

MINUTES
of the
THIRD MEETING
of the
WELFARE REFORM OVERSIGHT COMMITTEE
August 26-27, 2008
Mid-Region Council of Governments, 809 Copper NW, Albuquerque

The third meeting of the Welfare Reform Oversight Committee (WROC) was called to order by Senator Linda M. Lopez, vice chair, on Tuesday, August 26, 2008, at 10:15 a.m. in the conference room of the Mid-Region Council of Governments (MRCOG) in Albuquerque. Handouts are in the meeting file.

Present

Sen. Linda M. Lopez, Vice Chair
Sen. Sue Wilson Beffort
Rep. Antonio Lujan
Sen. Gerald Ortiz y Pino
Rep. Nick L. Salazar
Rep. Jim R. Trujillo
Rep. Gloria C. Vaughn

Absent

Rep. Luciano "Lucky" Varela, Chair
Sen. Dianna J. Duran
Sen. Clinton D. Harden, Jr.
Sen. John Pinto
Rep. Shirley A. Tyler

Advisory Members

Rep. Nathan P. Cote
Rep. Daniel R. Foley
Rep. Miguel P. Garcia
Rep. Larry A. Larrañaga
Sen. John C. Ryan (8/27)

Rep. Candy Spence Ezzell
Sen. Steven P. Neville
Rep. Edward C. Sandoval

(Attendance dates are noted for those members not present for the entire meeting.)

Other members in attendance:

Representative Ray Begaye

Staff

Jennie Lusk
Karen Wells

Guests

The guest list is in the meeting file.

Tuesday, August 26

Welcome

Lawrence Rael, chief executive officer of the MRCOG, welcomed the committee to the MRCOG board room, explained the mission and activities of the COG and thanked members for the legislature's support of MRCOG's remodeling and building. The middle region consists of the four central counties of New Mexico: Bernalillo, Valencia, Torrance and Sandoval. The MRCOG approves land use plans for all four counties as well as conducting and coordinating economic planning, federal Workforce Investment Act (WIA) activities, agribusiness, the Regional III Housing Authority and Railrunner programs. The MRCOG at one time had temporary assistance for needy families (TANF) funding, but now, New Mexico State University administers the TANF-funded work programs.

Mr. Rael highlighted demographics indicating that the four-county area has only eight percent of the acreage of the state, but 42 percent of the population and 48 percent of the jobs. When including Santa Fe County, the tally is half the state's population and 60 percent of its jobs. The population of Bernalillo County, now at 75.1 percent of the state, is expected to fall to 67.2 percent of the state by 2030 as the surrounding counties and Santa Fe continue to grow. Although Bernalillo County will have a big swath of jobs, the number of commuters will be reduced by 2030.

Transportation issues continue to be important, considering the shifts in population, so Mr. Rael discussed the timeline for implementation of the Railrunner transportation corridor. He said that by December 2008, all of the stations but Isleta and Zia will be open and operational. Currently, the four miles from the Waldo exit on I-25 to the tunnel under northbound I-25 remain to be completed, as does one mile within Santa Fe.

Other transportation projects include a metropolitan support station taking passengers from Rio Bravo south of the airport in Albuquerque to the airport and western Kirtland Air Force Base and the Veterans Administration Hospital. Bernalillo and Sandoval counties will ask for a one-eighth percent contribution for the Railrunner, as Valencia county has, and all those initiatives passed by voters will support the commuter train with local money.

The Workforce Connection Business and Career centers in Bernalillo, Sandoval, Valencia and Torrance counties are in operation, and there are offices in Moriarty, Belen and Albuquerque.

Legislators questioned Mr. Rael about the priorities of working with schools and the level of participation with Albuquerque Public Schools versus other districts; connections to recreation; using the COG as a conduit for capital outlay funds; and the COG's involvement in water resources.

Programs to Get Veterans to Work

Alan Martinez, State Benefits Division director of the Veterans' Services Department, talked about the many state programs available to veterans and their families, among them the "Veterans-Business" (VetBus) connection, which helps veterans start their own small businesses. The program was established by Public Law 108-103, a federal law requiring a three percent set-aside for veteran-owned businesses. Lloyd Calderon has been hired on as the VetBus coordinator, and the state is presenting four conferences this year around the state to help get veterans to work. The department may ask the state for a bill mirroring the federal statute, setting aside a certain percentage of funding for veteran-run businesses.

Chris Burmeister, administrator of the Sandoval County Veterans Pilot Program that gives veterans and families case management and various alternatives, reported that his program is operating quite successfully, although it has been in operation less than a year. The Sandoval County project serves veterans from any conflict and any branch of service, and operates a 24-hour crisis line. Plans are to expand to Farmington and Gallup in the next year and Mr. Burmeister also hopes to provide separate services for women veterans.

Frank Ramirez, a Vietnam veteran from Roswell who heads the Vietnam Veterans of America New Mexico State Council, addressed the committee about problems for veterans who would prefer to be seen in their home towns having to be "dragged" to Albuquerque for care. "Most veterans live in rural areas," Mr. Ramirez said. "We don't like the urban life." Beyond problems of preferences, he said, having to travel to Albuquerque to see a doctor in the Veterans Administration puts a strain on jobs, since veterans have to lose a day per office visit if they have to travel to Albuquerque. Currently, Mr. Ramirez and others in his organization pick veterans up in southeastern New Mexico and take them to their Albuquerque appointments. Unlike other states, the Veterans' Services Department in New Mexico does not offer this service and does not pick up persons in wheelchairs or on inhalers because of insurance liability, he said.

Mr. Rodriguez recalled the post-traumatic stress disorder (PTSD) system started in 1986, wherein local providers contracted with the Veterans Administration to provide crisis beds. At that time, veterans were able to receive treatment near their homes. This program no longer exists and those who need crisis help must go to Albuquerque, usually at least 200 miles away. He pointed out the irony that servicemen and women from New Mexico are not often from urban areas, yet only urban areas are able to provide care. He also noted that gender friendly services are not widely available for women in rural New Mexico. He said that the Roswell program has the same problems that the Sandoval County initiative does. Mr. Rodriguez said that those who start a veterans business must, at present, come up with funds for purchase or lease of the business.

Senator Ortiz y Pino remembered 2005 testimony in which Albuquerque persons testified as to the services wives and mothers were getting; now there are none available. Plans to use legislative appropriations from 2006 for training therapists in EMDR (rapid eye movement therapy) were switched to support the Sandoval County project when ValueOptions took over administration of the state's behavioral health programs as the single entity (SE).

Thus, ValueOptions changed a model that allowed many physicians to supervise community services to a program in which only one central location is available. Although money was originally appropriated for EMDR-type programs, Senator Ortiz y Pino confirmed with Mr. Burmeister that ValueOptions now uses a curriculum without EMDR. However, this curriculum includes military culture and trauma and understanding traumatic brain injury and Iraq-specific information.

Two years ago, according to Mr. Burmeister, Sandoval County began screening veterans for uranium exposure since Iraq veterans may be under increased risk of exposure. Currently, program employees go to veterans' homes to help fill out necessary paperwork for veterans' benefits. Representative Foley encouraged the group to support funding for a program expansion in the Roswell area, whose problems Mr. Rodriguez had highlighted.

Senator Beffort asked about federally qualified health center (FQHC) status on behavioral services and questioned whether that infrastructure could serve for the veterans program expansions.

Senator Beffort moved and Representative Vaughn seconded that a memorial be prepared encouraging the Veterans Administration to enter into memoranda of understanding to adopt a model involving telehealth consultation for veterans using all 13 FQHCs in New Mexico. Legislators also recommended using a model that involves a mobile unit for PTSD services and sexual assault.

On questions from legislators, presenters said there are some 196,000 veterans in the state, or 10 percent of the state's population. Representative Cote noted that New Mexico is always in the top five of state populations participating in armed conflicts.

Mr. Martinez said that everyone who goes to the Veterans Administration receives a user card. However, the state Veterans' Services Department wants to build on the uses of that card so that a veteran can present the card anywhere, information on the client can be accessed anywhere and the Veterans Administration is then billed for services.

Representative Larrañaga asked about programs and funds to assist young people while they are in college and was told by Mr. Martinez that he could not answer the question accurately, since the number of persons serving in the military is increasing all the time.

Tour of the Albuquerque One-Stop

Members boarded a special bus provided by the MRCOG for a tour of the Workforce Connection of Central New Mexico Business and Career Center. The tour was given by Patrick Newman of the WIA administration, and legislators were met by Secretary Betty Sparrow Doris of the Workforce Solutions Department.

Mr. Newman said that the building started with 19 partners and now has 55 partner-members. Staff from several departments are being cross-trained to answer questions from all

who enter the center and want a job. Eleven of the partners required by federal law to participate in WIA are now in a single Albuquerque business location and the other eight are in cooperation. The partners combine resources and share costs. The Aging and Long-Term Services Department (ALTSD) says it wants to move into the center.

The Workforce Connection Center has three main components or areas of emphasis: health care, construction and manufacturing. The center processes between 3,000 and 4,000 clients a month. Ms. Sparrow Doris introduced her staff, which included Cristin McKinley, Larry Maestas, Robert Whitaker, Arlene Luchetti and Patric Gannon. Legislators toured the facility, which is still under remodeling and construction, and saw rooms for classwork and computer skills, rooms in which local businesses can interview and hire local workers and kiosks in which job seekers can track available openings.

New Mexico Hires Vets First

Larry Campos, the state veterans coordinator at the Workforce Solutions Department, spoke about his federal grant for veteran outreach and employment-focused representatives. The federal grant through the United States Department of Labor is focused on veterans who need the most intensive services or have multiple barriers to employment. Many of the clients are homeless.

The program also includes a recovery program for wounded warriors.

Finally, there are other programs for transition, including five facilities for incarcerated veterans coming back into communities. There is a two-year transition program with outreach. There are 7,000 homeless veterans in New Mexico; half of them are in Albuquerque.

New Mexico needs a statute for hiring veterans, according to the presenter. The law might read that any state agency with federal dollars totaling \$100,000 or more per year should have a preference for hiring veterans.

Second Chance

Joy Westrum, executive director of Second Chance in Albuquerque and a recent Second Chance graduate, explained that the Second Chance Program works with the Veterans' Services Department to serve 50 veterans at any given time. The program is for substance abusers who are often referred in a last-ditch effort to avoid long-term incarceration. Ms. Westrum said her rehabilitation option costs between \$75.00 and \$90.00 per day; incarceration per day is \$85.00. Ms. Westrum also said that Second Chance operates a center for women and their children.

The core of the Second Chance Program is a sauna detoxification regimen that includes vitamins. However, the program also includes job training, reintegration to society through job readiness and practical skills like getting a driver's license and placement in independent housing. The program is going to start GED preparation.

Doug, a recent graduate, talked about his life, with 33 years of cocaine addiction, 17 years in the penitentiary and a potential sentence of 26 more years prior to alternative placement in Second Chance. Since undergoing the detoxification, Doug has felt no addictive urge and is now a teacher at the program.

On questioning by committee members, Doug said that he had not been offered drug treatment in the penitentiary, probably because his incarceration was not on drug-related charges. However, he said that drugs are more available in the penitentiary than elsewhere. Also, he said that a person must be sentenced to a therapeutic community in order to get drug treatment, but it is almost impossible to get treatment for drug addiction within the penitentiary without a conviction for a drug crime.

Ms. Westrum said that her program prefers to treat persons with indeterminate sentences such as treatment through "successful completion" of the program. However, it is piloting a three-month program so that judges who do not have jurisdiction to sentence offenders to longer term treatment can refer clients to Second Chance. Ms. Westrum did not have figures on the program's recidivism rate, as it has been open only two years. She drew contrasts between Second Chance and the Alcoholics Anonymous Program, noting that Second Chance is an intensive treatment of six days a week, eight hours a day, typically for six months at a time, though AA principles are used. She also distinguished Second Chance from Delancey Street, noting that clients at Delancey Street commit to two years while a Second Chance stay is typically shorter, and that Delancey Street is voluntary and runs on an honor system while Second Chance is a lock-down facility.

She also said that ValueOptions has expressed no interest in including the Second Chance Program; Secretary Williams at the Corrections Department likewise does not support the program, she said. Ms. Westrum also said that, despite representations made to the legislature that Bernalillo County has a contract with Second Chance, there is no such contract.

Wednesday, August 27

Metropolitan Assessment and Treatment Services (MATS)

Originally, the WROC had scheduled a tour of the MATS facility in Albuquerque, but the tour had to be canceled because of a gas leak. Therefore, Senator Lopez asked MATS staff for a brief orientation to and overview of MATS services. Adan Carriaga, administrator, and Dwight E. Dias, facilities manager, presented.

The two said MATS, the largest inpatient treatment facility outside the Bernalillo County Detention Center, is financed in large part from the state excise tax bill introduced by Representative Rick Miera. It operates on a moral recognition treatment therapeutic perspective. It has 100 beds for men and 50 for women, 16 community case managers, DWI treatment, an after-care component and it is building an attached area of independent living housing for those transitioning out of the center and into the workplace. It serves approximately 3,200 clients per

year, most (69 percent) for alcohol treatment, 14 percent for cocaine or crack, 11 percent for opiates, five percent for methamphetamine and one percent for other drugs. Some 18 percent are veterans, 44 percent have a DWI on their record and 100 percent are referred to ongoing services. Because the MATS facility can take approximately 50 new persons per day, fewer emergency room beds are being taken by people who are drunk and sobering up.

On questioning by committee members, the presenters emphasized that they have a strong program oriented to Native American clients, including professional staff from the Jicarilla Apache Nation and the Pueblo of Santo Domingo and culturally competent practices that include a talking circle and the White Bison recovery model. Mr. Carriaga said the MATS facility does all it can to support Native American culture and to connect native people with their communities, including working with First Nations Health and the Albuquerque Indian Center.

The two expressed concern that there is a moratorium for applications for Medicaid from Bernalillo County.

While there is currently enough money in the budget to accomplish all the center has targeted, there is no room for expansion without an injection of new money. The center especially wants more mobile case managers and a methamphetamine team to help people on the streets get into a recovery program. Currently, the center gets approximately \$6 million from the state excise tax.

Report from the Bernalillo County Behavioral Health Collaborative

Peter Cubra, co-chair of the Bernalillo County Behavioral Health Collaborative, segued from the previous substance abuse funding discussion by reporting that Bernalillo County is having difficulty in becoming a Medicaid provider for purposes of mental health services, and that its inability to do so affects the amount of federal funding available within the county for such services. The Medicaid funding spent in Bernalillo County could be a magnet for federal matching dollars. Although the need for services is high, the state will not or cannot provide more services and the county is unable to get this funding stream for mental health services.

He reminded the committee that Representative Mimi Stewart's Pre-Release Benefits Assistance Act has died in the legislature for the past three sessions, even though the bill merely provides money for social work staff in jails and prisons to ensure that inmates with disabilities are connected with public benefits prior to discharge. With links provided for the public benefits to which they are entitled, former inmates have a chance to succeed "outside"; without them, recidivism rates are high. The administration has not supported the legislation or included money for the expansion of social workers in its budget.

Mr. Cubra gave a brief historical overview of changes in the state's behavioral health system as a context for the discussion. In the 1990s, he said, the state authorized 1,300 beds for children in residential treatment. However, when Duke Rodriguez, former secretary of human services in the Gary Johnson administration, brought in the Medicaid managed care system in 1997, he also reduced expenditures for children's services. More than 50 percent of residential

treatment beds for children were lost in the first year after the reductions, and the administration promised but did not deliver "community-based services" to replace them. Without the community services, children who at one time might have received residential treatment ended up in prison or homeless.

The same pattern is being repeated today, he said, now that the SE for behavioral health services statewide has closed residential treatment facilities. The SE, ValueOptions, has methodically closed residential treatment facilities without adequate replacement through "comprehensive community-based support services" (CCSS). He distributed a letter sent from the collaborative to the state purchasing collaborative that noted that a cap of six hours on CCSS services established by the state purchasing collaborative has had a negative impact on local providers. In addition, the cap was placed on services without a vote or a rulemaking change. CCSS started January 1, 2008 as a service, but was overused within three months and then shut down. Unfortunately, Mr. Cubra said, when providers ask for prior authorization for more hours, it is not they but the SE that determines how many more hours are needed. Providers treating patients in good faith that they will be paid have been refused payment for excess hours. The closure of residential treatment facilities is not a new problem, as Mr. Cubra reported on the problem in the 2007 interim before the Legislative Health and Human Services Committee (LHHS).

Similarly, problems he reported in a July 2006 LHHS meeting persist. They are:

- (1) local behavioral health collaboratives need more funds, but the Human Services Department (HSD) has not asked for the needed additional funds;
- (2) behavioral health remains underfunded in general. The 2002 gap report by Pamela Hyde, now secretary of human services, estimated underfunding of behavioral health services at 47 percent. According to Mr. Cubra, the HSD is now suppressing Medicaid spending, including spending on outreach, because of the lack of funding;
- (3) oversight of ValueOptions remains "incoherent". Although sums of money for mental health services are significant — \$3 billion over the past three years — the purchasing collaborative for mental health services is a rubber-stamp board. He noted that the passage of Representative Varela's House Bill 181 last session (which was endorsed by the WROC and requires rulemaking and a unitary budget for behavioral health) is a step in the right direction; and
- (4) compliance by ValueOptions in the state contract is not strictly required.

Mr. Cubra said that ValueOptions received \$20 million in Medicaid funds outside the contract after December 2006 and then again the next year. As the SE reported that it was not making money it was allowed to cut back on services such as residential treatment of children. Some eight providers of residential treatment have gone out of business since the beginning of 2007.

Although Mr. Cubra said he believes that ValueOptions is doing a poor job, he had no position on whether it should receive a new four-year contract. When compared with other companies that bid on the for-profit job, he said he does not prefer one over the other. He said

that, so far as he knows, none of the companies "is run by nuns and Sunday school teachers". The fact that the providers are for-profit corporations is a problem for the state, regardless of which contractor is selected. He said that "cost containment", sometimes offered as a rationale for privatizing behavioral health in the first place, has not been impressive with the for-profit system.

On questions from the committee, Mr. Cubra said he would recommend that the legislature create a department of behavioral health, staffed and funded adequately.

Senator Ortiz y Pino asked for another historical review of the events that led to private organization of behavioral health services; Mr. Cubra said that 1997 brought about the Medicaid managed care system, and that system was required to subcontract with experienced behavioral health subcontractors. The federal government's Health Care Finance Administration ordered New Mexico to return to fee-for-service for behavioral health in 1999, he said, but in the elections that year, Governor Johnson wrote then-Governor Bush prior to the latter's being sworn in as president and asked him to reverse the Health Care Finance Administration's decision to require a return to fee-for-services payment. Advocates promoted segregation of the state's behavioral health money. All the state's Medicaid behavioral health funding was separated from the New Mexico Salud Healthcare (managed care) health plan and put into the single entity — a contract for approximately \$330 million per year to a single business. A logical time to restructure behavioral health services again, Mr. Cubra said, would be when the federal government reduces funding for "transition" staffing.

Brent Earnest, analyst with the Legislative Finance Committee (LFC), was asked by committee members about the extra \$20 million Mr. Cubra mentioned as being added to the ValueOptions budget, and he said he would report at the next meeting of the committee.

Mr. Cubra concluded the questioning period by saying that the administration has never asked for funding adequate to the tasks of the collaboratives and said that he has no problem with Linda Roebuck and Bill Belzner, but that they are only two people and at least five are needed to do a proper job.

Issues with the Request for Proposals (RFP) for Behavioral Health

Linda Roebuck, CEO of the state's Behavioral Health Purchasing Collaborative, and Bill Belzner, procurement manager for the next RFP for behavioral health and deputy CEO of the Behavioral Health Purchasing Collaborative, told the committee that the RFP issued has been available since August 8 on the collaborative web site, www.bhc.state.nm.us. The amount of the contract was \$320 million in FY08 and will be \$330 million in FY09. The consolidated budget for the collaborative is \$425 million, which includes some funding that is not in the contract for the SE.

The RFP is 30 pages long and asks 123 questions reflecting the concerns of member agencies. The RFP, proposals received and the contract will be public, and those who compete for the contract will be legally accountable to fulfill the promises they may make. There is a

398-page limit on the responses to the RFP, not including attachments. Six entities submitted responses: Choices, Inc., of Indianapolis, IN, Magellan Health Care of New Mexico, Sunwest Behavioral Health of El Paso, United Health Care (doing business as Options Health), ValueOptions and Molina, which withdrew. The narrative responses are due October 8. A part of the RFP process involves not only the technical proposal, but the offeror must also receive Medicaid data and prepare a per member per month matrix, which is due November 5. The coordinated fee-for-service form will be released September 12, and on November 20 the award will be made. The draft contract should be final on December 31, 2008. There is a place for bidders to state how they would prefer to modify the contract. On January 22, 2009, the statewide collaborative is set to approve the contract, which should have gone through the Department of Finance and Administration by that point, and there is a 15-day protest period after the contract is approved. Finally, there is a five-month period for readiness review, in which the bidder selected should demonstrate to all the collaborative that it is capable of performing the contract. The effective date is July 1, 2009.

Representative Larrañaga asked about the strength of the sanctions section of the RFP, and was told that accountability in terms of quality and management is sprinkled throughout the contract. Oversight of the contract is regular, thorough and shared across agencies, he was told.

Eddy Broadway, CEO of ValueOptions, said in Arizona, where he was prior to the New Mexico appointment, a similar arrangement of departments had oversight over behavioral service delivery. However, there were five regions and two tribal entities with different managed care models. ValueOptions lost the contract in Arizona.

Representative Salazar asked for an understanding of the staff roles of the presenters and was told that Mr. Belzner is an employee of the ALTSD "detailed" to the collaborative as deputy CEO. Ms. Roebuck is an employee of the HSD, but reports to the secretary of children, youth and families.

As to reasons for a reduction in services through CCSS, the presenters explained that case management had been combined with psychosocial rehabilitation. With the new contract, providers will need to have written contracts with the provider selected.

In deeper questioning about complaints about the termination of CCSS services, the presenters said they would include their complaints from St. Martin's, Pathways and other agencies that have complained to ValueOptions. Training will begin in September on the six-hour limit. The purpose in establishing a cap, they said, was to encourage use of case management and services. In a study directly on New Mexico use of community-based services, Mr. Belzner found that there is an average usage of 25 units per year. ValueOptions is establishing a cap at 24 units (or approximately six hours) of use per month. Ms. Roebuck said that the collaborative is aware that agencies that see the most seriously mentally ill or low-functioning clients will need more coverage. She is meeting with such agencies to adjust use caps for intense populations.

Senator Lopez cautioned the presenters that the continuing complaints — not just Mr. Cebra's allegations — raise management communications issues. She expressed disappointment that the collaborative is disallowing benefits without notice to providers.

Ms. Roebuck said she is taking a "proactive" stance in a problem she sees on the horizon: that Medicaid will no longer pay for transportation. Providers used to be able to bill Medicaid for transportation, but will no longer be able to do so.

Senator Ryan said that he had heard that ValueOptions is making twice as much profit here as elsewhere, eight percent versus four percent, and asked about the \$20 million payment. Mr. Belzner answered that Attachment D of the contract, non-Medicaid services, spells out how much profit is allowed: from 11.8 percent to zero. The contract also specifies that 86 percent of funding must be paid for direct services, leaving only 14 percent for administration. Mr. Belzner said he would not elect to respond to Mr. Cebra's allegations about profits without data before him, but added that he would respond later. Ms. Roebuck said that the presenters need to get a better explanation themselves.

Ms. Roebuck also said that bylaws are now available.

Committee members and the presenters talked more about profits versus administrative costs and about problems with Bernalillo County's request to become certified as a Medicaid provider. Staff were instructed to schedule responses and more information at the next meeting.

On questioning from Senator Ortiz y Pino, Ms. Roebuck said that it is the administration at HSD and the Medicaid Assistance Division in particular, that decides how much money goes to behavioral health. Neither Ms. Roebuck nor Mr. Belzner knew how much of the \$97 million for Medicaid legislators appropriated in the past session — a sum which should draw a federal match — will go to behavioral health. Senator Ortiz y Pino said that he thought legislators believed that the funds should percolate to behavioral health.

Albuquerque Indian Center

Mary Garcia, executive director, said that the Albuquerque Indian Center is working hard to bring Native Americans into a recovery program. Melissa Ramo, a staff member at the center, also presented information to the committee.

The Indian center serves 3,500 to 4,000 clients a month, they said, and many are homeless and addicted. The center serves approximately 85 percent Native Americans, but also serves Hispanics and Anglos. It does not treat domestic violence victims, but wants to do so. Currently, the center turns away some 80 to 1,000 persons per month due to lack of money for staffing.

The center is not a ValueOptions program because it was too small to apply for a contract when it started approximately three years ago. The center is likely to approach the legislature for money to fund two more counselors and two more substance abuse specialists.

Minutes

On motion of Representative Salazar and Senator Lopez, the minutes of the July meeting were unanimously approved.

Adjournment

The meeting adjourned at 2:45 p.m.