prevent mental illness?

Ms. Hallas said you have two groups. Some severe mentally ill folks will always be in that system but it is also making sure that those folks stay on their meds to prevent relapse. The other group they refer to as any mental illness. It can be caught early before it becomes severe, such as identifying signs of depression that is the early intervention before they are in crisis. Prevention for drug and alcohol tries to reach folks before they start. For mental illness, it is that early intervention and identifying signs. Also, educating children on the signs and identifying bullying so then families can discuss it. Another big thing is stigma. That is huge issue for both of these populations. Parents may just ignore the issue because they don't want a child with mental illness. Some don't want that diagnosis because of the negative labels associated with it. Another goal is to reduce that stigma so more people seek treatment and help. There is just a certain segment that will always be using ADAMH services. Maybe soon less with the new Medicaid waiver program they are talking about in Ohio. If they get that, then Medicaid will pick up 60%. However they may still utilize the ADAMH network of providers. They are talking about catching it early and educating folks that it is okay to seek help.

Ms. Hallas asked if there was any other topic. If not, they have four recommendations at this point. The first one is to identify future needs. The Committee talked about a process to identify and analyze their future needs and within that identifying what is coming for capacity issues and how do you react and respond to get ahead of what is going on in their system. The second one is the integration of care and financing. Looking at provider payment models to increase their efficiencies and cost effectiveness. The third one is the provider employee retention. Looking at ways to address their employee turnover among their network providers. Finally the prevention one they just talked about.

Mr. Talarek asked if they wanted to have collaboration as the fifth one for just collaborating with the others in the system that they had talked about in the beginning.

Mr. Friedman said he talked about having that as freestanding. It might be that they want to mention that as they present the recommendations and report to the commissioners. The Committee might just want to have a call out on that and say that one of the things that they've noticed.

Ms. Hallas said she can say communicate with other systems for best practices. The Committee may want to say they are seeing this across systems and recommend working together to solve these systemic issues. The Committee is recommending to the commissioners that some sort of group for the county be convened to address this lack of social workers. OMB knows that the demand for social work is going to be going up within our jails. The Guardianship Services Board for the Probate Court will be hiring 5 social workers when they are fully operating and these are better paying jobs than the provider networks.

Mr. Friedman said he thought the report should have the citizens of Franklin County or the taxpayers through ADAMH are financially supporting them to make the point that this is not ADAMH's money. They Committee can't underscore that enough that part of their responsibility here really is to the citizens. They also need to talk about legislative and regulatory changes. Did they put something in about them reporting back to the Committee?

Ms. Hallas said she did not in this one, do they want them to do a mid-levy update?

Ms. Carter Ryan said the Committee wants that with all the agencies.

Ms. Hallas said do they want to include that as its own or do they want it as one of these recommendations?

Ms. Carter Ryan said she thought the report that goes back to the agency said they wanted a mid-levy update. It doesn't really matters where it goes just so they know that they want it and it has to be done.

Mr. Friedman asked if they could add some specificity that asked them for the key metrics that they are tracking to assure that they are achieving their goals and objectives.

Mr. Hemphill said doesn't that go back to the dashboard.

Mr. Friedman said it is but this is on an ongoing basis and he is asking them to give it to us on a mid-levy timeline.

Mr. Janas said he provided Mr. Royer with an update following the last meeting regarding the direction the Levy Review Committee was headed in and that was the guidance the committee had given staff. Mr. Royer said he needed to take that back to his board. Mr. Royer called him late last week and said he had a conversation with his board and the board had concerns regarding the recommendation. Mr. Janas indicated that he would contact Mr. Royer tomorrow and revisit it and see where he is at.

Ms. Carter Ryan said from her perspective, they will take a look at it five years from now and see if the needs are there. The Committee actually came into this thinking there might be an opportunity to raise the millage rate but the more they looked at it the things changed in terms of people's perception.

Ms. Hallas said the Committee will look at whatever circumstances are warranted in five years.

Mr. Wymer stated if the need is there before five years they could certainly come back and he would remind them what the process is.

Ms. Hallas said if something happens that couldn't be projected or anticipated occurred, they can communicate to the Commissioners and determine how to move forward.

Mr. Hemphill asked Mr. Janas if he shared with Mr. Royer the impact of this excess cash issue.

Mr. Janas said he had talked to them that the early concerns based on the presentations were twofold. One was the cash balance and secondly the under spending year over year of the levy cycle. Because of those two complementary factors it was going to be difficult for the committee to move toward an increase.

Mr. Friedman said he was more inclined to look at the uncertainty of the next five years because it could go either way. They could grow within their existing dollars to the extent that other sources come in and pick up some of the severely mentally ill expensive cases. They may find dollars that they could use with regard to prevention services that they were proposing.

Mr. Janas said they don't know what's on the horizon necessarily but there have been a lot of policy changes in the last five years that you necessarily can't predict in addition to revenue sources themselves.

Ms. Hallas said those changes didn't necessarily equate to it costing them more money. It actually saved them money and some of these other pending policies may also save levy funds. Again it is unknown which is why the Committee wants to see how it plays out the next five.

Mr. Hemphill said he is quite frankly not for putting in any language in there that suggest that they will consider an increase after five years.

Mr. Janas said the Committee's recommendation will go to the Commissioners and they will make the decision of what goes on the ballot.

Mr. Hemphill said the Committee has done their due diligence as a committee. Mr. Janas has given them the reasons why the Committee has come to the conclusion. The fact that Mr. Janas reached out to them

suggests that they are doing their job both politically and in terms of the Committee's role and responsibility.

Ms. Hallas said the next meeting is in three weeks. If the Committee has any final comments or any additions they want to be put into the final draft, email those by May 29th. Her goal would be to get the final report to the Committee by June 5th for review. The vote to approve the report will be at the final meeting on June 11th.

Ms. Carter Ryan said so Ms. Hallas will have both this updated report that they reviewed and she will also have the letter that goes to the Commissioners which has the broader items.

Ms. Hallas said yes she will have that as well. Again, if the Committee has any final comments or anything to add, please have it to her by next Friday. She will email the two absent members to let them know that timeframe as well. The next meeting will be June 11th from 3 to 5 in the West conference room.

Mr. Hemphill asked for a motion to adjourn. Ms. Carter-Ryan made the first motion and Mr. Friedman seconded the motion. The meeting was adjourned at 4:25 p.m.