



BOARD MEETING MINUTES

Thursday, May 18, 2017

BOARD MEMBERS PRESENT: Joseph Zammuto, D.O., President
James Lally, D.O., Vice President
Cyrus Buhari, D.O., Secretary Treasurer
Claudia Mercado, Board Member
Alan Howard, Board Member
Elizabeth Jensen, D.O., Board Member

STAFF PRESENT: Angelina Burton, Executive Director
Terri Thorfinnson, Assistant Executive Director
Ileana Butu, Esq., Legal Counsel, DCA
Machiko Chong, Executive Analyst
Corey Sparks, Lead Enforcement Analyst
Donald Krpan, D.O., Medical Consultant

BOARD MEMBERS ABSENT: Megan Blair, Board Member
Cheryl Williams, Board Member

The Board meeting of the Osteopathic Medical Board of California (OMBC) was called to order by President, Joseph Zammuto, D.O. at 9:30 a.m. at Chino Valley Medical Center (Conference Center) – 5451 Walnut Avenue, Chino CA 91710.

1. Roll Call

Mrs. Chong called roll and Dr. Zammuto determined that a quorum was present.

2. Public Comment for Items Not on the Agenda

The board did have a caller who wished to remain anonymous. She thanked the board for their time and consideration of the matter, and noted that her request to be heard by

the board's members stemmed from her concerns as a citizen and resident of California and for the vulnerable elderly patients that reach out to the board for protection and review of physicians who have or may be providing the minimum standard of care. The caller stated that she had filed a complaint with the board in October 2016, however roughly 3 months passed before any contact was ever made by the board's analyst regarding acknowledgment of the complaint. She stated that the matter was subsequently forwarded on to the board's medical consultant for review, but the physician in question was subsequently exonerated and the complaint was found to be unsubstantiated. The caller went on to detail some of the matters of the complaint that she felt had not been acknowledged and properly addressed and stated that the physician in question may or may not have been involved in elderly abuse pursuant to the Welfare and Institution Act. She believes that the medical board has allowed the persons that represent them to put those patients' lives in danger that are most vulnerable and place the rest of the population at risk. If anyone is empowered to provide care at a substandard level then it should no longer be considered care and becomes dangerous care. The medical board should attempt to make better contact with its complainants and ensure that their needs are being met rather than just "rubber stamp everything" or attributing it to lack of oversight. Her hope is that the board attempts to obtain more staff to ensure that matters may be considered in a more timely manner, and ensure that they are not expeditiously closed out.

Dr. Zammuto thanked the caller for her comments and opened the floor to additional comments from the public, however none were given.

3. Review and Approval of Minutes

Dr. Zammuto called for a motion regarding approval of the Board Meeting minutes of January 20, 2017.

Alan Howard submitted written recommendation to correct the minutes as noted:

- Remove Keith Higginbotham, Esq. from attendance
 - Add Megan Blair to attendance
 - Add Secretary-Treasurer to Cyrus Buhari, D.O.
 - Add Vice-President to James Lally, D.O.
 - Amend matrix to reflect metrics
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- **Motion to approve the January 20, 2017 Board meeting minutes with corrections as recommended. Motion** – Mr. Howard, **Second** – Dr. Buhari
 - Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Mr. Howard, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** –Dr. Lally, Dr. Jensen

- o **Absent** – Mrs. Blair, Mrs. Williams

Mrs. Chong advised Dr. Zammuto that approval of the minutes could not be completed as the board did not have a quorum of members that were present at the previous meeting who were eligible to vote. It was decided that the minutes would be presented to the board at the next meeting so that an approval and vote could be completed.

4. President's Report

Dr. Zammuto reported on some the highlights from his attendance at the Federation of State Medical Board Annual Meeting held in Ft. Worth Texas. He made note that he served on the resolution committee at the meeting and was also appointed to serve on the education committee for the tentatively scheduled 2018 Annual Meeting. Some of the key topics discussed at the meeting included: Issues in physician wellness; Dealing with the legal and regulatory landscape of assisted dying; Dealing with state responses to the opioid epidemic; and Evidence based regulations – Challenges and Opportunities. He further discussed his attendance of the assisted dying session where representatives from California, Oregon, and the Province of Ottawa Canada were present to discuss the similarities and differences in the practice of assisted dying by physicians. Dr. Zammuto noted that one of the interesting facts brought up during the session was that patients in Ottawa are not required to have a terminal condition to request euthanasia and are able to request assistance when a mental health condition has been diagnosed. California seems to be one of the more conservative states having regulations set in place regarding assisted euthanasia to ensure patient protection.

Dr. Zammuto also discussed the Guidelines for the chronic use of opioid analgesics which the FSMB took vote and adopted on April 2017. The document is 16 pages long and covers topics such as: Opioid use; Discontinuation; Patient protection; and Physician behavior. He noted that the document was well written and is a model currently being utilized by many states.

Dr. Zammuto was pleased to present the board with information regarding CME reporting options for Non- American Osteopathic Association (AOA) members for ease and accessibility of prior year CME. Currently, those physicians that are AOA members have the option of submitting their CME certification to the association, which is subsequently tallied and input into a chart for transmittal to alternate entities. Dr. Zammuto informed the board that he had contacted the AOA and discussed at length the issues surrounding CME reporting issues for Non- AOA members that the board has handled. Through this discussion Dr. Zammuto and the AOA were able to agree upon collaboration efforts that would allow the OMBC and non-AOA members to utilize the AOA as a CME clearinghouse for re-licensure efforts.

The alliance would:

- Ensure that the TraCME database automatically captures all CME credits completed by the physician through either the AOA or accredited AOA sponsors.
- Allow individual D.O.s to report AMA PRA Category 1 credit or AAFP category 1 credits.
- Ensure that all CME credits are properly outlined for easier readability.
- Afford each physician the ability to print out their reports for their specific needs.

5. Executive Director's Report

Angie Burton updated the Board on licensing statistics, staffing, Board budget activity, and diversion program statistics.

Licensing - Mrs. Burton informed the board that staff has made great strides in decreasing the average processing time of initial licensing applications received in office. She was pleased to report that with the assistance of the two-support staff in office the board's licensing specialist was able to decrease the 106-day processing time of applications to an average of 52 days.

CURES - DOJ estimates that as of April 30, 2017, roughly 5,301 Osteopathic Physicians and Surgeons have registered with the new CURES 2.0 database since it went live. In April 2017, 27,761 Patient Activity Reports (PAR's) were accessed by osteopathic physicians via the CURES Database.

Mr. Howard inquired if the CURES database had the ability to notify its users that they are currently treating a patient that is a drug seeker, or do they have to have a suspicion and go into the system to pull the report. Dr. Zammuto informed him that when you log into the system a list is generated with roughly 10 patients per page of patients that are at higher risk due to the types of medication they are being prescribed or the combination in which they are being administered. The physician is then able to complete further research on the patient's prescription history such as their location, the prescriptions being filled, and whether they are actually being picked up, etc.

Mrs. Burton further advised Mr. Howard that new law stipulates that a treating physician is required to run a PAR prior to issuing a prescription to a new patient, additionally the physician should be checking the patients record at least every four months to ensure that patient is not obtaining prescriptions from other physicians if the patient will remain on narcotics long term. The only time the physician would not need to generate a PAR is if the patient is being seen in the emergency room due to life threatening matters. Dr. Zammuto added that pharmacists are also utilizing the system and will contact the issuing physician to ensure that they are aware of the patient's prescription history prior to fulfilling the order if the pharmacist feels uncertainty about the transaction.

Budget – Mrs. Burton informed the board that the Fiscal Year end budget projections are estimated to produce only a 2.2% reversion and explained that the Fund Condition balance did not include the \$1.5 million loan repayment which is still outstanding.

Mrs. Burton also informed the board that 2 Budget Change Proposals (BCP) had been submitted for the board requesting budget and staff changes. The 1st BCP requested an increase to the enforcement budget, spending authority for the Attorney General costs, investigative costs and expert reviewer costs. The 2nd BCP requested additional staffing for the board, adding 1 additional staff to both the enforcement and licensing unit. If both BPCs are approved the budget and staffing changes will not be effective until July 1, 2018.

Enforcement/ Discipline - The board's Lead Enforcement Analyst Corey Sparks presented the enforcement report to the board.

6. Administrative Hearing(s)

10:30 a.m.

- Brenda Steinberg, D.O. - Petition for Early Termination of Probation

The Office of Administrative Hearing (OAH) Administrative Law Judge (ALJ) Julie Cabos-Owen conducted the above hearing.

7. Closed Session

The Board met in closed session to deliberate on the petition for early termination of probation of license listed above pursuant to Government Code section 11126(c)(3).

Return to Open Session

8. Presentation – Vincent DiCianni, Esq., Affiliated Monitors Inc.

Mr. DiCianni presented the board with information pertaining to the independent monitoring services that Affiliated Monitors, Inc. could offer to the board.

Ms. Mercado inquired what pain points Mr. DiCianni felt the board held and how he felt his company could assist in alleviating said issues. Mr. DiCianni advised that the board would need to make the determination whether a practitioner should be on a monitored, however the company would be able to assist the boards with creating terms formulated from the specificity of the outcome needed.

9. Legislation

SB 798: Healing arts: boards (Sunset Bill)

Dr. Lally explained that the board would be dually impacted by the effects of the proposed changes to the initial licensure requirements for newly graduated physicians and surgeons. He stated that the burden accompanied by the changes would be placed on the board, as bureaucratic and administrative changes will need to take place. Additionally, although the board is currently only taking 52 days to process initial applications a change to the licensure requirements would lead to an influx of applications in office which will subsequently lead to longer processing times. This change would consequently leave the graduates unemployable as they would not be licensed in time to begin working as licensure is generally a requirement for employment. Dr. Lally went on to compare the two professions (Osteopathic and Allopathic) with regards to the recommendation for additional training prior to licensure, and the inferiority that osteopathic physicians may be perceived to have in relation to their counterparts. He explained that the accreditation agreement that the American Osteopathic Association (AOA) & Accreditation Council for Graduate Medical Education (ACGME) have entered into should remove any flawed ideas of the credibility of either profession as the training and background in either program would be the same.

Dr. Lally expressed concerns on what impact this proposed amendment and licensure type would have not only on the licensing staff but also on the society, as there would be an influx of graduates who would now be unable to work as they have not met the minimal requirements for licensure.

Ms. Butu indicated that the resident would not be unemployable as the training license issued would be valid for 90 after the completion of the residency program. However, Mrs. Burton inquired about the verbiage regarding the training license as she understood the proposed language to indicate that although the training license would be valid for up to 90 days post residency completion, it is to only be utilized while actively participating within a residency program which would make it ineffective immediately after completion.

Dr. Buhari inquired whether the implementation of the training licensure was due in part to those physicians who may or may not have successfully completed a training program after their 1st year and if the knowledge base garnered was enough to safely and successfully practice medicine without any additional training. Mrs. Thorfinnson added that the proposed language may very well be attempting to prevent cases such as the one suggested by Dr. Buhari, in addition to granting the board the ability to manage post graduates in terms of jurisdiction.

Dr. Zammuto questioned what the timeline was in terms of the board providing a decision on the matter and was advised by Mrs. Thorfinnson that the board would need

to provide language no later than July regarding the board's desires to either opt in or out of the proposed changes as the final bill would automatically affect the board.

Dr. Lally asked if the board's decision would affect how the legislature viewed the board being that the language is being proposed via a Sunset Bill. He was advised by Mrs. Thorfinnson that it should not matter and was informed that staff had no additional contact with the committee once the language had been introduced as staff was unsure of how the board would want to proceed with the recommendations. Mrs. Thorfinnson believes that although the committee did not realize that the language impacted the board they would be understanding and accommodate the board in anyway necessary.

Dr. Zammuto called for public comment.

Kathleen Creason, Director of Osteopathic Physician and Surgeons of California (OPSC) stated that the association is currently in support of the bill if amended. The association likes the fact that SB 798 would extend the licensing authority of the OMBC to oversee residents and is also in support of the modification to the continuing education requirements in terms of the timing of submission to the board. However, they do have significant concerns about the requirement for probationers to report their probationary terms and conditions and are remaining neutral on the recommendation to extend the education requirement to 3 years of residency prior to applying for licensure.

Ms. Butu added that the board could draft a letter in support of the bill if amended and explain the concerns that they have and why they are requesting that amendments be made. She also agreed with Mrs. Thorfinnson with regards to how the committee would view the board in light of their stance of the proposed bill verbiage as introduced. Mrs. Thorfinnson added that there are advantages of utilizing a Sunset Bill to request changes. She explained to the board that if they felt inclined to jump into the bill and embrace it then it would be fast and require very little lobbying work, however if they were unsure about some of the things that had been included and wanted to request changes then they would have the ability to opt out. Either way the board would need to make a decision to opt in or out of the bill but can request a fee increase either way they elect to move.

Dr. Lally asked what the board was currently paying and what it would be changed to and was advised by Mrs. Burton that although licensees are currently paying \$400 biennially (\$200 annually) the board is asking to increase the statutory fee cap to \$800 biennially (\$400 annually), which would allow the board to gradually increase the amount that the licensees are paying until it reaches its ceiling. Mrs. Thorfinnson noted that although the board would be voting to amend the statutory fee cap increasing the amount paid, they will also have the ability to bring it back to the table once amended to stipulate how the increase will be put into effect (incrementally, abruptly, etc.).

Dr. Lally asked Mrs. Creason whether OPSC had a stance on the boards request to increase fees and was notified that it had not been discussed.

Mrs. Burton wanted to make note that every year the board has continued to spend more than it has accrued and will eventually run out of money should the board decides not to increase the fees. Mrs. Thorfinnson stated that depletion of fees would more than likely occur around 2020-2021.

Dr. Jensen commented that she has seen instances during her career where students had not completed all channels of their post graduate training yet had been able to gain employment. She stressed that those instances were not in the best interest of the public in terms of safety; however, those cases are also very minimal in occurrence. She noted that the stipulations that were set fourth would be very restrictive for every trainee who *has* completed a program and would now have to wait in order to obtain licensure. Although she understands that the author had good intentions, she is just not sure that this is the proper route.

Mr. Howard inquired whether the board would be able to issue a license under 52 days if more staff was brought on and was advised that the board should hopefully have additional staff by 2020 when this legislation becomes effective pending approval of the boards BCP requests. However, should the requests be denied the implementation of a training license may become a burden to the board.

The board continued to express concerns about the gap of time between completion of the residency program and applicant's approval for licensure with regards to their ability to obtain employment. They were advised by Mrs. Burton that once the applicant was ready to apply for a full unrestricted license majority of the required documentation would already be in office (COMLEX I & II, fingerprints, etc.), therefore the remaining documents (COMLEX III and successful completion of the 36 months of training) should not take as long to process before a license is issued.

Dr. Jensen questioned if there was another way for the board to gain jurisdiction of physicians more specifically residents who are not yet licensed by the board. Ms. Butu indicated that she would have to research what the board's option might be.

- **Motion to increase fee cap to \$800. Motion – Dr. Lally, Second – Dr. Buhari.**
- Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Mr. Howard, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None

- o **Abstention** – None
- o **Absent** – Mrs. Blair, Mrs. Williams
- Motion carried to increase fee cap to \$800.

- **Motion to opt out of BPC Section 2064.5 requiring applicants to complete their PGY-3 and obtain a training license. Motion** – Dr. Lally, **Second** – Dr. Buhari.

- Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** – None
 - o **Absent** – Mrs. Blair, Mr. Howard, Mrs. Williams
- Motion carried to opt out of BPC Section 2064.5 requiring applicants to complete their PGY-3 and obtain a training license.

Dr. Lally asked Mrs. Creason for clarification on the association's stance regarding BPC 2228.1 and the burden that would be placed on physicians needing to disclose their probationary terms to their patients. As the language is written every physician and physician staff would need to disclose this information to all patients being treated via written documentation which would need to be signed. This requirement would not only be very time consuming for the practice but would also limit the productivity of the physician while providing patient care.

The board felt that not only would the form take away from patient care but would also cause many of those physicians on probation to lose their patient base as the acknowledgement may alarm the patients and subsequently shy them away from treatment.

Dr. Lally inquired if the board could just opt out of the proposed language and was advised by Mrs. Thorfinnson that unlike the other language the board was actually named in the section therefor the board would have to oppose the recommendation altogether. Dr. Lally asked if the board could opt in but amend some of the verbiage included and was advised that he could.

Dr. Buhari asked how the acknowledgment would be enforced and was advised that it would be difficult, however there may be ways to ensure that the patients are being notified either via probation monitors, case review, etc.

Dr. Jensen recommended that the board reach out to the author to both acknowledge and convey the necessity for regulatory agencies to inform and protect the public's interest; however she expressed that the board need also recommend that revisions be

made to the verbiage set forth as the way that it has been written may be a little extreme. She also noted that once that is done then both boards could maybe come together to petition for a change in the language.

- **Motion to discuss BPC Section 2228.1. Motion** – Dr. Lally, **Second** – Dr. Buhari.

The board inquired on the most common violation handled by the board and were advised that the board see negligence, however after review most of those were found to be within the standard of practice. For those actually on probation for negligence it is typically for self-medicating.

Dr. Krpan recommended that the board draft a correspondence to Senator Hill recommending that only the following categories need be reported to patients by those physicians on probation:

- Felonies
 - Criminal Convictions
 - Sexual Misconduct; and
 - Substance abuse during practice
- Roll Call Vote was taken in support BPC Section 2228.1 with amendments as recommended.
 - o **Aye** – Dr. Buhari, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** – None
 - o **Absent** – Mrs. Blair, Mr. Howard, Mrs. Williams
 - Motion carried to support BPC Section 2228.1 with amendments as recommended.

SB 572: Healing arts: licensees; violations: grace period

Dr. Buhari asked if the proposed bill had any impact to the board and was advised that the bill would affect those licenses that have failed to file for a Fictitious Name Permit (FNP), advertise properly, etc.

- **Motion to oppose SB 572. Motion** – Dr. Lally, **Second** – Dr. Jensen.
- Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** – None

- o **Absent** – Mrs. Blair, Mr. Howard, Mrs. Williams
- Motion carried to oppose SB 572.

SB 762: Healing arts: Volunteer: Fee Waiver

The board does not currently have a voluntary license status.

- **Motion to oppose SB 762. Motion** – Dr. Lally, **Second** – Dr. Jensen.
- Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** – None
 - o **Absent** – Mrs. Blair, Mr. Howard, Mrs. Williams
- Motion carried to oppose SB 762.

AB 703: License: Fee Waiver

Dr. Lally noted that he was in favor of the bill not only because it would more than likely be chaptered, but because those enlisted in the military should not be forced to pay additional fees after serving the country.

- **Motion to support AB 703. Motion** – Dr. Lally, **Second** – Dr. Jensen.
- Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** – None
 - o **Absent** – Mrs. Blair, Mr. Howard, Mrs. Williams
- Motion carried to support AB 703.

AB 845: Cannabidiol

- **Motion to discuss AB 845. Motion** – Dr. Lally, **Second** – Ms. Mercado.

Dr. Lally advised that currently the Veterans Administration (VA) is authorizing the use of the CBD component of marijuana for Post-Traumatic Stress and is encouraging their physicians to prescribe it to those patients that have undergone a psychological evaluation have clinical medical issues, whom they are trying to remove off opioids. Where the THC component of the marijuana may have a jovial effect the CBD component has calming affects. The current issue surrounding use of CBD is the fact

that it is a Schedule I drug as opposed to a Schedule II. To date the President has not taken a stance on the use of CBD and the United States Attorney General has opposed its use, however there are roughly 3 (three) pharmaceutical companies that have clinical trials in the 3rd phase that they are awaiting to push through. If either of the pharmaceutical companies is successful in their clinical attempts, it will automatically cause the drug to be reclassified from a Schedule I to a Schedule II.

Ms. Mercado expressed concerns with the lack of regulations surrounding cultivation of the cannabis crops more specifically regarding the use of pesticide during the growth process, and with the lack of establishment of safe dosing measurements. Dr. Lally noted that a 211-page document of explanation and rules was created and issued on May 12, 2017 which was compiled because of Proposition 4 and the Medical Marijuana Regulation and Safety Act, he added that the document currently being viewed by the board was possibly written prior to the explanation and rules being drafted and issued.

Ms. Mercado inquired if the bill was being created to ensure pharmaceutical standards and was advised by Dr. Lally that it is and will also be contingent upon approval from the FDA. He noted that it would also ensure that those shops distributing medical marijuana beginning January 1st are licensed and regulated by the board or they run the risk of being charged with felonious acts as they will have violated the law regarding licensure and distribution of medical marijuana.

- **Motion to support AB 845. Motion** – Dr. Lally, **Second** – Dr. Jensen.
- Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** – None
 - o **Absent** – Mrs. Blair, Mr. Howard, Mrs. Williams
- Motion carried to support AB 845.

10. **Title 16 California Code of Regulations:**

Regulations Section(s):

- **1635 Required Continuing Medical Education;**
- **1636 Continuing Medical Education Progress Report;**
- **1641 Sanctions for Noncompliance**

Mrs. Burton informed the board members of the meetings that she held with both board appointed legal counsel and the Senate Business and Professions Committee regarding the proposed regulatory changes that would be made to the board's Continuing Medical Education (CME) requirement.

Dr. Zammuto called for public comment.

Kathleen Creason, Director of Osteopathic Physician and Surgeons of California (OPSC) made note that the association is in strong support of the proposed amendments being made to the current CME structure, which would change the time of the reporting requirements. However, Mrs. Creason expressed concerns with the language still not including a percentage of minimum records that would be audited. Mrs. Thorfinnson advised that language regarding audit percentages are generally not included within regulatory packages but noted that the board could complete an in-house review of its workload to determine an accurate percentage that would be used to audit the renewals biennially.

Ms. Butu recommended that audit percentages could be added to the Initial Statement of Reasons (ISOR) or other supporting documents submitted in the regulatory package to ensure that the board had language to refer to should any audit questions be presented in the future. She also noted if audit percentages were not included in the regulatory packet the board *is* audited every four (4) years and any questions surrounding lack of adequate CME review would be addressed.

Mrs. Creason reaffirmed her concerns with the boards lack of inclusion of audit percentages in the regulatory language and noted that its omission lessens public assurance in the board as future staff brought on may not uphold the auditing percentages set forth by current staff unless it is listed in the regulations. Mrs. Thorfinnson noted that by including a percentage in the verbiage you would then be dictating a workload that board staff would need to meet, however the document in review is more of a policy. If unforeseen circumstances occur in office which prevented the staff from meeting the stipulated percentage for audits, then the board would be forced to revise the regulatory language to amend the audit percentages.

Dr. Zammuto called for a motion to accept the proposed statutory language which would amend Business and Professions Code 2454.5.

- **Motion to accept the proposed language to amend Business and Professions Code 2454.5 and include audit percentages to the ISOR of 25% a year for 100% audit of all licensees over 4 years. Motion – Ms. Mercado, **Second** – Dr. Lally.**
- Roll Call Vote was taken
 - o **Aye** – Dr. Buhari, Dr. Jensen, Dr. Lally, Ms. Mercado, Dr. Zammuto
 - o **Nay** – None
 - o **Abstention** – None
 - o **Absent** – Mrs. Blair, Mr. Howard, Mrs. Williams
- Motion carried to accept proposed language w/ inclusion in the ISOR.

- **16612 Continuing Medical Education Progress Report;**
- **1641 Sanctions for Noncompliance**

Mrs. Thorfinnson presented the board with the proposed revisions that were made to the Diversion Evaluation Committee Duties and Responsibilities, and to the Disciplinary Guideline.

Ms. Butu inquired when the board was considering holding the teleconference to vote on the Disciplinary Guidelines and was advised that the board would like to hold the conference sometime in June pending board member availability.

11. Agenda Items for Next Board Meeting

- January 20, 2017 Meeting Minutes

12. Future Meeting Dates

- Thursday, October 19, 2017 @ 10:00 am - Sacramento, CA
- Thursday, January 18, 2018 @ 10:00 am - Sacramento, CA

13. Adjournment

There being no further business, the Meeting was adjourned at 3:34 p.m.