## **Consolidated Planning and Advisory Workgroup (CPAW)**

## Thursday, February 3, 2022 3:00 pm - 5:00 pm

## Meeting Access via Online Zoom Video Conference and Telephone Conference:

https://homebaseccc.zoom.us/j/84801163858?pwd=d01ZbHN0bHZ5V1NCeDdZUkh2SW1pQT09

Call In Number: 1-669-900-6833 Meeting ID Code: 848 0116 3858 Password: 390775



Members Attending: Douglas Dunn, Anna Lubarov, Sara Marsh, Roberto Roman, Jennifer Tuipulotu, Graham Wiseman, Amelia Wood

Behavior Health Director: Dr. Suzanne Tavano

**Staff Attending:** Janet Costa, Synetta Freeman, Jessica Hunt, Jaime Jenett, Ernesto Robles, Ellie Shirgul, Robert Thigpen,

Jonathon San Juan

**Public Participants:** Pete Caldwell, Carla, Ivan Dubois, Lisa Finch, John Gallagher, Jenna Williams

**Facilitator:** Mark Mora

**Recorder:** Audrey Montana

**Staff Support:** Jennifer Bruggeman

**Excused from Meeting:** None

Absent from Meeting: Y'Anad Burrell, Chaplain Creekmore, Tom Gilbert, Carolyn Goldstein-Hidalgo, James Lancaster, Leslie May,

Lucy Espinosa Nelson, Melinda O'Day, Johanna Wagner

TOPIC	ISSUE/CONCLUSION	ACTION/	PARTY
		RECOMMENDATION	RESPONSIBLE
1. Welcome	Welcome, Call to Order	Information	Mark Mora
<ul> <li>Call to Order</li> </ul>	Roll Call		(Facilitator)
• Roll Call	Reviewed Working Agreement		
<ul> <li>Review Working</li> </ul>	• Meeting Notes: Reviewed meeting notes (January 6, 2022).	Notes will be posted to	Audrey Montana
Agreement	No revisions recommended.	MHSA CPAW website.	to post notes.
<ul> <li>Finalize Meeting Notes</li> </ul>	• Announcements		
<ul> <li>Announcements</li> </ul>	o (Jennifer Bruggeman)		
	<ul> <li>Resuming the CPAW Orientation meetings. A CPAW</li> </ul>		
	Orientation meeting was held today. All welcome to		
	attend especially those new to CPAW. Details of the		

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	Orientation are on page two of this Agenda.  ■ February is Black History Month.  ◇ There will be an event on February 19 at 2:00 pm - Panel Discussion hosted by the African  American Health Conductors and Re-Entry Program.  ◇ Next week at the System of Care Committee meeting and the Reducing Health Disparities meeting, there will be very good presentations.  ○ (Graham Wiseman) Lost his fifteen-year-old son nine years ago to suicide. This is why he so active with Mental Health. Took the pain and turned it into purpose. The past four years have been working on the Mental Health Awareness License Plate Campaign. Senate Bill 21 passed the California Senate unanimously and is now in the Assembly. This is a grass roots effort from our County to raise awareness on Mental Health and reduce stigma. Link to article:  https://sd07.senate.ca.gov/news/2022-01-26-bill-raise-awareness-rising-mental-health-concerns-among-youth-passes-senate-floor  To sign up and support, visit www.beingwellca.org.	RECOMMENDATION	RESPONSIBLE
<ul> <li>2. Stakeholder Sharing by Meeting Groups</li> <li>Adults Committee</li> <li>Aging &amp; Older Adults Committee</li> <li>Alcohol and Other Drug Services (AOD) Advisory Board</li> <li>Behavioral Health Care Partnership (BHCP) Meeting</li> <li>Children, Teens and Young Adults (CTYA) Committee</li> </ul>	<ul> <li>Adults: No additional comments.</li> <li>Aging &amp; Older Adults Committee:         <ul> <li>Had presentations from Dr. Sara Levin (Deputy Health Officer on COVID-19 and from Debbie Toth from Choice in Aging (presented on Measure X, the Master Plan for Aging and ways to advocate for older adults in our community).</li> <li>If interested in this committee please email: Ellen Shirgul at ellen.shirgul@cchealth.org or Brianne Green at bgreen@cchealth.org</li> <li>Next meeting will be February 23 from 2:00 pm to 3:30 pm via Zoom.</li> </ul> </li> <li>Alcohol and Other Drug Services (AOD) Advisory Board - No additional comments.</li> </ul>		Committee Representatives

TOPIC	ISSUE/CONCLUSION	ACTION/	PARTY
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<ul> <li>Health, Housing &amp; Homeless Services (H3)</li> <li>Innovation (INN) Committee</li> <li>Membership Committee</li> <li>Mental Health Commission (MHC)</li> <li>Mental Health Commission – Quality of Care</li> <li>Reducing Health Disparities (RHD)</li> <li>Social Inclusion Committee</li> <li>Suicide Prevention Committee</li> <li>System of Care Committee</li> <li>Training Advisory Workgroup (TAW)</li> </ul>	Behavioral Health Care Partnership (BHCP): No additional comments.  Children, Teens and Young Adults (CTYA) Committee: No additional comments.  Health, Housing and Homeless Services (H3):  • The Point in Time Community Count will take place on February 24 <sup>th</sup> from 5:00 am to 10:00 am. Will determine the official number of people in the community who are experiencing homelessness. This information is used to help with funding and other purposes. Looking for volunteers. Will be two people per car and will be assigned a specific area. The link with information and to sign up is as follows: https://asr.sjcl.qualtrics.com/jfe/form/SV_79Zm8SCb7zix78i  • The Delta Landing Project (former Motel 6 in Pittsburg purchased with State funds through Project Home Key that will function as a shelter) will open next week. People will be moved out of hotels and into private rooms at the Delta Landing site. There is an on-site health center and case management services. Meals provided on-site. Residents will have private rooms with locking doors. Residents are on the path to housing. Is an emergency shelter but for people interested in obtaining housing. All rooms have been assigned to date. Rooms are designated through CORE outreach. Most vulnerable prioritized to be in those rooms.  • The Trinity Center in Walnut Creek has space available. The Winter Nights Family Shelter also has some capacity.  Innovation (INN) Committee: No additional comments.  Membership Committee: No additional comments.		

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	<ul> <li>Mental Health Commission (MHC):</li> <li>Senate Bill 21 (funding for Mental Health awareness and reducing stigma through the sale of license plates) passed. Graham Wiseman has provided a link to obtain information and instruction as how to obtain the license plate.</li> <li>The Board of Supervisors discussed the 2021-2022 and 2022-2023 Budgets. The recording on the Board of Supervisors' website.</li> <li>Completed a Mental Health Commission Site Visit to Crestwood Our House in Vallejo. Upcoming Site Visit will be at Harmony House and Hope House.</li> <li>Dr. Suzanne Tavano gave an update on the budget and</li> </ul>		
	programming plans for 2021-2022 and going forward.  Mental Health Commission (MHC) – Quality of Care:  No additional comments.		
	Reducing Health Disparities (RHD): No additional comments.		
	<ul> <li>Social Inclusion Committee: No additional comments.</li> <li>Suicide Prevention Committee: <ul> <li>On January 28<sup>th</sup> had a presentation from Rainbow Community Center on what suicide looks like in the LBGTQ Community and their efforts toward suicide prevention. This Committee is focusing on what suicide looks like in historically marginalized communities.</li> <li>Next presentation on February 25<sup>th</sup> will be from a Suicide Prevention Specialist from the Veterans Administration.</li> <li>The Youth Sub-Committee will now meet quarterly. Had our first meeting of the year on January 28<sup>th</sup>. From Ade Gobir, the Manager from the Wellness in Schools (WIS) Program with the Contra Costa County Office of Education. The next Youth Sub-Committee meeting will be in April.</li> </ul> </li> </ul>		

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	System of Care Committee: No additional comments.	RECOMMENDATION	RESI ONSIBLE
	Training Advisory Workgroup (TAW): No additional comments.		
<ul> <li>3. Dialogue and Update from Contra Costa Behavioral Health Services (BHS)     Executive Leadership         <ul> <li>MHSA Budget Updates</li> <li>A3 Updates</li> <li>Q&amp;A</li> </ul> </li> </ul>	Dialogue with Contra Costa County Behavioral Health Services (BHS) Executive Leadership  Dr. Suzanne Tavano:  ■ Mental Health Services Act (MHSA) Budget Update  □ Jennifer Bruggeman (MHSA Project Manager) will provide the update later in this meeting  ■ A3 Update (Anyone, Anywhere, Anytime Project)  □ Is the build out of our Crisis Continuum  □ Will expand the number and types of Mobile Crisis Teams  ■ Previously had Mobile Crisis Response Team for Adults (3 years) and Mobile Crisis Response Team for Youth (Seneca − 12 -14 years)  ■ During the community stakeholder planning process,		Dr. Suzanne Tavano (Director, Behavioral Health Services)
	had a Mobile Crisis Design Team. Went to the Measure X Committee and then approved by the Board of Supervisors as the A3 Initiative  ■ Will build out the number & Types of Teams  ◇ Level One Team − Peer Provider with perhaps an Emergency Medical Technician (EMT)  ❖ Respond to situations re social determination of health (e.g., homelessness, welfare checks, someone has a level of concern about the person)  ◇ Level Two Team − Clinician and Peer Provider  ◇ Level Three Team − Clinician, Peer Provider and a Law Enforcement member  ○ Board of Supervisors' Approval  ■ 72 new positions approved to build out the Teams but also to have dedicated staff of clinicians to operate a		

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		RECOMMENDATION	RESPONSIBLE
	Call Center for the Mobile Crisis Response 24/7		
	<ul> <li>Currently Teams have seven-day capacity but not 24</li> </ul>		
	hours a day. Goal is 24/7 capacity.		
	<ul> <li>Positions available for Mental Health Clinical</li> </ul>		
	Specialists (especially those with lived experience)		
	are on the County Website for those interested. Also		
	funded is a Personnel Analyst dedicated to Behavioral		
	Health to speed recruitment and hiring.		
	Updating telecommunications and dispatch systems		
	o The Hub		
	<ul> <li>A physical location (hope to use County property at Oak Grove Road, Concord).</li> </ul>		
	♦ Administrative Headquarters for Mobile Crisis		
	Response		
	♦ Call Center		
	♦ Administrative staff supporting the A3 Initiative		
	♦ Urgent Care Drop In Center (crisis not to the level		
	of Psychiatric Emergency Services)		
	♦ Sobering Center		
	♦ Peer Respite		
	<ul> <li>Measure X funds would permit complete renovation</li> </ul>		
	of the Oak Grove campus		
	Infrastructure Grant Opportunities		
	<ul> <li>Phase One – Applied and received funds for infrastructure</li> </ul>		
	for crisis response (cars, equipment, technology, not staff)		
	<ul> <li>Phase Two – Applied and received funds for Planning</li> </ul>		
	Grant (using for consultants, facilitators for the		
	community planning process)		
	o Phase Three – Request for Proposal (RFP) just announced		
	for shovel ready property projects. Reaching out to our		
	community partners with property and possibly submit a		
	joint grant application		
	<ul> <li>For other grants, need to complete community planning</li> </ul>		
	process to determine needs and then apply for grants		
	<ul> <li>These funds managed by the California Department of</li> </ul>		

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	Health Care Services. Another pot of money is managed by the California Department of Social Services.	RECOMMENDATION	RESPONSIBLE
	<ul> <li>(Jennifer Bruggeman)</li> <li>Mental Health Services Act (MHSA) Budget Updates         <ul> <li>Proposed 2022-2023 MHSA Budget increased from \$54 million to \$63 million dollars</li> <li>Increases for housing, bilingual staff, career ladder positions for Peers and Innovation Project (for example, Psychiatric Advanced Directives – PADs)</li> <li>Detailed increase amounts for each of the five components of MHSA. The most increase was for Community Support and Services (CSS) to \$47 million. Most intensive services – housing capacity, positions to support clinics. This is the biggest MHSA component. Detailed increases for other four components (e.g., PADs project, Bilingual Intern Stipend Program).</li> </ul> </li> </ul>		Jennifer Bruggeman (Program Manager, Mental Health Services Act)
	<ul> <li>Comments and Response to Questions:</li> <li>(Amelia Wood) What is the funding for that Suzanne Tavano was speaking about? Can the funds be used for Nierika or Nevin House? Response: (Suzanne Tavano) These are infrastructure grants for bricks and mortar, buildings (that would house therapeutic programs or housing). Not for programs or staffing. If we could find a building that qualifies, yes.</li> <li>(Ellie Shirgul) Can County staff be included in the bilingual stipend program? Response: (Jennifer Bruggeman) Genoveva Zesati will be overseeing the Stipend Program. We will continue the conversation on how to meet that need for the County. (Suzanne Tavano) For Innovation Programs, we must invest the funds quicky so as not to risk giving the funds back to the State. The PADs project has already gone through the State review and approval process so can be started fairly quickly. Also looking for Innovation programs re community practices/culturally relevant.</li> </ul>		

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Peer Connection Centers	<ul> <li>(Jennifer Tuipulotu) Well done to all who have contributed to the A3 effort. These are tremendous steps to improve and save lives!</li> <li>(Amelia Wood) Agreed. I am excited to see A3 and its Hub happen.</li> </ul> Presenter: Lisa Finch		Lisa Finch
(PCC) • Presentation • Q&A	<ul> <li>Peer Connection Centers formally known as Recovery Innovations (RI)         <ul> <li>Notified last April RI would no longer be in contract with Contra Costa County</li> <li>Putnam Clubhouse and Contra Costa Clubhouses, Inc. reached out to us to continue with services</li> <li>Now is the Peer Connection Centers as of July 1<sup>st</sup>, 2021</li> </ul> </li> <li>Since March of 2020 during COVID, provided support to those with mental health challenges         <ul> <li>Via text, phone calls, conducted virtual groups</li> <li>Provided hygiene kits, coloring books, regular meals</li> </ul> </li> <li>Opened doors in Antioch location November 1<sup>st</sup>, 2021         <ul> <li>Providing in-person services</li> <li>Plan to reopen Concord Center on February 28<sup>th</sup> and start regular programing March 1st</li> <li>Hope to open the San Pablo Center April 1st</li> <li>Until then, continue with virtual groups and in-person support</li> <li>Due to COVID cut back hours in Antioch</li> </ul> </li> <li>Will start volunteering services         <ul> <li>City clean up, Meals on Wheels</li> </ul> </li> <li>Outings         <ul> <li>Museum, park, hikes</li> </ul> </li> <li>Conduct Groups         <ul> <li>Wellness toolbox, anger management, COVID, life skills,</li> <li>Music appreciation, karaoke</li> </ul> </li> </ul>		(Program Manager, Peer Connection Centers)

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	<ul> <li>Services and support         <ul> <li>Outreach, connect to services,</li> <li>Free, no charge</li> <li>Just need vaccination and booster</li> <li>Wellness Agreement</li> <li>Setting goals, how we can support to achieve</li> <li>For example, get back to workforce, go to school, obtain own housing</li> </ul> </li> <li>For any information or to respond to questions, please email Lisa Finch at <ul> <li>lisa@putnampeerconnections.org</li> <li>or call at (925) 804-1902. We can provide brochures. Can refer to the Putnam Clubhouse website for the link to the Peer Connection Centers and virtual calendar.</li> </ul> </li> </ul>		
	Comments and Response to Questions:  • (Jenna Williams) New Facebook page for Peer Connection Centers is <a href="https://www.facebook.com/peerconnectioncenters">www.facebook.com/peerconnectioncenters</a>		
	• (Suzanne Tavano) Loved being at the Antioch Peer Connection Center. You have all modeled how to live our lives and know how to safely cohabitate with COVID. I was so impressed with everything you put in place. To provide services, support and a sense of community and you all do so in the safest ways. Really commend you all for your work. Thank you so much.		
<ul> <li>5. MHSA Updates</li> <li>• CPPP Survey</li> <li>• Innovation Projects: PADs and Community</li> </ul>	Presenters: Jennifer Bruggeman  Jessica Hunt  (Jennifer Bruggeman)		Jennifer Bruggeman
Defined Practices	<ul> <li>Community Program Planning Process (CPPP) Survey         Access information         <ul> <li>The survey is an effort to gain input from the public as to prioritizing MHSA funding, programing</li> <li>Distributed the survey via Survey Monkey</li> <li>If did not receive please contact Audrey Montana for</li> </ul> </li> </ul>		

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	information and link at Audrey.Montana@cchealth.org.  ○ Survey open until about mid-February  Innovation Projects  ○ Description  Innovation projects have several special requirements challenging to launch and sustain  The State during COVID was not flexible with such requirements.  ◇ Several Innovation projects ended at the beginning of COVID.  ◇ Existing Innovation projects had a difficult time expanding or operating.  ◇ These programs better suited for in-person programing  ◇ Result – Underspent in this category. Unspent funds after a specific time period, revert to the State  ○ Psychiatric Advanced Directives (PADs)  ◇ Similar to a Healthcare Advanced Directive, but is used in the event a person should experience a mental health crisis  ◇ Is an official document that specifies the person's wishes. Can mitigate trauma that people may experience during a psychiatric crisis.  ◇ PADs has already been reviewed and approved by the California Mental Health Services Oversight and Accountability Commission (MHSOAC).  Saves several months of the approval process. The PADs project is launch ready.  ◇ This topic was brought to us by the community and discussed at the most recent MHSA Consolidated Planning Advisory Workgroup (CPAW). Some Mental health Commissioners have shown interest.  ◇ We have the Opportunity to join an existing Statewide collaborative PADs project. Six counties		

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	have joined. Technical assistance provided. Also training, coordination and evaluation provided. Goal is to have PADs be a long-term asset.  PAD's project has three parts  Develop a standardized PADs template. Through stakeholder input process. Work with the Peer community.  Outreach, marketing and training  Technology. Cloud based centralized system where PADs could be stored and then accessed (consumers, providers, etc.)  (Jessica Hunt)  Community Defined Practices and providing Micro Grants  Given to community organizations to support new and innovative programing for their specific community  Monterey – provided micro grants to encourage Latino engagement and address service gaps for that community. Challenges, successes and comments.  Had a set general fund then allocated mini grants. Each grand had a \$50,000.00 limit. 30-day application period. Five application periods. Received five to fifteen submissions per period. Anyone could apply. Had a review panel process. Each project for maximum twelve months.  A challenge was there was a lot of subjectivity involved in the selection process which led to inconsistencies. So good to establish evaluation criteria to ensure most qualified receive funding.  Also saw a need to establish ways to evaluate success/outcomes. Applicants should demonstrate can execute the proposed	RECOMMENDATION	Jessica Hunt (Program Supervisor. Mental Health Services Act)

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	programing and evaluate their program.  Another challenge was invoicing was sporadic. Ensure awardee has a system and capacity for invoicing. Invoicing to be consistent and timely.  These challenges did not exist with awardees who had been established vendors (had	RECOMMENDATION	RESPONSIBLE
	<ul> <li>background, qualifications, had staff, etc.)</li> <li>Recommended award to established vendors with qualifications that can expand services and actually carry out their proposals.</li> <li>But if a start up organization without an established program, must set expectations and parameters.</li> <li>Look for ways to extend and renew successful projects. The twelve month limit restricted projects' possible additional achievements.</li> <li>For micro grants, could be very successful with the proper structure</li> <li>Is a very worthwhile project</li> </ul>		
	Comments and Response to Questions:  (Suzanne Tavano) We did such a program in Marin. But, did a bit differently and it worked out quite well. In the project, we contracted with a consultant who worked with organizations that may not have had the experience as we wanted to expand into the communities where people lived. Did not focus on established entities. Focused on more grass roots. This may be the better method to hear the voices that say they are being underrepresented. We go where they are. Give them the resources to perform. Hope we can factor that in as well. I believe we can do a bit of a different approach from the Monterey system. Thank you so much. Response: (Jessica Hunt) I definitely agree with that. We can do a lot with it and can be worthwhile. Is beneficial to learn from challenges of others so that we can make our own program more robust. (Jennifer Bruggeman) That is great information from two		

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	different counties that were able to have such programs. That is really helpful. Thank you both for sharing. We definitely will bring this to the next Innovation subcommittee to discuss.  • (Suzanne Tavano) For the Innovation Committee meeting, I know there may be community members who I have spoken to in the last few months who may be interested in these projects but may not be involved with CPAW or the Mental Health Commission. Would like to extend invitations to some of them also. (Jennifer Bruggeman) Sure. Absolutely.  • (Jonathan San Juan) For the Office for Consumer Empowerment, we have a policy created in 2008 for Wellness Recovery Action Plan (WRAP). Confusing. Trying to sound like an Advanced Directive. There is no authority to be so. This policy should be about the fidelity of WRAP as an Educational Development Plan (EDP). Appears this policy was written in 2008 to demonstrate a need for an Advance Directive. For WRAP, I do a comparison with PADs. PADs provides choice and is recognized by the system. If we have WRAP, we need PADs. Offer my support for PADs. I can also have a contact who is a proponent and advocate for PADs. Response: (Jennifer Bruggeman) There is a distinction between a WRAP Plan and a PAD and how they are intended to be used. PADs is a tool should someone go into a mental health crisis. What would they want to see happen? It is not a treatment plan. Soley for the crisis situations. The two can compliment each other nicely.  • (Suzanne Tavano) A long time ago, we worked on a similar project – Psychiatric Advanced Directive. Incorporated elements of the WRAP plan. Psychiatric Emergency Services could access this plan. Not a legal document. Was an approved internal document. It was valuable. Real benefits. Don't know why it went away.  • (Amelia Wood) I saw the PADs video. I like the idea.		

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6. SB 803 (Peer Certification) - Update	<ul> <li>The California Mental Health Services Authority (CalMHSA) is the agency responsible for developing the implementation of the Peer Certification Program.         <ul> <li>Continuing with Stakeholder Advisory Council meetings. I participate as a member of the Council.</li> <li>Started subcommittee meetings. Focus on specific aspects of peer certification to be developed quickly.</li> <li>The subcommittee meeting I am attending today at 4:00 pm is focusing on policies and procedures. Also core competencies and curriculum standards.</li> <li>Committee meetings and other information is on the CALMHSA Peer Certification webpage at: <a href="https://www.calmhsa.org/peer-certification/">https://www.calmhsa.org/peer-certification/</a></li> </ul> </li> <li>The Office for Consumer Empowerment (OCE) will provide an update on SB 803 tomorrow morning from 10:30 am to 12:00 pm. The flyer for this meeting was included in the email with this CPAW meeting announcement. Please feel free to join us. Access the Peer Update Session via online video conference with this link:</li></ul>		Roberto Roman (Community Support Worker II, Office for Consumer Empowerment

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	• (Jonathan San Juan) What will the services be called?  Response: Those determinations will be made by the California Department of Health Care Services and the federal Center for Medicare and Medicaid Services. To be determined. (Suzanne Tavano) Contra Costa County has via County employees and community partners for decades been employing Peer providers. Many have been claiming Medical eligible services for years. Certified Peer Specialists will be able to claim these services as well. Just these two new very specific services will have their own MediCal codes that can be used only by Certified Peer Specialists. In this County, expanding what Peers can do.		
7. Public Comment & Suggestions for Future Agenda Items	<ul> <li>(Douglas Dunn) Innovation idea that would be larger than the microgrants. A Community Based Organization (CBO) Innovation idea not necessarily from County Behavioral Health.</li> <li>(Suzanne Tavano) I would love a strong Innovation project around housing.</li> <li>(Amelia Wood) I second that.</li> <li>(Jonathan San Juan) Indicated the PADs information would be stored in the Cloud. I am just curious how that works with HIPAA (Health Insurance and Portability and Accountability Act)? We may also be able to use that system in the new Hub (re mental health crisis, PADs, etc.). Response: (Jennifer Bruggeman) They developed a cloud-based system and every county that participates will have access to that system. I am sure they considered all the HIPAA and privacy regulations. We can ask those who are operating the cloud-based program to come and speak to us. We would then have an opportunity to ask detailed questions.</li> </ul>		Mark Mora

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8. Plus / Delta – Review of Meeting	<ul> <li>(Jonathan San Juan) We didn't have a poll this time. Suggest more polls.</li> <li>(Douglas Dunn) Need a formalized community planning process. The survey is a helpful start. Even with COVID, we have had virtual community program planning meetings. Should have another Innovations meeting in the near future. Can once again done virtually. The MHSA and BHS staff host virtual meeting quite well. Is doable.</li> <li>(Jonathan San Juan) We could advertise more. Get programs involved. Emphasize is important for the program and request people involved in the program attend. Could be part of the programing. Would love to see more groups in the process.</li> </ul>	CPAW members and attendees	Mark Mora
9. Adjournment & Next CPAW Meeting	<ul> <li>CPAW Steering Committee meeting will be February 17<sup>th</sup> from 11:00 am to 12:00 pm.</li> <li>The next CPAW meeting will be March 3, 2022 from 3:00 pm to 5:00 pm.</li> </ul>		Mark Mora