

Bridging the gaps between the mental health and criminal justice systems

May 15, 2002

Question & Answer Session

Bremer: Feel free to move your seat down closer to the front if you were sitting in the back. There are plenty of seats up front if you want to be closer. So, we'll be turning this presentation over to our presenters now and let them take your questions, give you some answers, have some dialogue and discussion. This will go to about four o'clock and then we'll move to the small groups.

Cima: So there's only one rule. You can't ask us anything we don't know.

Bremer: Please just stand and ask a question. Raise your hand. Does one of you want to serve as the recognizer?

Cima: Oh, I'll do that.

Bremer: Okay, Deborah will point to the person. Raise your hand. Stand up and speak loudly.

Cima: Commissioner?

Question: *I thought I'd ask this question of Dave because I know how the Mental Health Courts work. One of the issues that I've seen is that when people come out of the criminal justice system, that discharge is really important. Then, all of them are given Court dates to return to Court and, in my experience, the mental health side doesn't always acknowledge the Court dates for people that are in the criminal justice system. So, they end up getting warrants for their arrest because they didn't show up to their Court meetings. How do you address this? I know the Mental Health Courts have that built in, how do you address it in LA?*

Meyer: We do not have, and we do not view ourselves as an enforcement mechanism. So, in the sense that a Probation Officer might be concerned in a Mental Health Court, we would not do that sort of thing. It's a qualitatively different issue. On the other hand, the services we provide are, in the most literal sense, wraparound services. So, wherever we provide them, and in whatever context, we worry about what that person's needs and requirements are.

Now, if you are an individual who has involvement in the criminal justice system, and you have a Court date, and the consequence of your not making a Court date is that you are going to go in to custody, that's a real issue for the treatment team. It's a failure because one of our outcomes measures is re-arrest, total days in custody, that sort of thing. So, we worry about that.

So, I think that what happens is that the treatment team, the providers themselves, do, in fact, track those kinds of things. They worry about that person making that Court date and then they do what's necessary to get that person there, including encouraging them, providing the transportation, doing whatever is necessary to get that person to meet their obligations in the community and in the real world as citizens.

From their perspective, it's not unlike jobs. You have full participation in the community and in life if you've got a job and employment. So, you've got to worry about that. Same thing with the Court.

Question: I was wondering what is the level of satisfaction within the community and with people of color in these different programs, and also, is job placement a part of the case management discharge system?

Bremer: Did you want to direct that to anybody in particular?

Question: No.

Meyer: Again, the population with whom we deal are people who have serious mental illnesses. We are statutorily charged in California – the local mental health programs in California – our statutory charge is to treat people who have serious and persistent mental illness. Those are the folks who are walking around downtown, pushing carts, having those issues, were in and out of jail, were in and out of the hospital. Those are the folks whom we deal with.

Now that person's recovery, that person's entry into the community, includes such things as doing meaningful work. For most people, you don't start with job placement; you start with job training or even a step short of that, which is, "Let's start talking about you getting up in the morning, getting yourself a shower, and doing that sort of thing." It depends on the individual.

We do have the capacity to link to the Employment Development Department in our community and we do make job placements. It's usually for folks who have been pretty well engaged in our system. In the jails are folks who are either at an entry point in our system or who have failed in our system – really, whom we have failed in our system. So, we start with those folks at spots that are much short of actual job placement.

Cima: Can I answer the culturally diverse piece of it? We have a culturally diverse staff. It's just the makeup of our community, the makeup of our treatment providers, and the makeup of our clients that come into us.

Beyond race issues, we provide specific groups for women. We have specific individual and group counseling for women with children. We have the family groups. We have the men with children. We've run into all of these different, interesting things.

We have the faith-based community that comes into our homes and provides services for the clients. They have prayer meetings. We have the spiritually enriched twelve-step meetings. We make every effort to meet people where they are and to build on their strengths. Sometimes those strengths are their culture, their family, and their ethnic background. We try to build on that. It's a constant thing that we talk about in our treatment team meetings. How are we going to meet the needs of this person? Sometimes we go outside of the walls of the treatment provider and the Court to do that.

Question: *How about in LA?*

Meyer: Local mental health programs in California are funded by the State largely. There is very little property tax money that goes into Mental Health Services in Los Angeles or any County. One of the quid pro quos for, really, pretty rich funding from the State is that we file annually with them a Mental Health Plan. Under State law, that plan – and it's a strategic plan for the delivery of services – that plan must specifically address cultural and linguistic barriers to providing service in the community.

That plan, which addresses those and all the other issues that are required in the plan, must be developed in a community-based process. So, in huge Los Angeles County, there are eight service-planning areas. They're well constructed and do have a significant component of the community and the community make up in it. The members of the Service Area Advisory Committees, who are the people who do this level of planning, are a very diverse group and they hold our feet to the fire on these issues. They are genuinely community people. They are not Mental Health people. These people, also, by the way, have responsibility for planning in the children's system and in the social service system and, by the way, in the physical health care system. So, they have responsibility for all of those things. They are really good at keeping us on our marks in this area.

Again, with Los Angeles, you're dealing with this elephant you are digesting. So, that's a gigantic piece. But our plan, which is very big, does specifically address issues of our community. We have a very

diverse community. We had better provide services that are relevant to that community and the State requires us to do so, and well so.

Question: Thank you very much. If I could follow up on the question, could you share, Mr. Meyer and Ms. Cima, what recommendations would you bring to us with regard to serving diverse populations? What have you learned? What would you tell us not to do?

Cima: Well, don't eliminate anybody. We did not start off bringing in our faith-based community groups and we found that, two years later, to be one of the strengths of our program. We have a lot of people that were brought up in the church, and that was their support system. We were requiring them, or asking them, to go to other meetings and types of support systems that they weren't comfortable with. I would say that we made big mistakes in doing that.

I would say, we started off not having groups specific to women at the Treatment Center. Of course, at the housing places we did. They were housed separately and they were all in-group with each other. Regarding relationship issues, and childbearing issues, and public health issues, and things like that, we had them together in a group and it was a big mistake. There are a lot of things that women are not going to talk about with men in the group and there were some age differences too.

We found out that our older mature women had issues very different than the young girls that were coming in. You know, with their substance abuse issues. Most of the older people had already gone through that, and had handled those issues, and weren't going to deal with that. They needed to know where to get jobs now: "How can I walk back into the community college?"

Also, we didn't bring in the community college folks for a good year. Once we started bringing in our ROP folks and the community college folks, guess what? They went to school. They got jobs.

I think we just learned as we went with clients. We had certain requirements. We wanted people to be back out in the community and hold a commitment in the community somewhere, but we weren't really reaching out to all community members. We held a couple of community forums and said, "We're not meeting our goals, so we couldn't possibly be meeting the goals of the community, what can we do different?" They said, "Well, you've never really invited us to the table before."

So, I would say, don't eliminate anybody. If you have a community-mapping guide, you know, develop literacy programs. That was another big one. We didn't realize the amount of people that were illiterate coming into our programs. So, we had the literacy folks come into our place instead of saying, "You need to go there on Wednesday

nights and take your class.” We had them come into the – for lack of a better term – group home and provide the training and the classes there. All of that helped.

Meyer:

Let me follow it up a little bit. I’ve got a speech to make about collaboration constituency and maintaining the stakeholders en masse.

The answer to your question is to be extremely aggressive about inclusiveness – extremely aggressive. Also, to unburden oneself with the tendency to be exclusive. You know, “I’m smart and I’m good.” Get rid of that. Find people to include and be extremely aggressive about that.

Then, having done that – and that’s a continuing process, you’ve got to keep focusing on that – having done that, then, listen. People are going to tell you stuff. You’ve got to listen to that stuff very carefully. Having listened, then you’ve got to do something, because if you don’t, then they’re lying to people. You’ve got to do those three things.

We had a terrible experience in the State of California recently. Mental health in California – we de-institutionalized in the seventies and localized care a little later in the seventies. By the end of the eighties, mental health care in California was a disgrace and it was a disgrace in Los Angeles County. It was terrible.

Those of us that were in that stakeholder community at that point said, “We are sick and tired of this and we’re not standing for it any more.” So, what we did was we began that process of putting allies together and focusing them on the needs of developing the mental health system in California.

That stakeholder base included some pretty wildly diverse kinds of points-of-view. So, it included not only providers, but within the provider community, doctors and psychologists, and all of them. It also included family members, law enforcement, consumers in very large numbers. It included the legal community, the protection and advocacy community.

Through the nineties, that constituency really developed momentum and power. They got the current funding mechanism established. They got this local responsibility and reportability of the State that I was mentioning earlier. By the end of the nineties, we were doing great stuff and the mental health system throughout California was pretty healthy.

Now, we had an experience during the last year where that constituency started to come apart because part of the constituency didn’t realize that everyone’s needs have to be addressed.

It was over this issue of community-assisted treatment or outpatient commitment. Part of our mental health constituency went forward with a legislative proposal to establish that. Other parts of it couldn't abide it, couldn't live with it. There was a terrible fight within the family over it, and it frankly has injured the constituency.

So, the point I'm making by that is, once you've put these people together, once you've been aggressive about it, once you listen to them, once you do stuff about them, be extremely careful about not injuring that delicate balance because it's real easy to do. Sometimes you can't get what you want if the cost of it is alienating some part of that constituency. Once you become fragmented, again we've lost.

Fritzler:

One thing I would like to say, too, if I can just kind of piggyback on this a little bit, this business of collaborating, from the Court's perspective, has great potential just from the standpoint of access to justice, not only for the mentally ill but for everybody.

Let's face it, in our criminal justice system in the past, we know that lots of times you had to have money to buy justice – to have the defense attorneys, to have any kind of representation. Women going into even the domestic relations areas of law find very often that they are at a huge disadvantage because they don't have the resources. So, that's partially a result of our very strict adversarial system.

If the Court does make a shift and becomes more collaborative and less adversarial, I think that this opens up a lot of access for people of color, for people who have been disadvantaged because of their income and that sort of thing, as well as people with disabilities who have struggled with the system in the past. Let me just give you one brief example that's not in the mental health area.

When I got involved in the Domestic Violence Court, I was concerned. I like the mental health treatment programs, don't get me wrong, but I have lacked confidence in our ability to effectively treat domestic violence perpetrators. So, I thought if I was going to have a therapeutic model for Domestic Violence Court, I had to have one that was more therapeutic for the victims and maybe not so much for the perpetrators. One of the things that I ran into right away was that the prosecutors were saying the victim didn't have standing to intervene in the criminal case. The perpetrator was charged. The victim had no standing in spite of the fact that we have some victim's rights laws in the State of Washington.

A good example was that victims would want to come in and have their voice heard about protection orders and things like that. The prosecutors said, "No, they don't have any legal standing." They showed me a ton of case law that said that. I basically said, "I don't care, they've got a right to be heard on these issues of protection orders so sue me." Sometimes you just have to do those things.

I think if you take this more collaborative and cooperative approach and break down some of the strict adversarial procedures – I like the fact that the State of California has been the only state that’s actually changed some of their canons of ethics for judges to allow some of the Drug Court procedures and some of the things that are a little less adversarial that used to be considered unethical for judges to engage in.

We’ve had to break down some real barriers. I think as judges, we need the support of everybody out there so we can have the courage to go on and increase the access to people in a meaningful way in the Court system, in spite of some the barriers that our traditional adversarial system has created.

Question: *Part of the success of getting people stabilized and back in the communities, discharged, is housing. What have you done about housing and how do you, especially if there are local ordinances or other types of laws about having felons or any other type of individual in the community?*

Meyer: It is the problem. We know how to deal with symptoms. We’re pretty good at linking people into various parts of the social system. We’re not that bad at getting them into education and job opportunities. The housing piece, which is the base piece, is the biggest problem in our community, in your community, and in every community because the biggest problem with homelessness is what? NO HOME. So, if you get over that threshold, you’ve done a huge part of what you need to get done.

Once again, I don’t have any big answers. I can tell you the successes I’ve seen are small successes. They’re done relatively quietly. We have a State law that makes six-person Board and Care facilities Family Homes by definition. So, if you have a six-person Board and Care, it must be treated in the local community as a family dwelling. The local communities have no choice about that. Well, it was a small victory, but it turns out, in impact, that it really is a big victory.

We have components of our system that do nothing but worry about housing. We have interesting interrelationships with advocacy groups, lawyer groups, over this issue – some locally, where we can work with them very well about protecting people against unlawful evictions. The whole NIMBY, we can get people marching into Court. We have a good relationship with some of our constituent cities over these kinds of housing issues and can work them on those levels. Solve the problem, no. Once again, the important elements are constituencies in collaboration being focused on a particular issue and small victories. Little ones, lots of them.

Cima: One of our small victories was to work with our Sober Living Coalition. Sober Living Homes are traditionally for those who have graduated

from a drug treatment program, and they have twelve-step meetings and everything there. Well, they formed this collaboration so that could kind of set some standards for sober living homes in the County. We started going and approaching them with the idea – people that have graduated and are clean and sober, and stable on their medications, going into the Sober Living. They were working, they had jobs or they had SSI money. They're able to pay their way. As long as a case manager is involved to make sure that the medication issues don't become overwhelming – because you have to be able to take your own meds and stay on track – it opened up some housing slots for us, by developing that partnership.

There was a point-person to call if there was anything wrong. The house manager could call somebody if one of our clients that was in a Sober Living House was starting to have problems. They'd come out and talk to them and get things back on track. That opened up some slots for us that we did not have access to before. We have the same issues even though we are a relatively...not wealthy community. Still, people don't want these homes in their backyard, even though you fight to say, "But it's better than homelessness and we'll even provide some oversight for this." They still really don't want that to happen. There are six-bed Sober Living Homes and they've worked with us.

Meyer: You know, it has to be done everyday in your interactions with people. Everybody has got a NIMBY problem. That's the macro problem. Nobody wants "those people on my block." The fact is that twenty-five percent of people in this country have personal experience with mental illness. Seven percent of the people in this country have themselves experienced an episode of serious mental illness. All of those people have family, neighbors, etc., etc. Those people in turn have personal experience with what it means to have a serious mental illness.

So, you can approach people on a very personal level about this issue. Decisions about whether or not "I'm going to go down to my City Council and make a stink" are made based on personal experience. So, you need to work this all the time. When people stop and think about it, they understand that they've had an experience that would justify having good housing too.

Question: *My name is Will Hardy, I'm from Highland and I represent the faith-based organizations. I heard Deborah allude to faith-based and I also heard Judge Fritzler when he talked about the old Court versus the new Court. When I heard him talk about the new Court being interested in problem-solving and collaborating, people and interest needs, social sciences and planning, the old Court being efficient, the new Court being effective, it goes right down the line of what faith based organizations represent. My question is, how do we effectively include faith-based organizations and get over the hurdle of separation of Church and State whereby utilizing resources that are already*

available as natural caregivers and helpers? Can you make some suggestions?

Cima: Well, I can start – never been quite shy of the mike. We did two things. We collaborated with them in our grant writing efforts and included them, on not just the Steering Committee but also in what they were going to provide in the grants that we wrote. These were for Drug Treatment and Mental Health Treatment. Already, our churches and our community, as well as Salvation Army, were providing tremendous services. So, we just included them. We received our grants. We weren't rejected because of this separation of Church and State.

We also started having them come to our strategic planning meetings at a County level that we had left them out of years prior. This past year, we included them in our strategic planning so that they are part of the process. They come to the County Board meetings when we are accepting our grants and they are recognized as being part of the collaborative.

On a more local level, on a smaller level, we have them come to the Sober Living Coalitions. We just try to network with them. They're just part our service providers now and we've received two grants with community-based organizations directly involved –our local Baptist Church that provides our twelve-step meetings, as well as Sober Living Homes, and the Salvation Army. And we have one called Forever Free which is a faith-based treatment agency funded by the County with County dollars. We just decided not to hide it any longer from the State. They came out and they approved their certification and their license, even though it's based on the faith-based steps that they use in treatment.

Fritzler: Now both of you have really embarrassed me because, I should just crawl under table here. Over in Vancouver, even though we've done a lot for coordination and stuff, I really haven't done anything in this area. It is my blindness as much as anything. I don't have a good suggestion other than if someone like you would have come to me, I am open to it. I just didn't take the initiative. I just dropped the ball. I just missed it. So, I think maybe you have to go say to someone, "I want to be included in these committees and these groups that are working on these projects." And I think the general climate will be pretty receptive. We want to have anybody that can work effectively with us.

Meyer: I'm a little bit puzzled because in our system we have many faith-based organizations who are providers. It's not a barrier. Beyond that, I would say that in your building of constituencies and your stakeholder process and your planning process that, once again, you be aggressive about it and not be exclusive about it.

Finally – this is the lawyer in me coming out – I think the strict and honest answer to your last comment is that you are not going to break down the barrier between Church and State until you have a different First Amendment or you change the First Amendment. That isn't going to happen in my lifetime, and there's much case law about what that barrier means and I don't think it's realistic to think that we're going that turned around. I don't think that any of that prevents faith-based organizations from being part of the process. It isn't in our system.

Question: I am one of those people that values these walls that you were mentioning and I have a relative that is ill. First of all, I would like to thank everybody for having this. It has really given me some hope for the future. Secondly, actually I have a house that I would be very willing to give up and you could build an extension on it and make it into a six-bedroom home. So, I have no idea who to tell this too but if somebody wants to get in touch with me, do.

Cima: And that's why we have public community forums.

Question: The other thing, I was going to ask the question of Mr. Meyer, it sounds as though everything got really, really bad in your community in the seventies. Did someone just wake up one morning and said, "Let's make this better?" Do you have a champion?

Meyer: No, we stuck our heads out our collective windows and said, "I can't stand this any longer."

Question: So that's what we need to do here?

Meyer: It gets to the point where it's so bad that you just feel that you've got to do something. In the seventies, that was the age of de-institutionalization and we all thought we were doing the right thing. *Cuckoo's Nest* was filmed in the local State hospital, I think. That was the notion we had about the world at that point. By the 1980's, the system had become so fragmented and under-funded that we had terrible, terrible problems doing anything and that led to a very focused constituency being built around this issue.

Question: I think, just to finish here, I think every individual that I have met in the system wants to help. I think there is a collaborative attitude but I don't think the services are there. We don't have housing. We don't have group homes. So, we need to work on these too. Thank you.

Question: What, if any, success have you had partnering with those groups that are funded by HUD, the local housing authorities, the development agencies. They've got the housing monies. They have the rent subsidy monies.

Meyer: Very high-level collaboration and success.

Cima: I can't say that we've had such successes. Maybe we just haven't done our work there, but we have people on long, long waiting lists to get into HUD housing. Even though it's a yearlong treatment program where they are provided housing, we start the process of them moving down and out to a lower level of care and into their own housing. At about nine months, even though they've been on the list, it's a two-year list.

Question: Have they been brought to the table as far as planning is concerned?

Meyer: Yes, they are now. Again, I always have to say, to give you my caveat that we've got this giant elephant that we are consuming in Los Angeles. So, don't take it from that, that there are no homeless people and there is no problem, because there are immense, abiding, difficult, intractable problems in that and every other part of our system, because the resources are limited. However, collaboration with the HUD funded agencies, public and private, has been rather good, given the resources that do exist. It's well integrated.

Cima: Now, I don't believe that HUD housing will allow felony offenders either to take advantage of the...certain felonies, drug felonies, which a lot of our folks have. So, maybe we need to do some more work in that area.

Question: My comments are primarily directed at our Judge and Dave. You made a comment about courts being very procedural. David, you talked about your concern with the CROMIO program and the increase in jail. Myself, having worked in both Probation and Parole and the mental health system, have found that conditions of supervision are not compatible always with working with mentally ill offenders. So, I am wondering if the increase has to do with technical violations or whatever, if maybe you are overlooking some successes because those people are still linked and being served and watched. Maybe that's not a failure.

Fritzler: I would make one comment about that, I guess. People have said to me sometimes that well, the Mental Health Court really just takes the easy people. We take people with a substantial record in the system that have been unsuccessful in the regular criminal justice system. We take some of the, really, worst people. They have a bad experience with Probation.

I am a fan of Probation for most people. I don't think with a lot of our mentally ill, the Probation Officers know how to relate to them. I think that the people have such a bad track record with them, they don't want to work with the Probation Officers. What we've done is kind of eliminated Probation from the Mental Health Court. We use a risk management process in the Court to have them in Court. By our Court activities, we replace some of the things that Probation Officers did before. We try to use caseworkers from the mental health system, who relate to the people much better, I think, than our Probation Department. Again, I love our Probation Department but I just don't think they work well in this area.

So, we've just done a shift here. We kind of lightened the load of the Probation Department and we've shifted some of this over a little bit. We've been able to do that in our County. Our Probation Department is under Community Services, which also handles the mental health system. We've been able to move people around, and move the resources around, without having a new influx of sources or changing anybody's budget too much to do that. That's the way we've approached it. I agree with you, I think there's a problem with the way people with mental illness and mental disabilities are handled in the regular criminal justice system. So, I've tried to work around that in my own way.

Meyer:

As I reflect on what I said earlier, it sounds to me like I am finger-pointing. You know, it's the first year's data on CROMIO. It's a grant-funded program that really has a research design in it. The hypothesis that we were trying to validate is that intensive, wraparound services – including housing and all – that included components of both the clinical community and the law enforcement community, would result in certain better outcomes. The measures included days in jail and re-arrest.

Now, we know from the first run of data that our hypothesis was not validated. It was invalidated, at least on those measures. I don't now exactly what that means. It's not fair to say that the Probation Officers in this situation did something they shouldn't have done. It is fair to say that we need to know more about what's going on with these folks. The fact is that this population, this group of people, are much tougher than the other folks whom we are treating in our other systems. This is a tough group of people. They were intended to be. So, it may simply be a reflection of the population. It may be a reflection of the fact that we have the wrong measures. It may be a reflection of the fact that the clinicians are doing a poor job. I don't know what it means, it's just that I know in my first look at that data, it didn't do what I thought it was going to do.

Question: Just two questions. One, can you address the disparity between the number of floors devoted at Twin Towers Correctional Facility – men versus women. Secondly, the AB34 funding, if someone is not yet in the jail system, how are they identified to be eligible for that funding?

Meyer: Excellent questions, both of them. In fact, more resources, both in terms of housing and care are dedicated to the women population in Tower Two than are dedicated to the men population in Tower One. There are only a thousand women prisoners in the Los Angeles County Jail. Sometimes a little bit more. All the rest of the twenty thousand are males. So, three floors of that facility are dedicated to all women in the system who have any level of care required from mental health personnel. They are there in Tower Two and there is richer programming, frankly, in the women's program than there is on the men's side. It's just that there are many fewer women in terms of absolute numbers in the jail that reflect the fact that it doesn't require a whole tower. I think that's just fine.

There are male people who are under some level of care from us in all of the jails. Actually, that's not true. In Men's Central Jail, across the street from Twin Towers, and in North County Correctional Facilities, another large series of jails, there are men who are getting medication maintenance only. They are seen by a doctor every thirty days and the psychiatric nurse delivers their medication every day, so that's what they get.

In Tower One, there is actually programming on all the floors. In the women's jail there is programming on all the floors as well, and women also are in the Forensic Inpatient Unit. Entry into 34 programs other than the jail – it's pretty obvious in the jail. There is somebody in the jail identifying people who meet the threshold criteria. They call people in. The people come in, the linkages are made, and out.

Something similar, in fact, is affected in the community and the intake into the programs from outside the community comes from multiple places. One is from our COURT program, which makes a lot of AB34 referrals. Another is from the community programs themselves, and this is very widely known in LA. It's a well-funded series of programs. It's very hot in terms of public perception and politics so everybody in the mental health system knows about AB34. Frankly, it's richly funded. It's about \$8,500 a head capitated for people in the AB34 programs. It's not up to our richest level of staffing but it's a rather rich level of staffing. People want to get in on that and so they make lots of calls to the AB34 Resource Center, which is actually at my building at headquarters. So, there's lots and lots of input. We have no lack of referrals for AB34. Lots of people are interested in getting a piece of that business.

Question: Are there any Legislative people going down from Oregon to look for themselves?

Meyer: Come on down, it is wonderfully, wonderfully successful. It is the notion of a State Assemblyman from the Sacramento area who listened to the mental health constituency about categorical funding issues, about wrap around services, and he said, "I'm doing something about it."

Bremer: If you still have questions, you still will have time to nab these people in the hallway on the way up to our next meetings.

We have Debriefing and Next Step Sessions starting at ten after four. *Session 1* is on *Pre-Booking and Jail Diversions* and that will be on the third floor. Again, remember if you just get to the right floor, there will be signs directing you to the room number and elevators are in the back of the building. *Session 2* is *Booking and Pre-Trial*. That is on the third floor also and David Meyer will be joining that group. *Session 3, Court and Overall Policy Coordination* is on the sixth floor and Judge Fritzler will be joining that group. *Session 4 is Reentry and Transition Planning* on the second floor and Deborah Cima will be joining that group.

Any questions on where you are going or how to wrap up the day? You've been a wonderful group to work with. You are not required to report back to this room. There are refreshments in each room that you are going to so you don't even need to grab something on your way out. You've got about five minutes to get to your next location.