



THE CHIEF JUSTICE'S TASK FORCE ON ACES-INFORMED COURTS MEETING MINUTES

August 20, 2021

The Chief Justice's Task Force on ACEs-Informed Courts (TFAC) met at the North Carolina Judicial Center on Friday, August 20, 2021. The meeting came to order at 9:15 AM. The following TFAC members, North Carolina Administrative Office of the Courts (NCAOC) staff, and guests were present, either in-person or via Webex:

TFAC Members

- Chief Justice Paul Newby, Convenor
- Judge Andrew Heath, Co-Chair
- District Attorney Ben David, Co-Chair
- Elder John Amanchukwu*
- District Attorney Seth Banks
- Clerk Meredith Edwards
- Chief Johnny Jennings
- Nalini Joseph
- Bert Kemp
- Jack Marin
- Judge Quentin McGee
- Judge Angelica McIntyre
- District Attorney Spencer Merriweather
- Judge Mario Perez
- LaToya Powell
- Mike Silver
- Judge Casey Viser

NCAOC Staff

- Ryan Boyce, Deputy Director
- Lori Cole, Court Management Specialist
- DeShield Greene, Court Management Specialist
- Jodie Lanning, Instructional Designer

Guests

- Dr. George "Tripp" Ake (via Webex), Duke
- Liz Kachris-Jones, GAL Training Administrator
- Robert Lee, DHHS, Division of Public Health
- Reggie O'Rourke, GAL Attorney
- Stephanie Smith, Court Management Specialist
- Elizabeth Winer, Winer Family Foundation

**Attending on behalf of TFAC member Bishop Patrick Wooden.*

Welcome

Chief Justice Newby welcomed everyone to the meeting. He shared how a young man named Joshua helped him to better understand the challenges faced by many young people through no fault of their own. The Judicial Branch seeks to administer justice without favor, denial, or delay. This Task Force will help identify ways to equip parents and communities to focus and harness critical resources for NC children. Using the science of ACEs (adverse childhood experiences or adverse community environments) and resilience techniques will enable the Task Force to respond to and prevent crime.





Introduction of Task Force Members

The co-chairs and TFAC members introduced themselves to the group. Many TFAC members shared that there are community programs that exist in their areas that could further the mission of the Task Force. Chief Justice Newby asked the members to share details and contact information for those programs so TFAC staff could compile a list.

ACEs Presentation

Dr. Tripp Ake of Duke University discussed the science of trauma and resilience. He noted that Duke University is piloting a course for judges that will ultimately shape trauma training for the NC Judiciary that addresses the science of trauma and how to apply skills from the bench to address trauma. The content will be shared with judges at the Judicial Conference in Cherokee later this year.

There are conflicting terms that are used in the field and confusion over which term is best, such as chronic stress, ACEs, and post-traumatic stress disorder; the terms are often used interchangeably although they are not the same. Trauma exposure is defined by the National Child Traumatic Stress Network (NCTSN) as a traumatic event that is frightening, dangerous or violent which poses a threat to a child's life or bodily integrity. Witnessing a traumatic event involving a loved one can also be traumatic. Resilience is the positive adaptation to adversity despite serious threats to adaptation or development.

There are three "E"s of trauma: event, experience, and effects. Traumatic stress is the exposure to an event involving the threat of death, injury, or danger during which intense, terror, anxiety, and helplessness are experienced. Traumatic stress can occur through a direct or indirect experience, such as hearing about an event, and has physical effects including rapid heartbeats and breathing, dizziness, and shaking. Reactions vary with age, but very young children experience intense reactions and can remember these experiences even if they occur at a very young age. Dr. Ake described different types of trauma: acute, chronic, complex, neglect, racial, and historical. According to the NCTSN, there are twelve core concepts of childhood trauma. He noted that secondary traumatic stress is common. Developmental neurobiology underlies children's reactions to trauma. Quoting Ann Masten, Dr. Ake referred to resilience as the capacity of a system—a person, family, economy, or community—to adapt successfully to challenges that threaten the functioning, survival, or development of that system. Resiliency is part of being trauma-informed and how we strengthen, assess, and treat.

National data from 2014 reported on child trauma exposure in the general population. The data showed up to 20% experienced physical abuse, up to 28% experienced sexual assault, and 38-70% witnessed serious community violence. Preschool age children, age 2-5, experienced maltreatment (12%) and witnessed violence (21%). The ACEs are among the most commonly reported traumas with over 40% of children and adolescents served by the NCTSN experiencing 4 or more different types of trauma and adversity. It is important to understand that the ACEs questions are not sufficient to capture all traumas. Other types of trauma are not included in the ACEs study, such as community violence, school violence, and natural disasters.





Between 2013-2017, Project Broadcast screened 19,084 NC children (age 0 to 18) and found that the top 4 traumas experienced were exposure to domestic violence, exposure to drug/substance abuse, multiple separations from or changes in a primary caregiver, and incarceration of and/or witnessing the arrest of a primary caregiver. For the purpose of that project, physical abuse was defined as anything that causes harm to the point of bruising or requiring medical attention. Domestic violence includes witnessing a violent event between domestic partners. PD Bert Kemp inquired if this would include the throwing/breaking of objects. Dr. Ake replied that there would likely be a higher threshold to be considered domestic violence although that could be traumatic for a child.

The impact of trauma is significant, particularly during age 0-5 when brain development is most critical. Dr. Ake displayed images of a maltreated adolescent with Chronic PTSD versus a healthy adolescent who was not maltreated, which showed the maltreated child had less brain development. Childhood is a time for learning and environmental richness. Attachment is huge during this time because this is when children are receiving social cues. Secure attachment is the foundation of social emotional development during the early years.

Chief Justice Newby inquired if earlier court intervention with a child can result in less attachment but greater opportunity for the child. Dr. Ake replied that early intervention is best in order to get kids back on track after they have experienced trauma. Chief Justice Newby asked how the courts should weigh a child's need for attachment while also trying to achieve the best outcome for a child who has been abused or neglected by their biological parent when the courts are essentially creating an ACE by removing the child from their home. Dr. Ake replied that while a child will always want to be attached to their biological parents, circumstances may exist when it is not safe so a safe environment must be created to meet the physical and emotional needs of the child. The courts could make use of mental health assessments and consult with providers to assist in judicial decision making.

Chief Justice Newby noted that DSS has one year to achieve permanency for a child when the child has been removed from the home. Dr. Ake stated that disruptions in placement also negatively impact kids so foster care parents need to be supported to reduce these disruptions; having one consistent caregiver makes a huge difference going forward. It is important to remember that the brain continues to develop when the child is in a safe environment which means brain development can improve after trauma.

Dr. Ake offered a brief overview of the ACEs study conducted by Kaiser Permanente which looked at negative life experiences. Over half of the respondents reported exposure to at least one ACE. Those who reported 4 or more ACEs had increased health risks, such as alcoholism, drug abuse, obesity, depression, and suicide attempts. The more ACEs a person experiences when they are younger, the more problems they would experience later. The study initiated discussion on child adversity and trauma in ways not seen before across many systems of care.

The NCTSN expressed concerns over the 10 item ACEs tool, including (i) the misapplication of the survey, (ii) inadequate measures (mis-weighted and missing elements), and (iii) dissemination of the tool





without cautions or ability to provide treatment intervention. To address these concerns, NCTSN developed a [resource](#) that provides recommendations for providers, family advocates, and policymakers centered around conveying the following messages: (i) while trauma terms may overlap, they are not interchangeable, (ii) not all ACEs are created equal, (iii) exposure to trauma/adversity significantly interacts with child development, and (iv) early intervention and prevention can stop the progression of problems. Dr. Ake noted the resource should not be used for unintended purposes, however.

Dr. Ake shared several resources for locating evidence-based treatments (EBT). He identified the [NC Child Treatment Program](#) that works to treat traumatic stress in NC. The Program is a statewide effort to train mental health providers in EBT models that address childhood trauma, behavior, and attachment.

Chief Justice Newby asked if there were programs available for mothers with addiction issues that also address parenting to which Dr. Ake replied there are residential treatment programs and also programs for teenage mothers. Dr. Ake added that mothers may be using drugs as a coping skill and it is difficult to help them identify an alternative healthy coping strategy.

Dr. Ake stated that the ACEs screening tools help to determine if a person needs to be assessed. Results of the assessment are used to determine if treatment is needed and the type of treatment. There is no hard rule concerning the ACEs score (i.e., 2, 3, 4, etc.) at which a person requires treatment. Judge Perez inquired about the success of treatment programs. The trials that have been conducted show the programs are effective, and they are continuously reviewed to ensure the outcomes are consistent. Dr. Ake agreed to send studies which show that teaching basic parenting skills results in positive outcomes for children. Judge Heath invited Dr. Ake to continue to remain involved with the Task Force.

North Carolina ACEs Data

Robert Lee, Head of Statistical Services at the NC Department of Health and Human Services (DHHS), Division of Public Health, shared and interpreted existing ACEs data. There is no comprehensive data source on ACEs for North Carolina, but there are multiple data sources which capture some ACEs related data. The data sources either capture data on a specific population, cover a subset of all ACE types, or have various limitations on availability and timeliness. The four data sources are complicated, and all have limitations.

Data from [NC FAST](#) that is used by the NC Department of Social Services (DSS) is updated monthly and is based on information submitted by the county DSS agencies. It tracks assessments and conclusions for reported incidents of abuse and neglect and the services provided. Twenty-one percent of assessments in 2018 resulted in a maltreatment finding with the number one reason for the neglect or abuse being substance abuse (drug and/or alcohol) by the primary caretaker. Forty-one percent of assessments were for children under age 6.

Data from the [North Carolina Hospital/Emergency Department \(ED\) Discharge](#) reports only on hospital/ED admissions and is limited to suspected sexual abuse, physical abuse, and neglect. Once the child is in the hospital system, DSS should become involved. Of the 1,271 ED cases involving suspected





sexual abuse, 21 were admitted in-patient. Of the 353 cases involving suspected physical abuse, 166 were admitted in-patient. Of the 110 cases involving suspected neglect, 96 were admitted in-patient.

The Children's National Health Survey (NSCH) is a yearly survey conducted by the Census Bureau and Centers for Disease Control and Prevention (CDC) which is administered nationwide and collected from parents or guardians. The NSCH does not include all potential ACEs (abuse and neglect questions are excluded) but includes topics that can be validly reported by parents/caregivers. The NSCH examines the physical and emotional health of children ages 0-17 with special emphasis on factors related to the well-being of children, including access to health care, family interactions, and neighborhood characteristics. ACEs addressed in the NSCH includes parents divorced/separated/deceased/served time in jail, witnessed domestic violence, witnessed victim or witness violence, treated or judged unfairly because of race or ethnicity, and resided with anyone mentally ill, suicidal, severely depressed, or had a drug alcohol problem.

Mr. Lee mentioned the Healthy NC 2030 Project that is being sponsored by NC DHHS and led by the NC Institute of Medicine <https://nciom.org/healthy-north-carolina-2030/>. This is an effort to reduce the number of NC residents with an ACE score of 2 or more from 18% to 15% by 2030. He pointed out the data shows there are disparities among race and poverty groups. Most affluent groups already meet the 15% goal. There is a need to acknowledge the differences among these groups and determine how to address them.

The Behavioral Risk Factor Surveillance System (BRFSS) was designed by the CDC but conducted by NC using an in-house call system. The most recent NC data is from 2014. The survey targeted NC residents over 18 and inquired about health behaviors, conditions, and outcomes when the person was younger. ACEs questions were optional blocks of questions on the BRFSS due to concerns over the laws regarding obligation to report. DA Seth Banks inquired about the questions that asked about sexual assault by someone at least 5 years older than the respondent and why the 5-year time period was selected. Mr. Lee stated that this language was taken from the ACEs study, but he did not believe this language was in the most recent BRFSS survey.

The NC data shows that almost 25% lived with someone that was a problem drinker or alcoholic when they were under 18. Of those surveyed, 41.5% had an ACE score of 0, 35.7% had an ACE score of 1-2, and 22.8% had an ACE score of 3-8. Judge McGee inquired about the path forward using the data presented. Mr. Lee stated that the goal is to perform more screening when a child encounters the medical system and more screening by the Department of Public Instruction in schools.

Current ACEs-Informed Court Efforts

The NC Child Custody and Visitation Mediation Program and the NC Guardian *ad Litem* Program, both under the auspices of the NC Administrative Office of the Courts, have already incorporated ACEs-Informed Practices into their programs. Representatives from each program shared the practices that have been implemented.





Current ACEs-Informed Court Efforts: NC Custody Mediation Program

Custody Mediation Manager Stephanie Smith provided an overview of the custody mediation program, history, and purpose. When a relationship between parents dissolves and they move apart, the children experience an event on the ACEs scale. The difference between a high conflict co-parenting relationship and a relatively cooperative one matters. Custody mediation exists to increase the chances for cooperative co-parenting.

NC's Custody Mediation Program is one of only two mandatory statewide programs in the United States. It was established in 1989 pursuant to G.S. 7A-494 to provide statewide, uniform services in accordance with G.S. 50-13.1 in cases with unresolved issues regarding the custody or visitation of children. The program currently operates with 46 staff mediators, 11 administrative assistants, 2 contractor mediators and 2 NCAOC staff. Mediators are trained professionals who are required to have graduate degrees in counseling fields. Approximately 19,000 people attend custody mediation in NC each year. The program increases parents' self-determination and co-parenting communication, empowers parents to identify and promote their child's best interests, reduces the emotion toll on families in litigation, and reduces the associated financial costs to the parties. G.S. 50-13.1(b)(4) lists as one of the goals of mediation to "provide a structured, confidential, non-adversarial setting that will facilitate the cooperative resolution of custody and visitation disputes and minimize the stress and anxiety to which the parties and especially the child are subjected."

Two sessions are required: orientation and mediation. Orientation aims to engage parties in the process, prepare them, and deescalate the conflict. Mediation sessions are structured to explore parenting issues and concerns in a confidential setting, to enable parents to productively exchange information, search for plans to mutually address the concerns, design an order tailored to their family, and avoid a court hearing.

How a person defines the problem is how they will define the solution. The program attempts to reframe the dispute into a conversation that engages people to resolve the custody issues using a skilled mediator. While more than half do not resolve the issue in mediation, many reach consents or otherwise resolve the custody issue which prevents the parties from having a judge determine the custody issue.

Trauma informed interactions include incorporating time for emotional regulation and helping parties to take steps toward self-empowerment. Program management recognizes that a subset of clients experience higher levels of trauma, such as those experiencing domestic violence. To address this, a domestic violence screening protocol is being piloted that shifts from an opt-out by domestic violence survivors to an opt-in. In short, the responsibility of waiving participation in the custody mediation program is moving to court staff who will be screening for threshold markers, referring survivors to community resources, offering specialized opt-in orientation material, and specialized mediation. When domestic violence is an issue between the parties, the new screening protocol allows parties to opt in to participate in custody mediation rather than having to request a waiver of custody mediation and opt





out of mediation. When working with trauma survivors it is important to increase options for self-empowerment in a way that keeps them safe. This approach avoids retraumatizing a party.

The threshold markers include the existence of (i) an *ex parte* protective order, (ii) domestic violence protective orders (DVPO) between the parties or between the party and child(ren), (iii) pending criminal charges between the parties, (iv) recent criminal convictions between parties 18 months prior to custody mediation orientation, (v) criminal contact order, (vi) Chapter 50 no visitation order, and (vii) criminal no contact pending child abuse charges.

If there are no markers present, there are other red flags that are considered as part of the protocol which includes the existence of (i) past DVPOs between the parties, (ii), dismissals of DVPOs, (iii) criminal convictions between the parties that are over 18 months old, (iv) current criminal charges with a third party, (v) past criminal convictions with a third party, and (vi) DVPO violations at any time with a third party. This program is being piloted in select districts now and is anticipated to expand statewide as the new integrated case management system (ICMS) is rolled out to all counties over the next five years.

Current ACEs-Informed Court Efforts: NC Guardian *ad Litem* Program (GAL)

GAL Associate Counsel Reggie O'Rourke and GAL Training Administrator Liz Kachris-Jones provided an overview of the GAL program and its purpose. The GAL program serves 17,877 children who have been alleged to be abused and/or neglected. Each of these children have an ACEs score. In fact, if DSS has filed a petition alleging abuse or neglect, the child likely has other ACEs in addition to the abuse and neglect score. The GAL program makes recommendations to the court regarding the best interest of the juvenile using a triune appointment that includes the volunteer advocate (5,402 statewide), the attorney advocate, and the GAL staff all working to change the lives of NC children with whom the GAL program comes in contact.

The GAL program is statutorily charged with making an investigation to determine the facts, the needs of the juvenile, and the available resources within the family and community to meet those needs. They also explore options with the court at the disposition hearing, conduct follow-up investigations to ensure the court orders are executed, and protect and promote the best interest of the juvenile. The court report templates used by the GAL program were created through an ACEs-Informed lens with the input of mental health professionals who reviewed the templates. Initial and ongoing ACEs training is provided to GAL volunteers, attorneys, and staff, which includes a panel of foster care youth who voice the impact of the program in their lives.

GAL volunteers receive 30 hours of training, and each item on the ACEs questionnaire is part of the GAL training. While the children are not seen as just ACEs scores, it does inform how the GAL program understands and interacts with the children. To provide an ACEs-informed positive courtroom experience, juveniles are permitted to testify remotely, allowed to write letters to the court, and meet with the judges in chambers, when appropriate. The GAL program secured the license to send the film "Resilience: The Biology of Stress and the Science of Hope" to all volunteers to view.





Judge McIntyre lauded the work of the program with Chief Justice Newby calling them “saints” because of their work, especially the volunteers. The GAL program can help the TFAC determine if legislative or judicial action is needed.

Success Sequence

Judge Andrew Heath shared a 2009 study, the Success Sequence, and its application to prevent crime. While there is a debate regarding structural poverty versus agency, the Success Sequence suggests that individual choices make a difference. The study originated from joint efforts of Ron Haskins and Isabel Sawhill who were each a member of different presidential administrations, Bush and Clinton, respectively. The study identified 3 norms for success that made upward mobility a higher probability: (i) complete high school or attain the equivalent of a high school diploma, (ii) obtain full-time employment, and (iii) wait until age 21 and marry before having children. Research based on census data showed that if all 3 norms were followed, there was a 98% chance of escaping poverty for families headed by an able-bodied adult between the ages of 25 and 64.

A second study was conducted in 2017 (Wang and Wilcox) which also considered the 3 norms and used data collected from the Bureau of Labor Statistics National Longitudinal Study of Youth. The survey questioned 7,141 respondents 16 times between 1997 and 2014. The findings of this study showed that 3% of millennials who followed all steps were poor while 89% who followed all 3 steps reached the middle- or upper-income group. The study also showed that half of millennials in the study had either followed all 3 steps or were “on track.” Of those individuals who grew up poor, 25% overcame structural obstacles, followed the sequence, and achieved the success of reaching the top one-third of upper income distribution.

There is a strong relationship between achieving economic success and following the success sequence which could also result in a person being less likely to have a criminal history. The costs of housing inmates (\$100/day), supervising defendants while on probation, and paying Indigent Defense Services for representing defendants (\$133 million/year) is staggering.

Judge Heath’s courtroom observations and the data available from DPS show that criminal defendants are not following the success sequence, showing a reduced number of offenders who complete the 12th grade, who wait to marry before having children, and who are employed at the time they entered prison. Data showed that just a 1-year increase in the average education level is estimated to reduce arrest rates and that job stability and marital attachment are significantly related to changes in adult crime. Being married leads to a decreased probability of crime.

Judge Heath asked the Task Force members to consider the relationship between criminal convictions and the lack of adherence to the Success Sequence and if following the Success Sequence could reduce the likelihood of an individual committing crime. In practice, incorporating the Success Sequence concepts into school curriculums could serve as a preventative measure and reduce juvenile recidivism. This could be applied through the local Juvenile Crime Prevention Councils (JCPC) and incorporated as life skills training.





DA Spencer Merriweather inquired if evidence existed to suggest that the sequence could be effectively communicated to the youth when so many other influences run counter to it. Judge Heath suggested that consulting with educators or those with experience in the education field may help the Task Force to convey this message. He added that perhaps the Success Sequence could disrupt the cycle so children can grow up in stable homes. Judge McIntyre suggested that School Justice Partnerships may be used to promote the success sequence as many school leaders are part of the partnerships.

LaToya Powell stated the Success Sequence could be successful but there are undeniable environmental factors facing the youth who the Task Force is attempting to reach. Many are already facing adversities that do not allow them to make these choices or they lack the privilege to follow the Success Sequence. Judge Heath recognized that the Success Sequence may not be a panacea given that not everyone may have access to a K-12 education, but it can help raise awareness and provide valuable advice—i.e., obtain a job and an education and selectively choose when to have children—where juveniles may not receive it at home.

Several Task Force members mentioned local programs that exist in their areas that aim to help disadvantaged youth which could be partnered with to apply the principles of the Success Sequence. Elder Amanchukwu expressed his interest in helping form a program based on the Success Sequence and suggested the faith community may want to be involved with such a program. Chief Justice Newby asked the members to note successful programs that already exist in their areas who could be invited to present at future Task Force meetings.

Big Dreams & Realizing the Task Force Mission

DA Ben David summarized the mission of the TFAC, which is to enable Judicial Branch stakeholders to understand the impact of exposure to ACEs on children at an early age and to develop strategies for addressing adverse consequences within the court system. Relying on community and science will facilitate the work of the Task Force.

Toxic stress is seen in abuse, neglect, and dependency court daily. Based on data from the Annie E. Casey Foundation, over 1 in 5 kids will be subject of an abuse investigation by the age of 5 and 90% of all child fatalities involve a child under age 5 while 50% involve a child under age 1. DA David reminded the group that ACEs also can mean adverse community environments and while there are ACEs beyond the control of this Task Force, the focus should be on the factors, situations, and experiences that can be influenced.

The starfish model demonstrates how community is a structure for belonging by intertwining government, faith, non-profits, businesses, and schools to work together to address ACE related issues. For example, violent crime rates were reduced, and graduation rates increased after the implementation of a School Justice Partnership in New Hanover County, which embodies community partnership.





DA David suggested the savings that resulted from the Justice Reinvestment Act could be utilized to address ACEs by reinvesting the money into community programs. Approximately \$500 million was saved because of the closure of 11 prisons and a 4,000-bed prison population reduction. There is already ACEs work occurring in NC, such as county workgroups, community prevention plans, and partnerships. An advisory group of experts in this area has been established to assist the Task Force in fulfilling its mission. Two subcommittees of the Task Force will be created.

The Education Subcommittee will work to provide judges and court administrators with practical education on the effects of ACEs and equip juvenile court officials to recognize young offenders and victims impacted by ACEs. Possible action items include scheduling watch parties for the movie “Resilience: The Biology of Stress and the Science of Hope” with a moderated discussion to follow; working with NCAOC and the conference stakeholders to provide ACEs education; and coordinating with the Bolch Judicial Institute to provide specialized training for judges.

The Program Development Subcommittee will identify existing programs and design new programs that intervene in the lives of young ACEs offenders and victims affected by ACEs to put them on a path away from the courthouse and into a successful adult life. The Subcommittee should look at existing programs within NC and in other states. DA David recommended the need for statewide funding for recovery/drug treatment courts, development of bench cards that include trauma informed language, and studying Florida’s ‘Baby Court’ Program. Broadening victim access referrals to include referrals by judges and district attorneys can help prevent today’s victims from becoming tomorrow’s defendants. He noted the significance of the Juvenile Crime Prevention Councils (JCPC) in each county because they are aware of available programs at the local level and receive funding but advocated for a state supported fund specifically for ACEs issues. He proposed a treatment navigator position joining the staff of each Public Defender and District Attorney Office. This person would be a qualified social worker knowledgeable of local programs who could navigate defendants and victims to available treatment services.

DA David encouraged the group to consider where the Task Force can effect change, noting the focus must be on victims. Efforts should focus on all 100 counties. Each subcommittee should meet three times before the November 5th Task Force meeting for about an hour at each setting and report on their efforts at the November meeting. Because the judiciary is not a self-sustaining branch of government, funding must be secured to create resources for an ACEs-Informed Court System.

Subcommittees & Action Items

The two subcommittees were established, and membership determined. Subcommittees met briefly to determine future meeting dates and next steps for each group.

Education: Judge Andrew Heath, DA Seth Banks, Clerk Meredith Edwards, Judge Phyllis Gorham, Nalini Joseph, PD Bert Kemp, Sheriff David Mahoney, Judge Quentin McGee, Mike Silver, and Amelia Thorn (Staff: Lori Cole).

The Education Subcommittee decided to determine meeting dates via email using a poll.





UPDATE: The Education Subcommittee will meet via Webex from 12:45pm-1:45pm on September 8, October 15, and October 27.

Program Development: DA Ben David, Chief Johnny Jennings, David Levi, Jack Marin, Judge Angelica McIntyre, DA Spencer Merriweather, Judge Mario Perez, LaToya Powell, Judge Casey Viser, Bishop Patrick Wooden, and Elder John Amanchukwu (Staff: DeShield Greene).

The Program Development Subcommittee selected dates to meet via Webex from 12:45pm-1:45pm on September 8, October 6, and October 27.

Adjourn

The meeting adjourned at 3pm.

Future Meeting Dates

The full Task Force will meet again on November 5, 2021, January 21, 2022, and April 29, 2022. The locations of those meetings will be finalized as the dates approach.

UPDATE: The November meeting date of the Task Force has been adjusted to November 4-5, 2021. The meeting will be in Wilmington beginning at 1pm November 4th and conclude November 5th at 2pm.

Submitted by DeShield Greene & Lori Cole

