

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes
December 15, 2020
Via Zoom

Board Members in Attendance

Co-Chair Danny Whatley	The Rock at Noon Day
Co-Chair Rick Miera	Executive Committee
Betty Whiton	NAMI
Cassandra Bailey	APD CIU
Dave Webster	Bernalillo County Behavioral Health
David Ley	New Mexico Solutions
Gilbert Ramirez	CABQ-Dept. of Family & Comm. Services
Laura Nguyen	Albuquerque Ambulance
Matt Dietzel	APD CIU
Maxwell Kauffman	Law Offices of the Public Defender
Nils Rosenbaum, MD., M.P.H.	APD Behavioral Health Division
Paula Burton	Peer Representative
Rob Nelson	APD/C.O.A.S.T

MHRAC

We are the only group that was created by the Court Approved Settlement Agreement (CASA).

We are focused and involved in two areas, law enforcement centered action with those experiencing homelessness and those experiencing a mental health crisis.

We deal with policies and we deal with training.

We have been doing some good work for the last several years since the beginning.

We have been meeting via zoom since June or July.

Welcome first-time guests

Steve Ryals

From the Department of Justice (DOJ)

Barbara Twald

I am a retired Psych Nurse from a lot of mental health facilities throughout my career.

Approval of meeting minutes

1st Motion - Laura Nguyen

2nd Motion - David Ley

All were in favor of minutes as written.

Public Comment (Two minutes per person, 15 minutes total)

There was no one wanting/needing to public comment.

Albuquerque Community Safety Department Update, Mariela Ruiz-Angel

Mariela

We are getting job descriptions and job roles set up. We are going to put out the Albuquerque Community Safety (ACS) director position.

Our experts can apply for it. As that is finalized we will start sending that out so you can circulate amongst colleagues. Once that is done we can move on to the ACS Deputy Director position.

We had a fantastic meeting today with a planning committee that was put together of city, state, county, and community advocates; it was our first introductory meeting. This group will be able to bring expertise to the work. This team is also responsible for creating quarterly reports for the mayor and city council.

Those are the two big things that we're finalizing going forward.

Danny

Is there a job description for the position of director and assistant director?

Mariela

Yes, they're being created now; they are not finalized yet.

We took the job from the bottom-up perspective. We knew what the need was from the community and we created jobs for those types of gaps and then it went up to the next level. At this point, we will have a deputy of administration that will handle all the administrative pieces and then a deputy of outreach and prevention that will handle all the clinical and mental and behavioral health pieces. Due to the job roles that we have, it was hard for us to define the deputy and deputy position that would then help to find the director because we want to make sure that the director knows exactly what they are getting themselves into with this new department and the types of people that they're going to be overseeing.

Danny

You said the "bottom-up," but you're actually creating a director, so your work chart will start there and work down?

Mariela

Our work chart is going to work down, but what I mean by creating those positions is we did try to meet the need from the bottom up. We're trying to make sure that the leadership positions are able to manage the type of position that we created to meet the need of the community.

Mariela

As we are finalizing the FY21 budget, we're not quite there, but next month I'm happy to get a little more detail on what we ended up finalizing the budget at.

New Gateway Centers Update, Quinn Donnay, Family, and Community Services

Quinn

In case we have any new folks here that are curious about what is Gateway; I will go back to February.

When we as a city evaluated some of our sites for Gateway, the top three sites were the Gibson Medical Center former Lovelace, somewhere north downtown and UNM; UNM is out. We are still focused on the North Downtown and Gibson Medical Center because as you all know or some of you may not, we are no longer interested in a 300-bed facility so we are moving to multiple sites that are smaller in scale. This summer we formed the Homeless Coordinating Council (HCC) to continue creating options and thinking about community feedback and what

exactly was the direction we were going to go which leads us to a press release that came out this week that the city is moving to purchase Gibson Medical Center Hospital. We are looking to fill community gaps there; nothing is set in stone. We are still brainstorming; it is a very large former hospital. For those of you that think it might be old and dilapidated, it is not, it is up to date, and it's not a total mess. It has a direct physical connection to the VA so that would allow us to help veterans experiencing homelessness connect quickly to the VA if they weren't already.

We hope that it would provide a path to permanent housing.

We are still looking into the North downtown facility. We have been approached by Hopeworks; they are interested in collaborating with the city in the North Downtown facility. It would mean some sort of smaller shelter to meet the need of both single men and single women. We are committed to multisite gateways, we're not using just the Gibson Medical Center.

Jeremy

Just for clarification, the Gibson Medical Center, everybody's been talking about using it for this or that; at the state level, there were early discussions about us taking it on as a COVID hospital.

Quinn

Part of it is still set up as an overflow; that is still ready to go if needed. I don't think right now, today, that idea is going anywhere.

Lisa Huval

The Gibson Medical Center is being used at a small scale for COVID overflow from the hospitals for patients with lower-level medical needs and recovering from COVID. If the city does purchase Gibson Medical Center, that will not change; we will continue to provide space to the state so they can continue to provide that service.

Jeremy

Haven and MG are still going to continue to remain so we're just going to get to utilize their services so much better.

Quinn

Absolutely, it's definitely a big opportunity because of Haven and Turquoise. We all know that there is a limited capacity right now but hopefully that capacity can enhance in the future.

David Ley

We are working to try and get the current Executive Director of Haven into this group and so hopefully that will be a very positive move.

Danny

I know the media can sometimes be your best friend but can also be your worst enemy. There were a lot of things in the paper, like the number of space, legal issues with that facility that was a quick fix, and legal issues with who owned the property.

I realize this is really, really early in the game, but can those issues create stumbling blocks for this process to go forward?

Quinn

In terms of the sellers, and whatever issues they have with each other, they have to figure that out between themselves.

I understand that the Mayor is on board for Gibson Medical.

Lisa Huval

We don't know yet the number of beds that we will provide, 75-100 has been mentioned in our conversations with other folks; that is not set in stone, it is just a planning number being used.

We are really committed to the idea of smaller multiple shelters as opposed to putting in a 300-bed shelter which it could probably accommodate that.

Danny

Are they planning on providing office space?

Quinn

No one is going to be asked to move there permanently. There is lots of space at Gibson Medical Center so there are thoughts that there could be office space, that there could be drop-in services by that I mean people to come in but not necessarily be there all the time. There have been lots of ideas going around.

Lisa Huval

Just to reiterate, there is absolutely no desire, no plans to force non-profits to relocate or have satellite offices there. We see this as more of an opportunity for non-profits with a collaborative spirit in the community that are looking for office space or are interested in the opportunity to have a satellite office close to the folks that they are serving.

Max

In one of these centers is there any contemplation for safe shelter for the transgender community?

Quinn

Preliminary, we are asking our architect to meet with the Transgender Resource Center and some of the individuals that utilize their center to get feedback on what a safe place looks like.

I think substantial training needs to be given to agencies that provide shelter because transgender folks may not necessarily want a separate place they may just want to sleep with the gender they identify with, so how can we create a shelter for where they want to be. That is going to be very important.

Danny

That has been a discussion from the very beginning, providing those types of places. The expert the city brought in talked about single women with children, transgender, and other issues where folks might not feel safe. That has always been a concern and the city did an exceptional job in addressing those issues.

Max

It's good to hear that the city is trying to work it out.

Health Insurance Portability and Accountability Act and AFR with DC Jaramillo

DC Emily Jaramillo

I work for AFR and I oversee Emergency Medical Services; we do bill and have been billing for quite a while. Prior to that, we did transport without billing, but we still followed HIPAA practices.

At the last meeting, some questions came up about HIPAA that related to body cams. We were talking about the state law and APD must wear body cams whenever they are interacting with other people, so basically, 24/7 they are recording their actions with the public. When they

are responding to behavioral health calls, oftentimes alone, that they are recording that incident with their body cam.

Picture going to your doctor for a really embarrassing medical condition that you don't want to talk about with anybody. They are already taking notes for your patient care record; imagine them also recording all that the entire time that you are with your doctor. If you did not have HIPAA protection and your neighbor wanted to IPRA that, they could essentially get the entirety of that video.

PowerPoint information put together by DC Jaramillo that's important to know.

Brief Background

- Passed by Congress in 1996
- Intended to facilitate the exchange of electronic health information and bring about a set of national standards for the healthcare industry to use when billing and sharing health-related information
- Privacy advocates argued for the protection of health information and certain rights for patients regarding that information and two standards were issued:
 - HIPAA privacy rule
 - HIPAA security rule

HIPAA Privacy Rule

This is important because this is where we talk about covered entities. Covered entities are essentially any medical entity that transmits patient care records for the intention of billing.

- Addresses the use and disclosures of protected health information (PHI) by organizations called "covered entities"
- Established standards so that individuals can understand and gain some control over how their health information is used

This is why we fill out a HIPAA form every time we go to the doctor.

- Assures that individuals' health information is properly protected while not impeding patient care and other business-related activities

On a 911 call, we share information with Albuquerque Ambulance, APD, entities on scene.

- Treatment, payment, and healthcare options

HIPAA Security Rule

This has to do with how information gets stored. It has to be protected but people's ability to be able to access those records.

- Requires covered entities to implement certain technical and non-technical safeguards to protect what HIPAA refers to as electronically protected health information (e-PHI).

What is Protective Health Information (PHI)?

- Individually identifiable health information that is transmitted or maintained in any form or medium by a covered entity associated with billing.
- This information, including demographic information (i.e., photos of peoples tattoos) collected from an individual, is information that:
 - 1) Is created or received by a healthcare provider
 - 2) Relates to the past, present, or future physical or mental health or condition of an individual; the past provision of healthcare to an

individual; or the past, present, or future payment for the provision of healthcare to an individual; and

- That identifies the individual; or
 - With respect to which there is a reasonable basis to believe the information can be used to identify the individual
- Any information that does not fall under the definition of PHI is not covered by HIPAA

Is Law Enforcement subject to HIPAA?

- Although LE deals with PHI, NO REQUIREMENT
 - Moral and ethical issues?
- With body cam use required 100% of the time in New Mexico, what can be done to require redaction?
 - Is a HIPAA covered entity on the scene?
 - If not?
 - State Public Records Laws

Questions

- Contact DC Emily Jaramillo (AFR)
 - evjaramillo@cabq.gov
 - (505) 934-1381

Ethan Watson

I do agree with DC Jaramillo in that the law has not caught up to this area.

The City got its 9000 IPRA request this year. Probably 60% relate to the lapel camera or relate to APD records. I think there's a lack of clarity around the issue of body-worn cameras and when you have protective health information being captured by a non-covered entity under HIPAA.

State law 14-6-1, it's like our state HIPAA law. Section A is not as tied to a covered entity, it's just tied to health information which is why AFR relies on it and we cite HIPAA as additional support for the position even though it probably doesn't directly apply.

DC Jaramillo

Because APD is sent in alone on a lot of the behavioral health calls, can the information that the patient is sharing with APD be redacted?

Ethan Watson

We have not had that many requests where it's specifically record of CIT calls or mental health patients. I think we have tried to redact it under 14-6-1. It's an interesting legal issue because it's a little unclear what the nature of those interactions is; we strive to protect it.

There has been debate about this.

David Ley

Unfortunately, we have gone down this rabbit hole probably half a dozen times. Every time we come back to this place. There are loopholes, and the laws create these problems. We all want to protect this information.

We have suggested and discussed legislatures recommending new laws or revisions to these laws and regulations.

DC Jaramillo

I think this HIPAA law is so out of date and has not caught up with all the recent legislation with body cams. That is where you affect the change, is through legislation. Since the state was so committed to requiring 100% body cam wearing; this might be the right time to bring that topic to the state. I think we need to pick it up with some legislators and get some support to make some changes.

Ethan

How do other states handle these issues and is there more clarity from other states?

Danny

We did that several years ago, did some research, and there is not a lot of hard information out there. I think Texas has tough IPRA policies and laws. We certainly need to find someone to help us champion that. Rick can help us with that.

The CASA requires law enforcement when they're interacting with someone and you know have a mental health crisis history to turn their camera on and record everything.

Lt. Dietzel

We do follow-up visits to a hospital in my unit. We've gotten a lot of push back from the hospitals basically telling us, "why would we allow you to come in, walk through our front door, record everything the whole time, and see everybody walking around, the doctors and the staff, the people needing services, everybody is getting recorded, we really don't want you guys in the hospital."

We have kind of creatively found ways around it, like setting places near the door and entrance; we can walk straight in and we can talk to the person we need to talk to.

In terms of redacting, the new body camera, it's literally a google map when you start putting the video on evidence.com of where you are at, (i.e., you're at the hospital) It will tell you latitude and longitude down to the decimal of where you are at.

Ethan Watson

I don't know that we have gone that far; it is certainly possible. I think we have limited our redactions mainly to when you can hear medical care or medical discussions.

Sgt. Crook

That is absolutely true and that is in our policy; it does talk about prohibited areas but then it loops back around to what the state requirement is. It goes back to the blanket law enforcement contacts so it would be something we would have to address on that end.

Ethan

I think body-worn cameras are generally perceived as law enforcement records, and the case law around law enforcement records is getting very narrow.

To redact or withhold really has to be specifically related to law enforcement. I think that is the prism through which the courts are reviewing these records.

You can get into medical records; you have to think of it through the lens that they are viewed as law enforcement records, and the redaction should be for law enforcement purposes. If there are going to be redactions; they have to be narrow. That is how we try to approach them when we are applying medical redactions.

Paula Burton

This is a topic that angers me; I want to do something, but it's like knocking your head against a wall.

The state says that these records are protected but when comes down to the actually using these records and being able to access these records, they are not protected.

We have gone over these at least every six months and in-depth every year at least once. We go to the legislature and make a statement and get the Attorney General to look at us and say, "ahh, yeah, this is covered, we've already covered that," and it is just not true.

People with mental illness are not protected in this city from malicious persons who want to do them harm; they do it by having an access to all records, public records from APD.

Dr. Rosenbaum

If a detective is going into the psych hospital it's not fair to say that these are just simple police records because there capturing other people unless they specifically only turn on the camera in the backroom, it's very, very hard to do because it's an open environment and everybody is walking around and anybody who's a patient is there. So I am not sure why those can't just be redacted all the time?

David

The existing law does not allow redaction of that information.

Ethan

I think it would be helpful for someone to propose actual legislation.

The AG's working group ended on no consensus, but they're never really was a discussion at the legislation.

DC Jaramillo

There are several of us on the city side who are motivated to work on this and impact some change with the legislators, city legal included. Being persistent is helpful.

If anyone is interested in joining in, email DC Jaramillo at evjaramillo@cabq.gov

Lindsay Van Meter

If people are interested in meeting on this my email is lvnmeter@cabq.gov

APD has a Policy Advisor who works on things like legislative proposals so that may be a direction we want to go. I will see if we can do that if the group wants to meet.

Gilbert Ramirez

I think it's an opportune time with the new passing of mandated cameras statewide that we rally our municipal areas to bring forth whether it's a joint memorial subcommittee that starts looking at how we protect individuals. There's an opportunity for us to give our voice

Danny

I was going to suggest to do a sub-group, but with DC Jaramillo, and Lindsay being on board, we can just join in their group, if anyone is interested in doing that.

Max

What kind of circumstances arise where law enforcement is going into the psych ward? Is it calls from the psych ward for law enforcement, or?

Lt. Dietzel

For our unit, it is very specific reasons.

It's kind of helping with their discharge plan, where are you going to go, how can we help when you get out, where can we meet up with you, and can we get your cell number so we can follow-up with you later. It's a very specific population we are talking about. Having that kind of plan when they leave is really helpful for us to engage before they start getting back into the system again later.

Danny

I would think that any kind of violent activity inside a mental health area or a hospital, law enforcement would be asked to respond to join with the security who are present at the mental health facility.

Wendy Linebrink-Allison (Crisis line)

From the perspective of our agency, I think that continuing to pursue the idea of covering these situations through HIPAA would allow for greater engagement between our program and law enforcement because those conversations are very delicate and sometimes a little bit challenging to navigate through at times, and we always want to work in collaboration with law enforcement, whether they are calling us or we are calling them. When we are calling them it's in the continuity of care, and supporting the community member to get to a safer place. If there was that protection in place it would help the conversations facilitated in a much more constructive way to support the community and the person as a whole.

End of Year reports with the MHRAC Board**Danny**

The Committee members should have received a:

- Cover Letter for Mental Health Response and Advisory Committee
- MHRAC Training Sub-Committee Report
- Information Sharing and Resource Sub-Committee Report

They will become public record after this meeting and will be published for the community to see.

We're challenged on being a little more transparent as far as things that we are doing; these annual reports go a long way for us to accomplish that.

David Ley

One thing that came up for us was the training subcommittee, because we have a lot of rotating folks that come through the committee we haven't done a great job of identifying the standing members of that committee. We'll be doing better next year and we will identify those members in our report next year.

Danny

Those committee meetings are opened just like this meeting is open.

Because these meetings are getting larger via zoom we have to limit our conversation to committee members for a time in the beginning and again at the end for any other comments. But, to get the agenda accomplished and get what we are tasked to do we have to stay focused on that.

Brenda you can go ahead and post the Cover Letter for Mental Health Response and Advisory Committee, MHRAC Training Sub-Committee Report, and the Information Sharing and Resource Sub-Committee Report for the MHRAC.

Status Conference Update from December 4th, MHRAC Board

Danny

We had a status conference with Judge Browning on December 4 and it was an all-day event; a lot of folks that are on this call now were a part of that as part of the AMICI, also as part of participants from the city, and others.

A couple of reports that were submitted to the court didn't necessarily slam the MHRAC but talked about transparency, talked about our comments about our policies and training that were not impacting policies or training, and of course the only comment that we made. We were the only AMICI in the court that didn't ask for time in front of Judge Browning because we didn't really have anything to report but after closing time we saw the other documents and actually they said some things, uneducated comments concerning the MHRAC so they gave me the opportunity to speak and I sort of corrected some of those. It's kind of a sad situation when others speak to the MHRAC and they really don't know what they are talking about, but that's my own opinion, and were able to clarify some of that.

We're going to attempt to be a little more transparent going into 2021 about our impact in what's going as far as policies and training and the things that were involved in.

Report and Update from CIU, APD, and BSS

Dr. Rosenbaum

I want to thank everybody, particularly Danny, for reviewing the handbook that I sent out for Behavioral Sciences it was insightful and helpful. There is not much to report; we are going to change some of the ways we collect data, and things are going well.

Lt. Matt Dietzel

We are getting a new Lieutenant to help me starting Saturday. Long time members of MHRAC will recognize the name, John Gonzales, he will be coming as 2nd Lieutenant. He will be at the MHRAC meeting next month along with me. It's will be double Lieutenant time which will be really good for me.

A big part of that and this is really specific to the providers out there, people who work at the hospitals. Basically, anyone who interacts with APD on a mental health front, if something goes wrong, I want to know, if something goes great, I want to know. I want to thank Betty for sending me some "way-to-goes." Every time I get one of those either, "you guys did great," or, "you guys screwed up entirely," I go through and I watch their videos, I read their reports; I go through the CAD, I basically do a mini-investigation on what happened, what went well, what went wrong. The reason why I do that is that we need to have some kind of idea of what's happening out in the field. This kind of goes back to what we were talking about last month in terms of how can MHRAC help APD, specifically Field Services Bureau and CIU do better? A real easy way, just tell me when you see an officer do great. Give me some context of what it was, an officer's name, the date it happened, and where it was. I can usually figure out from there, but just some information. Let me look into that call and either recognize that officer or if I need to, I'm sending people to Internal Affairs like crazy. I'm sure Internal Affairs is tired of dealing with me, but that

is part of my job now. Bringing John Gonzales in, he's probably going to take over more of the day-to-day stuff and I am going to move into more of that admin roll so I am going to have time to look into these calls.

Report and Update from C.O.A.S.T

Rob

Nothing new with COAST; we are pretty much status quo and pushing forward as much as we can.

Danny

There's a lot of needs within the community, within the homeless community for sure, right now with the weather going crazy and services not being available as it would normally be, Rob says nothing going on when a lot is happening with the COAST, I'm sure. We certainly appreciate the work that Rob and his team do.

Rob

We switch gears so fast that it is nothing new to me; you guys see it as change, but we just see this as an everyday occurrence. Things are going on, but for a COAST person, it's just an everyday routine.

Report and Update from Sub-Committees

Lt. Dietzel

This month we talked about yearend report.

We also looked into what's open, what's closed.

We're real close to having a resource card; it's going to be very specific to what is going on right now, COVID. It's not going to have hours of operation because those are changing day-to-day. It will have a lot of phone numbers and websites that people can access.

Max

One of the major things that I brought up is the involvement of the universal release of information for community providers to utilize ROI's. Right now, the county is working with New Mexico Tech trying to figure out what they can develop in a database with tier level HIPAA-protected privacy-compliant database for providers to access these ROIs. It's a work in progress, and I think at some point it would be good to bring in MHRAC to help outreach for other providers who would be interested in being a part of this ROI. Many counties throughout the nation have done this already, and we're a little bit behind the game in this regard, so if they can do it, we can do it.

It's a useful tool, so I think at some point this could be a meaningful project for MHRAC to be involved in.

David

Unfortunately, some of us as providers have our own attorneys. We have not been very effective at being able to implement universal ROI's, or use ROI's developed by other agencies when our in house counselors or attorneys decide that it doesn't meet their needs or expectations.

Max

That is totally understandable; it has been a dance to try to figure this out. We have had many legal teams look over MOU's and make sure the language is correct; it's broad enough to meet

everyone's needs, but it's not narrow enough to be effective. It may be something that NM Solutions might consider if they have the use for it. If a provider has no use for it, then there is no point. There is a large number of people who have overlooked it and are willing to sign on. I think when the time gets there to expand it beyond the core group that is there at CJCC it might be something worth looking at and if some providers don't sign on, that is okay.

An ROI is a Release of Information. The patient has to authorize the release of their information for providers to be able to communicate with one another about their medical history, mental history, or what service they are providing. It's hard to run around chasing these releases and it would be easier if there was just one that a patient can check off who they want their information to go to and leave off who they wouldn't so providers can work together.

Jeremy

In creating an MOU, would different providers be signed on to be on that checklist?

Max

Yes, there is an MOU; the Memorandum of Understanding (MOU) and the ROI are being created in tandem. We are coming down with some very fine details and we also want to make sure it's clear on the purpose of ROI and how it's to be used. There would be an MOU for providers to look over; if they are willing to be a member of the Memorandum of Understanding. It's a document that outlines the purposes and the appropriate use of the Release of Information (ROI).

When it is close to finalization I will be happy to share it with MHRAC.

Jeremy

In response to the resource cards going out, we're very close. Karen Navarro and I have been connecting with a lot of other resource gatherers in the community so we can make these as extensive as possible. There is not going to be the like of being able to update. COVID changes are going to happen by the minute, so we just have to be a bit careful. It's taken us a bit longer than we wanted but we should be ready any day now.

Gilbert (audio was in and out)

Universal ROI's are difficult because we don't want to be traumatizing individuals to have to share their story and information over and over.

We also have an obligation to ethically make sure we sustain information.

As you move forward, I am sure you are considering that universal ROI's should also come with a universal processor revocation and as much education as possible for the client on how much communication goes to each individual that sign-on to that and what those processes are.

I'm hoping and assuming that knowing you're working background that their client impact panel is informing them of the use of this ROI and what they see. They would need to be in consent as to the broad impact that signing something like this has because those are the major issues, not respecting people's information. It really needs to be a need-to-know and as minimal as possible without all the in-depth information.

David

For MHRAC Training Sub-Committee we did not meet in November. We were scheduled to meet next week, but with the holidays we are going to meet in January instead and then we will resume our every other month schedule at that point, and that will help us next year to avoid meeting in the Christmas holiday weekend.

MHRAC Final Discussion

Rick

I am going to be keeping track of the first item we were talking about. I think others maybe just want to keep this in mind. We had a brief talk about taking a look at how we take care of the cameras and at the time we were talking about medical inquiry; the law that you put up there is what we were working with and if you look at that law three times over, it's all about what information, it's all about maybe some pictures or whatever, but never gets close to the idea of cameras. Saying that whole thing differently instead of coming in and working on that piece of legislation, we got to come from a different perspective, from a camera perspective, not from the existing law right now because every time you try to change existing law you find yourself going down the rabbit hole.

Danny

We look forward to your expertise being involved in that.

In the last meeting, we talked about ways we can better assist APD. I'm still hoping to get a conversation with the Interim Chief; he has been really, really busy.

Last time the IMR was not very pleasant and there were some issues brought up there that he's having to work extra hard as is all the command staff in the entire department. I've stepped away from that request for a little bit so he can get his feet under him on some of that other stuff. I will say, what you read in the paper and in all the media attention for that again continues to be one of those areas of the Court Approved Settlement Agreement (CASA) that continues to do a good job.

Thank you to the committee. It was a crazy year, we're hoping 2021 will be a better year for everyone.

Happy Holidays

Next meeting: Tuesday, January 19, 2021