**November 13, 2013**

**U.S. Department of Justice, Office of Justice Programs**

 **810 Seventh Street NW, Washington, DC 20531**

**10:30 am – 12:30 pm**



**ABSTRACT**

The November 13, 2013, quarterly meeting of the Coordinating Council on Juvenile Justice and Delinquency Prevention (Council) explored the implications of The Affordable Care Act (ACA) for vulnerable adolescents and young adults.

Tony West, Associate Attorney General of the United States, greeted attendees, and welcomed Karol Mason who has returned to the U.S. Department of Justice (DOJ) as Assistant Attorney General in the Office of Justice Programs. His opening remarks highlighted that the ACA offers healthcare consumers, including children and young adults, with the most robust set of protections in this nation’s history. Even more significantly, it provides for the expansion of Medicaid coverage, school-based health services, and community-based health programs with the potential to significantly improve the quality of health care services to youth at risk of violence, or those involved with the juvenile and criminal justice systems. The full impact of this compelling story is that the services provided by the ACA can mean the difference between a life of recurring trauma and violence versus a life of fulfilment for at-risk and vulnerable young people who have been affected by trauma and violence.

Robert Listenbee, Jr., Administrator, Office of Juvenile Justice and Delinquency Prevention (OJJDP), DOJ, and Council Vice-Chair, introduced a distinguished panel of public and private sector health care experts, to provide background on the ACA, examine its implications for vulnerable youth populations, and report on the Council’s collective work. It is critical that those working with youth become more knowledgeable about the ACA, and engage in creative and appropriate outreach activities to ensure that the correct message is promoted. A consistent theme that permeated Council member discussions was the importance of federal cross-agency collaboration in implementing the ACA.

 The Administration is working diligently to implement the ACA, and the Council will work to disseminate information to stakeholders who address the needs of youth and young adults across the Nation.



**Kathi Grasso,** *Director, Concentration of Federal Efforts Program, OJJDP,* opened with a number of housekeeping reminders and welcomed Council members and other meeting attendees. Meeting minutes will be posted on the Council website at [www.juvenilecouncil.gov](http://www.juvenilecouncil.gov) within 90 days of the meeting. Oral testimony or comments from the general public were not accepted at this meeting. Members of the general public were advised that they could submit written comments directly to Ms. Grasso at OJJDP, via her contact information (Kathi.grasso@usdoj.gov) in the Federal Register notice announcing this meeting. Provisions were made for non-Council, in-person attendees to submit written questions to the panelists who would consider these questions during the meeting, if time permitted. Council members, panelists, and federal staff were invited to attend a “brown bag lunch” to share information on federal collaborative activities after the Council meeting. (Participants were advised to provide their own lunch.)

**Tony West,** *Associate Attorney General, DOJ,* welcomed meeting attendees, with special recognition to Karol Mason who has returned to DOJ as the Assistant Attorney General of the Office of Justice Programs. In Ms. Mason’s previous capacity as the Department’s Deputy Associate Attorney General, she led the Defending Childhood Initiative Program, among her many accomplishments, and she helped to create the Attorney General’s Task Force on Children Exposed to Violence. Mr. West announced the creation of a subcommittee, comprised of cross-agency representatives, dedicated to implementing those recommendations: from aligning federal programs aimed at violence reduction and intervention, to supporting identification and treatment methods through cross-agency grant funds and the Affordable Care Act (ACA). The subcommittee will also consider the findings and recommendations from recent National Academy of Sciences reports – addressing juvenile justice reform and domestic sex trafficking – and will identify ways in which Council agencies can respond. The subcommittee cannot succeed without Council input and involvement, and the Council is eager to benefit from its members’ collective knowledge, passion, and experience on these important issues.

The critical question for days ahead involves the most effective way to bring the benefits of the ACA to our nation’s most vulnerable youth. Mr. West thanked DOJ’s partners at the U.S. Department of Health and Human Services (HHS) and the panelists for their invaluable contributions to the development of the meeting and sharing their expert insights on the ACA with the Council. The benefits of the ACA will be particularly important for at-risk and vulnerable populations. Mr. West exhorted everyone to identify ways to integrate the implementation of the ACA into existing agency activities and promising evidence-based programs that serve our youth, and to inform youth, their families, and service providers about the ACA. He recognized that this work will not be easy and there will be challenges and difficult days ahead. Please visit <http://www.justice.gov/iso/opa/asg/speeches/2013/asg-speech-131113.html> to view Mr. West’s entire remarks.

**Robert Listenbee, Jr.,** *Administrator, Office of Juvenile Justice and Delinquency Prevention (OJJDP), DOJ, and Council Vice Chair*, thanked Associate Attorney General West, citing appreciation for his leadership and support of the Council. The importance of providing adequate health care for youth in need, including those young people involved with foster care and juvenile/criminal justice systems, is underscored by the size of this population and the risk factors facing these youth. Significant numbers of these at-risk youth have serious physical or mental/behavioral health problems that are often undiagnosed or untreated. The ACA could be a critical tool to diminish risk factors for delinquency and violence, and enhance protective factors that promote overall child and adolescent well-being.

Administrator Listenbee expressed thanks to all Council members for their ongoing support on Council activities. At his request, Council members briefly introduced themselves by name, title, and agency affiliation. Further appreciation was expressed for the invaluable assistance of HHS colleagues in developing this program, including Sarah Oberlander, Kimberly Clum, Dr. Trina Anglin, and Veronica Jackson. Administrator Listenbee then introduced the panelists who presented on the ACA and its implications for vulnerable youth populations. Presenters’ full bios are posted on the Council website at [www.CoordinatingCouncil.gov](http://www.CoordinatingCouncil.gov).

Wilma Robinson, Ph.D., *Deputy Director, Office of Adolescent Health, HHS,* is one of the leading HHS experts on the ACA and its impact on public health. Coordinating adolescent health promotion, and disease prevention programs and initiatives across HHS, she works in partnership with other HHS agencies to support evidence-based approaches to improve the health of adolescents.

Abigail English, JD, *Director, Center for Adolescent Health and the Law*, is a researcher and advocate for vulnerable youth, and since 1999, she has served as the director of this nonprofit in Chapel Hill, NC. She works nationally to support laws and policies that promote the health of adolescents and their access to comprehensive health care.

Diane Justice, *Senior Program Director, National Academy for State Health Policy*, manages the organization’s portfolio of work, related to state delivery systems for chronic care, behavioral health, long-term services and supports, and dual eligible [those qualified for both Medicare and Medicaid]. She directs a project funded by The [John D. and Catherine T.] MacArthur Foundation to support states in enhancing health coverage and access for juvenile justice-involved youth.

Barbara Edwards, *Director, Disabled and Elderly Health Programs Group; Center for Medicaid, Children’s Health Insurance Program, and Survey & Certification; and Centers for Medicare and Medicaid Services, HHS*, is a nationally recognized expert on Medicaid policies, with considerable experience in public and private sector healthcare financing. She has served for eight years as Ohio’s Medicaid director, where she was integral in the implementation of Ohio’s state children health insurance program.



**Dr. Wilma Robinson**, *Deputy Director, Office of Adolescent Health, HHS,* laid the foundation to discuss implications of the ACA for adolescents and young adults. She asserted the importance of focusing on: adolescent health; uninsured adolescents, who they estimate will gain insurance in 2014; initiatives already underway; and the ACA’s impact on young adults. Dr. Robinson also acknowledged assistance with the preparation of several slides on the ACA and federal resources, from HHS colleagues Laura Skopec, HHS Office of The Assistant Secretary for Planning and Evaluation (ASPE), and Dr. Trina Anglin, Health Resources and Services Administration (HRSA).

For additional information on Dr. Robinson’s presentation, please refer to her powerpoint presentation and related handouts posted on the website of the Council at [www.juvenilecouncil.com](http://www.juvenilecouncil.com).

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**Abigail English, JD**,*Director, Center for Adolescent Health and the Law,* expressed her delight at sharing with the Council some of the ways the ACA will help vulnerable adolescents and young adults. She also expressed gratitude to two of her colleagues [M. Jane Park and Jazmyn Scott] from the University of California, San Francisco who co-authored with her a report on the ACA and vulnerable populations of young people. That report will be released in several weeks and provided to the Council.

Her presentation to the Council focused on three vulnerable populations: youth in and exiting foster care systems; youth in and exiting juvenile or criminal justice systems; and homeless youth. She outlined a few common themes among these groups, offered comments on pre- and post-ACA health insurance coverage for them, and relayed some important challenges that must be overcome in the next months and years.

For additional information on Ms. English’s presentation, please refer to her powerpoint presentation and related handouts on the website of the Council at [www.juvenilecouncil.com](http://www.juvenilecouncil.com).

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**Barbara Edwards**,*Director, Disabled and Elderly Health Programs Group; Center for Medicaid, Children’s Health Insurance Program, and Survey & Certification; and Centers for Medicare and Medicaid Services, HHS,* discussed the kinds of benefits that are available to children and young adults under the ACA. More work is needed and Ms. Edwards welcomes continued opportunities to work with Council members and other interested organizations.

For additional information on Ms. Edwards’ presentation, please refer to her powerpoint presentation on the website of the Council at [www.juvenilecouncil.com](http://www.juvenilecouncil.com).

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**Diane Justice**, *Senior Program Director, National Academy for State Health Policy*, expressed appreciation for all the excellent information presented on the ACA to this point. Her presentation addressed efforts between Medicaid and juvenile justice agencies, to ensure that juvenile justice-involved youth have access to the improved health care benefits.

For additional information on Ms. Justice’s presentation, please refer to her powerpoint presentation on the website of the Council at [www.juvenilecouncil.com](http://www.juvenilecouncil.com).

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**Council Member Discussion**

Associate Attorney General West thanked this highly distinguished and qualified panel for their very thoughtful and informative presentations and he opened the floor for discussion to Council members. Everyone’s comments included “thanks” for a great presentation.

**U.S. Department of Education**

***Jonathan Brice****,* ***Deputy Assistant Secretary***

The issue of youth who are juvenile justice-involved, in foster care, or homeless is certainly an important issue for the Department of Education (ED), since some of the largest youth-serving organizations in any community are clearly schools. There are potential advantages for school districts in rural areas to ensure that students are connected to these services, and to facilitate the development of support plans. *How can they link the ACA with these particular youth and school settings?* **Robinson:** ED and school districts in general play an important role just in making basic information available, connecting adolescents to available services at the school-based health center, identifying students in need of those services, correcting misinformation, and informing students and parents of exactly what services are available and their eligibility.

* **Listenbee:** In previous years, parents or caretakers provided schools with health related forms at the beginning of each year*. Is there a standard process that is currently used?*  **Robinson:** Not sure about all health forms in all schools, but certainly immunization forms provide an example of a perfect dialogue opportunity during school enrollment, to tell students where they can go to get immunizations, rather than simply prohibiting the student’s attendance. **Listenbee:** *Who should develop that best practice?* **Robinson:** HHS works to develop partnerships within ED, but ultimately that responsibility rests with ED and the school districts.
* **Brice:** With14,000 school systems in the 50 states and the territories, it is understood that in some situations individual states determine the demographic information they collect from students. Ultimately school systems decide what information to collect, because in some cases, that information informs later decisions or additional revenue streams. Educators need to support this initiative.
* **Robinson:** *Are the schools required to develop a health plan?* **Brice:** He has not been in a large district that was required to provide health plans; however, he has been in districts, with mandatory immunization requirements, that connected students to school-based or community-based health clinics, or outside providers if needed. If the student or parent received government assistance, they were also connected with Medicaid services. **Robinson:** She was specifically asking about the presence of what she understood were strategic health plans for schools (she will research the official name). Incorporating such plans could better implement the ACA and provide information to students and teachers.
* **English:** The three vulnerable groups discussed today may have intermittent involvement with schools. It is especially important that when they do have contact, the schools are ready to help them enroll in Medicaid or a health plan through the Exchanges. So the collaborations addressed by Ms. Justice, between the Medicaid and juvenile-justice agencies, might be possible between Medicaid, the school system, and the Child Welfare system. While challenging, such collaborations would be extremely worthwhile, many school systems have onsite staff to deal specifically with homeless youth [through The McKinney-Vento Homeless Assistance Act]; those individuals need to be educated and capacitated to help homeless youth interact with the healthcare system, as needed.
* **Edwards:** One of the most effective ways that states have reached children for enrollment in programs like Medicaid and CHIP have been through collaborations with local school districts. As a director, her largest uptake in enrollment for children always followed the start of school in the fall, because children take home information to their parents on the first day of school. Yet, schools need more creative ways to reach parents since students do not always bring home information (the amount of information that actually makes it home begins to decrease once children reach adolescence). We should also let parents know about their own eligibility – this will help bring the children into system. Schools provide a place for contact which makes sense to leverage.
* **Justice:** Ohio has used the requirement that participation in the school sports program requires an annual physical. This provides an opportunity to interact with adolescents to talk about health care coverage in general, and enrollment in the Medicaid program in particular. In Virginia, Medicaid established a partnership with the state education system, and now dedicate one week each year to a high-school curriculum that addresses health care coverage with older adolescents, and their options as they look forward to entering the world on their own.

**Alameda County Superior Court, California**

***Trina Thompson, Immediate Past Presiding Judge***

Judge Thompson indicated she is involved with populations of exploited children who suffer trauma and are not as engaged in school. *Will there be recommendations to the various victims’ compensation boards, to do some outreach to help victims of crime and trauma engage in the Medicaid process?* **Edwards:** No specific answer, but this would be a good avenue to explore. As states are doing their outreach requirements, it would be good to see how they are considering court systems and advocacy groups that are designed to deal with children who have experienced trauma. **Thompson:** We observe this especially in girls involved in human trafficking and recognize this is an opportunity to engage and enroll in medical and mental health services.

* **Listenbee:** *To add to Thompson’s question –* *is there awareness of any outreach to law enforcement national organizations, associations, sheriff’s organizations, etc. specifically around this particular issue*? **Robinson:** Obviously cannot speak for the entire administration and is not personally aware of specific outreach, but agrees with the need for direct engagement with law enforcement on these matters. Regarding trauma-informed care – Substance Abuse and Mental Health Services Administration (SAMHSA), Administration for Children and Families (ACF), Administration for Children, Youth and Families (ACYF, and other agencies within the department have taken a real interest in trauma-informed care and have worked to identify health intersections. We still need to address the impact of the ACA on public health, especially in the areas of trauma-informed care, beyond just getting access to health care services. DOJ has done much work around trauma-informed care, intimate partner violence, domestic violence, and trafficking in general, and HHS has really pushed every agency to identify their responsibilities for ACA. Certainly the large number of groups focusing efforts in these areas are directly involved in identifying ways to improve the ACA.
* **English:** The ACA requirement for outreach to vulnerable populations clearly applies to sexually exploited and trafficked youth; one should determine whether the court can interface at all with the Medicaid agency or the other state agencies that are working on implementing the ACA. California ensures that outreach efforts directly include vulnerable youth, or involve specific health clinics and service programs working with them directly.
* **Robinson:** One of the key things about this Council, and its broad makeup, is that it can establish unique relationships that those in specific areas don’t think about. The opportunity and mandate is to think across the board and outside the box, and realize that those in health don’t think like those who are not involved in health. Sometimes persons not directly involved in health should come to the table to introduce their perspective. We may be completely missing opportunities due to a lack of knowledge and awareness. For the most part, we understand the social determinants of health but do not always think from a broader spectrum. Yes, the court system is part of our thinking, but Council attendees have a responsibility to help connect the dots in our various communities, using connections through our offices and between other agencies. Becoming active advocates for the populations we serve within our offices can be the key to improving the ACA implementation.

**John D. and Catherine T. MacArthur Foundation**

***Laurie Garduque, Ph.D., Director of Justice Reform and Coordinating Council Practitioner Member***

The populations involved in the juvenile justice system are often concurrently involved in multiple systems, such as the Child Welfare System and Foster Care. The aCA offers a wonderful opportunity to ensure health care access, particularly behavioral health care. In many respects the platform existed previously yet many in the states and local jurisdictions found it difficult to manage. While the ACA is a great framework and provides a benefits design appropriate for this population, it will be a challenge for state localities to figure out how to work the system. It is an important path to keep juvenile justice- and child welfare-involved kids in the community and out of institutions. There are challenges with eligibility, enrollment, and ensuring the quality of services; and there are implicit challenges within the work force, not only in terms of the providers but the people in state and local agencies trying to determine how to enroll kids, find appropriate services, and make a good match. They already know state and local entities are very reluctant to take risks and form collaborations discussed here. It will require some incentives and training, access to models of best practices, and crossover training as well. This remarkable coordinating Council could generate some of those key strategies for incentives. *What suggestions can the panel offer for those programs? What might be the role of the federal government to ensure that “it is built and that they will come,” and that kids do not have to go deeper into the system in order to receive these services?* **Robinson:** Kids are compartmentalized in these systems so it is very hard to work across agencies and, as budgets are cut, we are forced to work more proactively. We are relying on the outside research to understand the best strategies to work across these silos.

* **Edwards:** The secret lies in communities as to how to build those relationships and collaborations at a local level, especially with school districts that are separate from the courts and state/county programs. Many jurisdictions need to go in the same direction. HHS has worked to pull in the same direction or provide consistent support to solve common problems, whether in housing, issues with The American Disabilities Act, promoting services in the community, helping children with trauma, etc. Certainly across HHS organizational lines, the efforts are centered on achieving common goals and strategies with special focus on children who experience trauma, those with disabilities, etc., with continual self-examination as to whether our requirements are consistent with our collective goals. Where we see divergence, we work to ensure that our policies push in the same direction. It is not enough for federal programs to align – the challenge is to get support at the local level, and help people get to know each other. Cross-system training is ongoing, such as collaboration with HUD to encourage housing initiatives; ACYF, SAMHSA, CMS, etc. have been discussing child welfare responsibility and youth trauma issues at the federal level. We could encourage local experimentation/pilots, such as Medicaid/Welfare waivers, but there is no substitute for those local connections. In general, we are open to ideas about how to be more effective to promoting those collaborations.
* **Robinson:** Ms. Edwards correctly asserts the need for tools and resources to facilitate those discussions at the local level. For example, we are working with others in DOJ and HHS around the premature father initiatives: this is a great example of a collaboration to identify who can be galvanized to create dialogue, and identify the barriers and needs. It is an excellent representation of grassroots efforts – having the community generate the discussion and identify their needs and resources.
* **Justice:** Federal officials here spoke well of the available opportunities for federal leadership. Medicaid agencies have a lot of interest groups lining up to their doors wanting outreach programs, special services, etc. That is their job but if juvenile justice stakeholders are not in that queue, they are missing an opportunity. Right now, trying to gain access to senior Medicaid agency officials, about something that is not a mandatory ACA initiative, is almost impossible. Yet this does not negate the fact that Medicaid agencies have had many productive and positive interactions with many special populations and varying interest groups, so it is very important for juvenile justice stakeholders to be at those doors.
* **Listenbee:** Clearly, the government cannot solve all these problems and he inquired if Dr. Garduque had identified any solutions.
* **Garduque:** Theywork with a number of states and encouraged them to: use Medicaid funding to keep kids from going deeper into the juvenile justice system; link them to appropriate services in the community; and emphasize evidence-based practices. They have worked closely with consultants John O‘Brien and Suzanne Fields and observed extraordinary caution on the part of state Medicaid agencies regarding which services were appropriate versus which should be suspended/terminated. The goal is to identify best practice models – like those a dozen states are using – but this will continue to be difficult until federal leadership on cross-agency coordination becomes a priority. Regarding local services, people were attempting to bypass the states in order to pay for services. For example, no one could figure how to use EPSDT to screen for mental health, substance use disorder, and trauma at the local level. There is interest and willingness but capacity is clearly the issue. It is great that this has been built but it will take a while for people to come. Diversion, institutionalization alternatives, and aftercare are important to enhance public safety, produce better outcomes for the kids and families in the communities, and save taxpayer dollars. Otherwise, a wonderful opportunity is being lost.

**Michigan Department of Human Services**

***Maura Corrigan, Director [former Chief Justice of the Michigan Supreme Court]***

Michigan is very interested in outreach to vulnerable youth and understands how many of these young people are lost. Having already extended foster care to age 21, Michigan wants to further extend outreach to age 26 for that population, similar to outreach for juvenile justice youth. *Is there funding available, specifically to accompany states’ outreach efforts?* **Justice:** There are a variety of funding mechanisms but one that comes immediately to mind can be reviewed on the<http://cciio.cms.gov> website mentioned previously (part of CMS). This organization is leading the work with the states on the federal and state Exchanges and has several grant programs related to Navigators. Again, the Navigators are community-based entities and individuals, trained to work on behalf of the Marketplace organizations and on behalf of Medicaid agencies to inform people of their options and get them enrolled. Often one-one assistance is required to cut through the complexities. That site has information about the three or four major funding vehicles that the federal government has to help support state outreach activities. **Corrigan:** *Should there be more room for additional Navigators to be selected?* **Justice:** Not sure. There are several different programs besides the Navigators for providing assistance and not sure if those funds will be available on a recurring (year-year) basis down the road, so visit the website periodically for background information and current opportunities.

**U.S. Department of Labor**

***Richard Morris, Office of Youth Services***

There is low-hanging fruit that DOL should be able to take away from this panel discussion, and the Department believes it begins in the community. With tens of millions available in re-entry funding, we should be able to draft solicitations for proposals to provide a variety of services. This could include requirement or expectation that applicants must specify how they achieve effective collaboration to facilitate Medicaid enrollment, etc. That should be a fairly civil approach that begins to address the challenges of getting to the funding and having an impact where it really matters on court-involved youth. **Edwards:** There is an HHS group looking at re-entry and another area of interest is whether states suspend or terminate.

**U.S. Department of Housing and Urban Development**

***Maria Queen, Housing Revitalization Specialist***

HUD has a preliminary action plan, using the nation’s 3,200 public housing authorities, nonprofits, faith-based organizations, and other anchor institutions, to disseminate user-friendly information amongst HUD-assisted households and homeless families. Navigation is key. *Have we considered a youth-engagement piece, empowering young people to be communication vehicles themselves, to reach the most vulnerable population?* **English:** That is a great idea. While mastering the technical totality of the ACA may not be the best use of youth, youth can more effectively motivate their peers and link their peers to those with technical, enrollment information.

* **Justice:** Does not have specific examples of youth serving as Navigators; however, there are Medicaid/CHIP outreach enrollment efforts specifically targeting adolescents themselves, rather than just their families. A Medicaid agency in Virginia established outreach materials, a website, and a social media presence (Facebook), and tested messages targeted to adolescents. This definitely an area that should be further examined.

**Office of National Drug Control Policy**

***Cynthia Caporizzo, Special Advisor, Strategic Planning Office of the Director***

*Given the encouragement and push for more programs focused on incarceration, what is the state of substance use disorder treatments for adolescents? How effective are they?* **Edwards:** SAMHSA officials could probably better address the effectiveness aspect, but CMS is currently finding ways to more broadly distribute, share, and promote the state of awareness of what works regarding substance use, for adults and adolescents. This is part of the informational bulletins being developed and there is significant interest in these topics. Practices are easy to identify but much more challenging to implement. So the focus is on key practices, based on the advice of experts, and making that information more available to the states.



**Agency and Practitioner Announcements**

**U.S. Department of Health and Human Services**

***David Morrissette, SAMHSA***

SAMHSA is planning to hold policy academies, for seven states and tribes over the next year, focusing on incarceration alternatives, and hopes to introduce some of the great ideas conveyed into today’s meeting.



**Administrator Listenbee** thanked the panel again for a very informative discussion and understands, through first-hand experience, that youth have multi-faceted needs and require multi-disciplinary approaches to legal representation. Those who work with youth must become more knowledgeable about the ACA and work closely with experts and youth for outreach, to ensure the message gets out. OJJDP wants to help accomplish this task and will gather and share the information presented today through our website, in an effort to better understand and communicate the new practices and protocols. With 14,000 school districts and 3,200 public housing authorities that are available and with packets of information going out, that information must be available to and flow across everyone in the Council.

OJJDP supported a NAS report on the sex trafficking of minors and invites Council members who are interested in this report’s findings and recommendations to join the subcommittee addressing children exposed to violence (announced by Associate Attorney General Tony West at start of meeting). OJJDP also seeks feedback on how to better inform the public to work with probation officers, prosecutors, public defenders, judges, and other stakeholders in addressing sex trafficking of minors. (A copy of the NAS report has been provided to Council members.)

**DFO Kathi Grasso** thanked everyone for their contributions to the meeting. Sheacknowledged Francesca Stern who left her contractor position to accept a challenging senior project manager position at ICF International, still supporting OJJDP work through her work with state juvenile justice advisory groups. Ms. Stern has made invaluable contributions to the Council over the past seven years and was commended for her high levels of professionalism, work ethic, and commitment to the Council. Also acknowledged were staff and contractors from OJP, OJJDP, AEIO LLC, who all coordinated logistics, communications, and technology support which provided for a comfortable meeting room and experience. A special welcome was given to Marshall Edwards (AEIO), the new Senior Project Manager who has replaced Ms. Stern supporting the Council. Thanks were also expressed to the staff of the Office of the Attorney General and the Associate Attorney General. Finally, Ms. Grasso reminded the designees and federal staff about the “brown bag” lunch following the adjournment of the Council meeting.

**Administrator Listenbee** adjourned the meeting at approximately 12:36 p.m.