



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
 HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov



## EXECUTIVE COMMITTEE MEETING MINUTES

January 25, 2018

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, <i>Co-Chair</i>	Ricky Rosales, <i>Co-Chair</i>	Bridget Gordon	Cheryl Barrit, MPIA
Traci Bivens-Davis	Al Ballesteros, MBA		Carolyn Echols-Watson, MPA
Jason Brown	Joseph Cadden, MD		Dawn McClendon
Raquel Cataldo	Eric Paul Leue	<b>DHSP STAFF</b>	Jane Nachazel
Kevin Donnelly	Kevin Stalter	None	James Stewart
Aaron Fox, MPM			Julie Tolentino, MPH
Joseph Green			
Mario Pérez, MPH			

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, *1/25/2018*
- 2) **Minutes:** Executive Committee Meeting Minutes, *12/28/2017*
- 3) **Recommendations:** Los Angeles County HIV/AIDS Strategy (LACHAS) for 2020 and Beyond: Recommendations for Community Engagement, *Draft 1/8/2018*
- 4) **Table:** Los Angeles County Commission on HIV, 2018 Colloquia Series Schedule, *1/23/2018*
- 5) **Table:** Planning, Priorities and Allocations Committee, Division of HIV and STD Programs (DHSP), New Contracts - Vulnerable Population RFP, *1/25/2018*
- 6) **PowerPoint:** Los Angeles HIV/AIDS Strategy and Health District Overview, Los Angeles County, Commission on HIV, *January 2018*
- 7) **Graphic:** South Service Planning Area (SPA 6), By Health District and Zip Code
- 8) **Table:** LA County HV/AIDS Strategy, Health District Overview, *January 2018*
- 9) **Table:** Ryan White Part A, MAI Year 27 and Part B YR 17 Expenditures and Other Fiscal Year 17/18 Funding Expenditures by Service Categories, *11/30/2017*
- 10) **Table:** Commission on HIV Membership Slate, *1/9/2018*
- 11) **Strategies:** Los Angeles County Commission on HIV, Member Recruitment and Retention Strategies, *Draft 12/26/2017*
- 12) **Scope of Work:** Assessment of Administrative Mechanism (AAM), Scope of Work for SST Nonprofit Services, *1/19/2018*
- 13) **Information Sheet:** Housing Task Force (HFT), *1/24/2018*

**CALL TO ORDER:** Ms. Granados called the meeting to order at 1:03 pm.

#### I. ADMINISTRATIVE MATTERS

**1. APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order, as presented (*Passed by Consensus*).

**2. APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the 12/28/2017 Executive Committee Meeting Minutes, as presented (*Passed by Consensus*).

#### II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

**III. COMMITTEE COMMENT**

4. **NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

**IV. REPORTS**

5. **EXECUTIVE DIRECTOR'S REPORT:**

- Ms. Barrit noted the Health Resources and Services Administration (HRSA) site visit will be the week of February 12th. She invited Executive and Consumer Caucus members for a Meet and Greet 2/14/2018, 11:30 am to 2:00 pm, Commission offices. Please RSVP by 2/9/2018. The Project Officer, as usual, has asked to meet with Planning Council members alone.
- Ms. Barrit offered an update on the Commission's recommendation to the Board of Supervisors (BOS) to support the Undetectable = Untransmittable (U=U) consensus statement. Health Deputies from Supervisor Mark Ridley-Thomas, 2nd District, and Supervisor Janice Hahn, 4th District, offices responded first. Ms. Barrit continues to follow up and advocate for a motion or full proclamation. The California Department of Public Health and many others have already endorsed U=U.
- Mr. Pérez added U=U is the modern form of Treatment as Prevention (TasP) which the County has supported for a decade.

**A. Draft Community Engagement Summary Recommendations:**

- Ms. Barrit noted the updated iteration in the packet with additions in red. The Operations Committee that morning had a good discussion on how best to educate the community on the need for LACHAS to ensure buy-in. There was also a robust discussion at the Transgender Task Force on opportunities for improvement in engaging with that community.
- Staff continues to refine educational materials and plans a LACHAS-Comprehensive HIV Plan (CHP) cross-walk analysis.

**B. 2018 Colloquia Series Schedule:**

- In place of a colloquium, West Hollywood will present at the 2/8/2018 Commission on their Get to Zero Plan, their most recent evaluation of it, and positive/negative lessons learned. The presentation will anchor a LACHAS discussion.
- Responding to requests for discussion on homeless resources, Ms. Barrit is developing a roundtable for the April Commission with key housing leaders and policy stakeholders, e.g., Peter Lynn, MBA, Executive Director, Los Angeles Homeless Services Authority (LAHSA); a Los Angeles County Community Development Commission representative; and Abigail Marquez, MSMP, Assistant General Manager, Community Services and Development, Los Angeles Housing + Community Investment Department (HCIDLA). The roundtable is meant to break apart siloed housing conversations.
- Colloquia are tentatively planned for March, Project Rise study; May, PrEP stigma; and July, health and transgender women.

- C. HIV Connect Update:** Work continues with urgency to populate the database and review the site for technical glitches. Kyle Baker, DHSP, recommends Executive identify time to review the site with DHSP regarding social marketing lessons learned.

**D. Staffing Update:**

- Ms. Barrit noted the contract for James Stewart, long-time Commission Parliamentarian, will not be renewed after the February 2018 Commission and Executive meetings. Both the Commission and Executive Office have evolved since Mr. Stewart began. The Commission Co-Chairs and Executive Committee have set the tone for behavior and developed Commissioner skills. The Executive Office is also providing more training for all Los Angeles County (LAC) commissions.
- Staff is working with the Executive Office on a work order solicitation for a broad menu of parliamentarian services that will be available to provide Technical Assistance to all LAC agencies. The Commission on HIV has been the only LAC commission with its own parliamentarian. Ordinarily, staff provide routine parliamentary services.
- Mr. Stewart thanked everyone for the past 17 years. He noted previous Commissioner Geneviève Clavreul, RN, PhD had strongly advocated for his hire. He has enjoyed the experience and looked forward to new opportunities to serve.

6. **CO-CHAIRS' REPORT:**

- A. Committee Co-Chair Nominations/Elections Reminder:** These elections should be occurring at the next meetings.

- B. Executive At-Large Nominations/Elections Reminder:** The At-Large nominations and elections follow that of Co-Chairs.

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**

**A. RWP PY 27 Expenditure Projections:**

- Mr. Pérez reported DHSP held a full-day conference earlier that week with the seven contracted agencies for the Vulnerable Population Request For Proposals (RFP). DHSP has delegated authority to extend the three-year contracts for two years and then six month extensions. Overall, the investment will be \$25.3 million over five years.
- These important new services will hopefully advance HIV prevention efforts among the most at risk populations.
- To date, there is nothing to suggest that the Continuing Resolution will threaten Ryan White funding.

**B. Solicitations Update:**

- DHSP has identified some five service categories for solicitation in 2018. They are in different stages of development and refinement as DHSP reviews, e.g.: funding level requirements; performance metrics; aligning new services with LACHAS, including Health Districts (HDs), viral suppression goals, and numbers of those undiagnosed.
- The order of RFPs is adjusted over time as questions arise and are addressed, e.g., whether cost reimbursement or Fee For Service (FFS) would be preferable. DHSP often hosts provider meetings for input especially on financing options.
- Regarding a question on LAC fiscal restructuring, Mr. Pérez confirmed a proposal to consolidate all Department of Public Health (DPH) budget units into one. Historically, the community has advocated for HIV resources to be managed separately. He could not provide much detail at the time, but felt it important to recognize that HIV has a unique level of community and Commission oversight, especially around Priority- and Allocation-Setting (P-and-A). He is working to ensure DPH fully appreciates that oversight which serves as the cornerstone of the relationship and accountability.
- Ms. Gordon questioned a lack of services for African-American (A-A) women. Mr. Pérez noted DHSP's prevention portfolio has multiple targets including especially: women; HIV+ persons, Prevention for Positives; Injection Drug Users (IDU); gay men of all ages, including men over 30; young gay men, particularly those of color; and transgender persons.
- A few years ago, DHSP began to hear from the transgender community and the Transgender Service Provider Network (TSPN) about that community's prevention needs. A set of recommendations was developed by the community, further developed by AJ King, MPH and others at the University of California Los Angeles, and became recommendations for a new prevention services model that informed a new RFP for HIV prevention and other transgender health needs.
- Separately, there were multiple community conversations with young people, in particular young Black gay men, about their HIV prevention, as well as social, environmental, financial, employment, spiritual health, and mental health needs. They shared that DHSP's existing programs were not responsive to their needs leading to development of a second RFP.
- The Vulnerable Population RFP rolling out now, as noted above, was meant to more intentionally meet the needs of those two groups. Programs serving the other target populations continue, but their contracts expire in June 2018.
- DHSP is reviewing the impact of those existing programs, e.g., staff ran an analysis of every woman who became HIV+ in the last five years to better understand their circumstances, risks, and census tracks. Staff also reviewed the most recent HIV prevention science pertaining to women of color, though it is limited, and engaged at national conferences to better inform the next RFP while remaining aware of the reach and scale needed for an area the size of LAC.
- DHSP expects to meet with existing contractors in the next few months to discuss its understanding of the services and population needs. RFPs for the four remaining groups need to be written by March 2018 to initiate services 7/1/2018.
- Mr. Pérez felt there was significant room for improvement and that, as a community committed to the goals and spirit of LACHAS, it is important to be more intentional with what is expected to work. The Maternal, Child, and Adolescent Health Programs (MCAH) at LAC+USC Medical Center is well regarded, but its focus is on women living with HIV and their families' needs - not how to prevent the 80 new infections among A-A women and the 80 among Latinas in 2018.
- Ms. Gordon suggested outreach to build long-term relationships that help people address underlying issues putting women at risk, e.g., unemployment, violence, sex trafficking, child abuse. Mr. Pérez agreed those are valid issues, but they require upstream conversations with the Departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), and all the large public and private systems whose resources far exceed HIV prevention funding.
- The IDU population also faces issues. They need a full service menu over a sustained period of time that goes beyond what the current HIV prevention programs fund, e.g., harm reduction, strong linkages to treatment, HIV testing, Hepatitis C screening. Mr. Pérez has suggested one option is to serve fewer IDUs per year, but more comprehensively.
- The STD budget was cut this year and the HIV prevention budget has remained the same to date. Intentional conversations are needed to determine how best to allocate existing HIV prevention resources. For example, when there is a colloquium, ask how that HIV prevention science can be applied to P-and-A.
- DHSP previously used a UCLA Scientific Advisory Committee to guide its HIV prevention work with information on what works and what scale of an intervention is needed to achieve a level of sustained impact, e.g., research indicates that 150 of 1,000 people in a targeted at risk population must fully support a prevention intervention for sustained impact.

- Programs that only engage 40 women annually raise concerns. He urged holding conversations with intentionality including scientists, practitioners, providers, women at risk or personally impacted to help reframe services.
- Ms. Barrit noted there are three women's groups with different strengths and networks with input to integrate.
- Mr. Pérez offered, though not customary, to bring a few women's voices into the DHSP conversation over the next few weeks. DHSP can share epidemiology surveillance, behavioral data, and current scopes of work not identified per agency in order to inform discussion on the next set of women's prevention services.
- ⇒ Ms. Barrit will follow-up on any additional information regarding the proposed LAC fiscal restructuring and report back.
- ⇒ DHSP will provide a draft of the current order of RFPs at the next meeting.
- ⇒ Mr. Pérez will report back on which agencies provide services to A-A women, how much is invested in such services, and the proportion of new infections anticipated among each of the six targeted groups noted above.
- ⇒ Staff will coordinate a feedback session for women at DHSP to help inform the next set of women's HIV prevention services. Ms. Bivens-Davis, Ms. Gordon, Ms. Granados, Ms. Barrit and a couple of others will participate.

**8. LOS ANGELES COUNTY HIV/AIDS STRATEGY (LACHAS):**

- Ms. Barrit reviewed the PowerPoint in the packet. It has been refined via Committee feedback, e.g., Health Districts (HDs) will be color-coded to Service Planning Areas (SPAs) and Commissioners will be added to the contact list per their HDs.
- ⇒ LACHAS PowerPoint, Page 2, "LACHAS goals are aligned with:" Add, Comprehensive HIV Plan.
- ⇒ LACHAS PowerPoint, Page 6: Clarify that HIV Disease Burden is per 100,000 population.
- ⇒ Add information for all 88 cities in LAC to interactive map.
- ⇒ Coordinate with Kyle Baker on adding select Social Determinants of Health (SDH) to interactive map. Other data resources include: Office of Health Assessment and Epidemiology, DPH; and Southern California Association of Governments (SCAG).
- ⇒ Update materials for presentation at the 2/8/2018 Commission meeting.

**9. STANDING COMMITTEE REPORTS:**

**A. Planning, Priorities and Allocations (PP&A) Committee:**

- Mr. Brown reported RWP PY 27 Expenditure Projections as of 11/30/2018 reflect \$1.9 million in Part A underspending due to several factors including a reduction in Substance Abuse expenditures due to Drug Medi-Cal. Part A must be maximized so expenditures will be shifted from other funding streams to ensure meeting that requirement.
- MAI funds can be rolled to the next year, but only for one year. Expenditures will increase once the Memorandum Of Understanding between Housing For Health and DHSP is finalized.

**1. Housing Opportunities for People With AIDS (HOPWA):**

- a. **Update on Consolidated Plan:** Rebecca Ronquillo will report on the Plan at the 2/20/2018 meeting.

**2. Vaccine Preventable Disease Control Program (VPDC), Department of Public Health (DPH), LAC:**

- a. **Community Outreach and Education Strategies:** Franklin D. Pratt, MD, MPHTM, FACEP, Medical Director, VPDC, attended for input on conducting outreach to the community to foster uptake of the new vaccine portfolio effort.

**3. Minority AIDS Initiative (MAI) Plan and Directives Update:** Mr. Brown reported the current Plan was presented for review. Deliberations will be taken up at the 2/20/2018 meeting.

**B. Standards and Best Practices (SBP) Committee:**

- Ms. Granados reported SBP did not meet in January. It will elect its Co-Chairs at its 2/1/2018 meeting.
- The Housing and Prevention Standards of Care (SOC) comment period opened at the 12/14/2018 Commission meeting and closed 1/12/2018. Comments will be reviewed at the 2/1/2018 meeting and the SOCs will be forwarded, as appropriate, to the 2/8/2018 Commission meeting for approval.
- SBP has begun work on the Legal Services SOC and letters have gone out to invite experts to participate in the review.
- ⇒ Ms. Barrit will coordinate with Wendy Garland, MPH on providing a presentation of Medical Care Coordination (MCC) data. SBP will address updating the MCC SOC next so data will inform that work.

**C. Operations Committee:**

**1. Recognition Work Group:** This item was postponed.

**2. Membership Management:**

- Ms. Bivens-Davis reported Operations reviewed membership and attendance. Operations has engaged in active outreach to improve attendance for three Commissioners, but they have not been responsive.

- Staff will send letters to Jose Muñoz and Raphael Péna on 1/26/2018 showing the policy on unexcused absences, confirming the number of each of their unexcused absences, and suspending voting privileges. If there is no response by the 2/22/2018 Operations Committee meeting, then recommendations for removal will be triggered.
- The recommendation for the third Commissioner, Yolanda Sumpter, is removal due to continued lack of response.
- a. **Reflectiveness and Seat Vacancies:**
  - Unaffiliated Consumer vacancies were: SPAs 4, 6, and 8; and, Supervisorial Districts 2 and 3.
  - Institutional vacancies were: Medi-Cal; City of Pasadena; Board Office 2, interviews in progress; Local Health/Hospital Planning Agency, Ms. Barrit was speaking with Kaiser Permanente representatives. Ms. Gordon also suggested contacting the LAC Commission on Hospitals for the latter seat.
  - There were also vacancies for a Provider Representative and an HIV Stakeholder Representative.
  - Recruitment was ongoing especially with the Consumer Caucus and Consumer Advisory Boards (CABs).
- b. **Recruitment and Retention Plan:** This discussion was tabled until the 2/22/2018 meeting.
- 3. **Assessment of Administrative Mechanism (AAM) Update:** The AAM is on schedule with the launch of the second phase of interviews with DHSP and DPH.

**D. Public Policy Committee:**

- Mr. Fox reported the February 2018 meeting will be rescheduled because he will be at a conference in Sacramento.
- ➔ Staff will send out an announcement on the rescheduled February 2018 meeting once the date is determined.
- 1. **Healthcare Access:**
  - The current federal Continuing Resolution (CR) expires 2/8/2018. It included reauthorization for the Children's Health Insurance Program (CHIP) for multiple years, but not for Community Health Center (CHC) funding.
  - There will be one or more additional CRs. A variety of issues remain outstanding in addition to CHC funding including Deferred Action for Childhood Arrivals (DACA) and disaster relief for multiple regions.
  - The President's Budget was expected later than usual in mid-February. The last budget highlighted continued funding for Ryan White and Federally Qualified Health Centers (FQHCs), but the latter was not reauthorized.
- 2. **Federal Tax Bill:**
  - This bill did zero out the tax penalty, starting in 2019, for not meeting the individual mandate for healthcare under the Affordable Care Act (ACA). There are various discussions at the state level to address the issue.
  - Mr. Fox expected to learn about potential options at a 1/31/2018 meeting in Sacramento. It is expected to review what the 2018 health care package will look like overall. It does include an individual mandate. Signatures are also being collected to place a proposition on the ballot that would raise taxes to fund universal healthcare.
- 3. **State Legislation and Budget:**
  - Governor Brown gave his last State of the State that day. He referenced healthcare once pertaining to Medi-Cal expansion and the federal funds needed for that. His January budget had no programmatic changes or cuts to the ADAP Program. A one-time allocation last year of \$4 million for ADAP Enrollment Workers is now permanent, doubling funds to \$8 million. That will help fund an increased work load, e.g., from the PrEP Assistance Program.
  - Legislation is starting to be introduced so a fairly good idea of the Docket should be available by the next meeting. One introduced bipartisan bill would add language to what CME courses the Medical Board can consider pertaining to HIV prevention, primarily PEP and PrEP. While not a mandate, it would help improve provider awareness.
  - California HIV Alliance asks are outlined and being fleshed out. They should be finished by next week so meetings can be held with Budget Committee staff by the first half of February. The Alliance also met 1/24/2018 with the California Legislative LGBT Caucus who seemed very receptive to supporting the asks for the first time. The Caucus is more organized than in the past and has more staff so may play a bigger role in pushing the asks.
  - The State has a \$6 billion surplus and the HIV portfolio has not yet recouped the \$85 million cut in 2009 so the Alliance plans more aggressive asks. It is also meeting with gubernatorial candidate campaigns on what it would like to see and what it has not been pleased with in the Brown administration. The reception has been warm.
  - Ms. Gordon advocated for ending the ADAP six-month recertification regulation. Mr. Pérez replied, as a federal regulation, ending it would require opening the Ryan White HIV/AIDS Treatment Extension Act to reauthorization. Depending on the administration, opening it could negatively impact funding. Mr. Fox added California delayed implementing the regulation as long as possible and was the last state to implement it.
- 4. **County Legislation and Policies:** This item was postponed.

**10. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS:**

**A. Consumer Caucus:**

- Mr. Green reported the second CAB Meet and Greet was being planned for April 2018. A large CAB Fab is also being planned for October or November 2018 to target 100-150 people.
- Co-Chair nominations will be opened at the 2/8/2018 Caucus meeting.
- Traditionally, all three Co-Chairs have been HIV+, but he suggested opening one seat to an HIV- person. Ms. Bivens-Davis suggested opening the topic at the Caucus, but supported the concept as elevating the importance of prevention. Mr. Stewart added family members of those receiving services are also impacted and their voice is under-represented.
- Public Counsel presented at the 1/11/2018 Caucus on changes to Social Security Disability.

**B. Women's Caucus:**

- Ms. Barrit reported Ms. Tolentino presented on LACHAS to a CAB member from MCAH while Dina Jauregui assisted with interpretation. The fruitful interchange offered space for the individual to ask questions which triggered revisions.
- Staff will poll again for the next meeting to encourage attendance and identify more partners to ensure diverse perspectives on community needs. It is not uncommon for attendance of Caucuses to rise and fall over time.

**C. Transgender Task Force:**

- Ms. Barrit said a current Task Force focus is to support Operations' work in recruiting from the transgender community.
- The Task Force also provided good LACHAS feedback, especially regarding the transgender community not being as involved in LACHAS development. She has heard that feedback in multiple spaces so it is a reminder to solicit feedback.
- At the same time, people have not always read a document prior to offering negative feedback so redirecting people can be helpful to turn feedback into something actionable for the Commission.

**D. Housing Task Force:**

- Ms. Barrit reported the Task Force has decided to meet quarterly going forward. It is a priority under Public Policy. Meanwhile, Ms. Ronquillo has been re-assigned from Public Policy to PP&A to better provide data for P-and-A.
- A letter to the BOS was previously considered regarding Measure H and its responsiveness to the needs of PLWH.
- The Task Force determined it would be more effective to influence revision of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) to better reflect PLWH needs. The VI-SPDAT score determines access to Coordinated Entry System (CES) services which offer opportunities to leverage a much larger funding source.
- Ms. Barrit is attending the LAHSA Operations Committee which addresses VI-SPDAT changes. She explained why the current methodology is unfair for PLWH and inadequate to protect public health. Transitional Age Youth and LGBT communities have similar concerns. Discussion has begun on how the score might be over-ridden to be able to enter a fuller narrative into the system.
- There is also interest in conducting a community-wide housing and HIV summit to educate about housing as a tool for viral suppression and Ryan White as an entry point to services. Housing might also be the focus for the Annual Meeting.
- Ms. Barrit reported to the Task Force that a meeting is planned next week with DHSP and Ms. Ronquillo to coordinate data sharing and leveraging systems. She also reported asking housing consultant Lois Starr to take every opportunity at meetings she attends to speak on behalf of the Commission to ensure needs for the HIV community are addressed.
- ➔ Mr. Pérez offered DHSP support to help advocate for VI-SPDAT revision, as needed.

**E. Long Beach Task Force:**

- Ms. Barrit reported the Task Force met 11/21/2018 and decided to hold off on its next meeting to support discussion of the LACHAS at the 1/10/2018 Long Beach HIV Planning Group. Mr. Pérez presented to the group of some 50 people.
- There was a good conversation on what Long Beach wants in an overall strategy for Getting to Zero; how that conversation takes place in the context of what LAC is doing; and how Long Beach and LAC support each other.
- The Long Beach HIV Planning Group will meet every other month with the next meeting in March 2018. It has also developed three discussion groups with questions. Ms. Barrit will meet one-on-one to debrief with the Director, Health Department, City of Long Beach, and provide her impressions and suggestions for coordinating next steps.
- She will also loop back with Jessica Ho, Health Deputy, 4th District. The Commission assisted Ms. Ho by introducing her to agencies in Long Beach by forming the Long Beach Task Force. It is important not to continue to meet only for the sake of the Task Force, but to align one planning group. Ms. Ho's main interest is to ensure all community providers have the opportunity to weigh in on funding and system deliberations.
- Ms. Barrit will attend Long Beach HIV Planning Group meetings whenever possible.

**V. NEXT STEPS**

**11. TASK/ASSIGNMENTS RECAP:** There were no additional items.

**12. AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

**VI. ANNOUNCEMENTS**

**13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

**VII. ADJOURNMENT**

**14. ADJOURNMENT:** The meeting adjourned at 3:00 pm.