The Centers for Medicare and Medicaid Services: SUPPORT Act Section 1003 Grant

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
MAY 11, 2020

Department of Medical Assistance Services
Welcome and Meeting Information

• We have an ‘open’ meeting format to allow participation and questions

• Please make sure your line is muted if you are not speaking
  • We will mute all lines if there is a lot of background noise

• If you are having issues with audio, please type questions or comments in the chat box.
How to Mute and Unmute in WebEx

Everyone is muted at the beginning of the webinar – when you are ready to ask a question, please click the red microphone button to unmute. When you are finished, please click it again to mute your line.
Want a copy of today’s slides?

• Please enter your email into the chat box so we can send you a copy of the slides being presented today!

Questions? Email Christine.Bethune@dmas.Virginia.gov
## Agenda

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<th>Item</th>
<th>Time</th>
</tr>
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<tr>
<td>Webinar Set up</td>
<td>10:00-10:05</td>
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<tr>
<td>Welcome and SUPPORT Act Grant Updates</td>
<td>10:05-10:15</td>
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<tr>
<td>SUD Training and TA Webinar Series</td>
<td>10:15-10:20</td>
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<td>Break</td>
<td>11:00-11:05</td>
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<tr>
<td>Introduction of Dr. Lori Keyser-Marcus</td>
<td>11:05-11:10</td>
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<tr>
<td>SUPPORT Act Grant and VCU Wright Center: Dr. Lori Keyser-Marcus</td>
<td>11:10-11:30</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>11:30-11:50</td>
</tr>
<tr>
<td>Next Steps</td>
<td>11:50-12:00</td>
</tr>
</tbody>
</table>
Getting to know you...

What is one new (or old) hobby you have been doing during this time of physical distancing?
Virginia Medicaid’s SUPPORT Act Grant Goals:

- Learn from Addiction and Recovery Treatment Services (ARTS) program
  - Appreciate successes
  - Learn from challenges
- Decrease barriers to enter workforce
- Focus on specific subpopulations
  - Justice-involved
  - Pregnant and parenting members
- Maintain our core values
  - Person-centered, strengths-based, recovery-oriented
Overview of SUPPORT Grant Initiatives

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to March 29, 2021 (18 months)

Approved Budget: $4.8 million

Components

1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity
Grant Team

• Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
• Ashley Harrell, LCSW, Project Lead & ARTS Senior Program Advisor
• Anna Scialli, MPH, MSW, Grant Manager
• Jason Lowe, MSW, CPHQ, CPHRM, Grant Coordinator
• Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
• John Palmieri, Data Analyst
• Tiarra Ross, Budget Analyst
• Christine Bethune, MSW, Policy Analyst
Grant team continues to work remotely

Awaiting decision on extension from CMS
  - Other states experiencing delays due to COVID-19
Projects currently in progress

- Needs assessment: Virginia Commonwealth University Department of Health Behavior and Policy
  - Member surveys: 898 complete surveys with 18% response rate
  - Follow-up interviews: 8 completed
  - Analyses of buprenorphine-waivered providers
  - Presentation during June Stakeholder Meeting
- Brightspot assessment: Virginia Commonwealth University Wright Center for Clinical and Translational Research
  - Pre/post test evaluation for trainings – in development
  - ECHO sessions
  - Strengths-based assessment of ARTS services
Projects currently in progress

- Medication Assisted Treatment in EDs pilot – Virginia Hospital and Healthcare Association Foundation
  - Finalizing contracts and identifying partnerships
  - Developing buprenorphine waiver trainings
  - Substantial delays due to COVID-19
Projects currently in procurement

- Policy Landscape Analysis – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
  - In final stages of procurement
  - Estimated start in next 1-2 months
  - Includes telehealth analysis

- Justice-involved environmental scan and pilot
  - Proposals currently under review
  - Delays due to COVID-19
Projects currently in development

• Telemedicine Curriculum RFP: Development of online curriculum for best-practices around telehealth
  ▪ Canceled
  ▪ Project being reconsidered in light of telehealth transformation during the State of Emergency

• RFA/sub-awards for clinics/providers to expand access
  ▪ Delayed due to agency capacity (COVID-19 response)

• [https://www.eva.virginia.gov/](https://www.eva.virginia.gov/)

SUPPORT Act Grant Updates: May 2020
SUPPORT Act Grant Updates: May 2020

On-Going Projects

• Technical Assistance Webinars with Paul Brasler and Dr. Mishka Terplan

To view schedule go to the ARTS page (dmas.Virginia.gov/#/ARTS)

Scroll down to “SUPPORT Act Grant”
Mission Statement
Theses technical assistance and training webinars are designed to increase SUD knowledge and to provide support to anyone who serves Medicaid members with substance use disorders. The overall goal of the webinars, as well as other grant activities, is to increase addiction and recovery workforce capacity while also creating a culture of understanding, empathy, and support for individuals with substance use disorder in various workforce settings.

Webinar Presenters:

Paul Brasler, MA, MSW, LCSW
Behavioral Health Addiction Specialist, DMAS

Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul has worked in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, in private practice, in community mental health and in residential treatment. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients.

Dr. Mishka Terplan, MD, MPH, FACOG, DFASAM
Addiction Medicine Specialist

Dr. Mishka Terplan is board certified in both obstetrics and gynecology and in addiction medicine. He is Senior Physician Research Scientist at Friends Research Institute and adjunct faculty at the University of California, San Francisco where he is a Substance Use Warmline clinician for the Clinical Consultation Center. He is also the Addiction Medicine Consultant for Virginia Medicaid and a consultant for the National Center on Substance Abuse and Child Welfare.
SUD Training & Technical Assistance Webinar Series

May and June Webinar Series

• Topics Include:
  ▪ SUD Overview
  ▪ Trauma-Informed Care and Tele-Behavioral Health
  ▪ Opioids and Stimulants
  ▪ SUD Treatment Basics
  ▪ SUD Screening and Assessment
  ▪ Managing Withdrawal through Tele-Health
  ▪ Co-Occurring Disorders
  ▪ Individuals Therapy for SUD
  ▪ SUD Group Therapy Skills

• Weekly Q&A sessions on Fridays at 11am
- SUD Behavioral Health Questions: Paul Brasler
  - Paul.Brasler@dmas.Virginia.gov
  - 804.401.5241

- Addiction Medicine Questions: Dr. Mishka Terplan
  - Mishka.Terplan@dmas.Virginia.gov
  - 804.638.0699
Lightworks Recovery seeks to uplift and empower the Peer Recovery Community through training, collaboration, and professional development.

For more information, contact Marjorie Yates, at info@lightworksrecovery.org
ADDICTION RECOVERY IN THE TIME OF COVID-19
The Coronavirus has changed life for everyone
The Coronavirus has changed life for everyone around the globe. We have discovered that we love Zoom meetings almost as much as we love Zoom meetings in pajama pants.
Some people get to work from home and spend quality time with their kids!
Online alcohol sales are up 243%!
The virus has brought an eerie uncertainty reminiscent of post 911.
Loneliness and isolation are epidemic. Many are touch-deprived.
Challenge: The onset of Covid-19 has eliminated 12-step in-person meetings, also eliminating:

An established routine  A social network  A sense of belonging
Daily 12-step meetings allowed me to get and stay sober.

- With no money, no health insurance, and
- Meetings while the kids were in school
- Daily habit that replaced drugs and alcohol
- Connection that saved my life
Zoom Recovery Meetings are a godsend. We’re able to meet people where they are in a way that wasn’t possible before.
-“I really appreciate you calling because I knew someone cared.” - overdose survivor, Chesterfield County Mobile Integrated Healthcare Unit.
Lack of access to technology is one of the biggest *challenges* to recovering people during Covid-19.

- Don’t own a smartphone
- Can’t afford internet
- Sharing devices with children
- Low-width broadband
Solution: Free Assurance Wireless smartphones for eligible low-income individuals.

Through 06/30/2020:

- Free unlimited calls
- Free unlimited text
- Additional 20 GB data free!

https://freegovernmentsmartphones.com/assurance-wireless/
**Challenge:** Many older adults are not computer literate, and miss out on Zoom Meetings.

Many were incarcerated for a long time with no access to computers.

Many are too embarrassed to ask for help.

Many are afraid they won’t be able to learn.
Solution: GCF (Goodwill Community Foundation) Free Online Learning

- Self-paced
- Beginner instruction, Microsoft office suite
  https://edu.gcfglobal.org/en/
Challenge: Insecure housing
Many shelters are not accepting admissions due to the Coronavirus
Solution: The Salvation Army Boys and Girls Club is providing temporary shelter for Richmond’s homeless during Covid-19. (R St. and Mosby)

- Housing inhabitants of dismantled “Cathy’s) Camp”
- Preference given to those over 60 and/or with chronic illness
- Fed by FeedMore
The CARITAS Center will include:

- The Women’s Healing Place-160 bed shelter and treatment program
- Furniture Bank
- 47 Sober Living Apartments for Healing Place graduates
- CARITAS WORKS Program

The Caritas Center is scheduled to open in the summer months of 2020. Located at 2325 Maury Street, in the old Philip Morris Stemmery.
In the meantime......

One day at a time
Dance party!!!!!!
What do you think?

What is the greatest unmet need in the current delivery of SUD services?

- obtaining uds
- long-distance
- sober-living housing
- housing
- suboxone providers in sou
- access issues
- rural internet access
- face-to-face meetings
- residential asam 35 progs
- addressing all sud
- access to internet
- high speed internet access
- support services
- quality cell phone signal
- unable to provide ua's
- appropriate telehealth
- housing for patients
- ease of access to mat on medication
- staff
BREAK TIME!

Please take a short – five minute – break

When you return, open the browser on your mobile device or computer and visit www.menti.com
Reach map results for our May Stakeholder Meeting
Support Act Grant

VCU Activities

Lori Keyser-Marcus, PhD
VCU Department of Psychiatry,
Institute for Drug and Alcohol Studies
Brightspot Assessment
Dr Alex Krist

**Primary goal:** To identify three to five communities demonstrating positive health outcomes relating to SUD treatment and determine strengths and assets promoting these outcomes.

- Document the variation primary care provision of SUD treatment for each ZIP Code Tabulation Area (ZCTA) in Virginia
- Measure the relative contribution of primary care for SUD care and compare the community conditions that are associated with health outcomes
- Use a mixed method analysis to assess strengths, assets, and strategies for functioning like a Brightspot community
HealthLandscape Virginia (HLVA)
www.healthlandscape.org/Virginia
HLVA Data Elements

**Workforce**
- Source – VA department Health Professions and Primary Care survey
- Measures – primary care, oral health, mental health providers

**Community**
- Source – American Community Survey
- Measures – population size, race/ethnicity, housing, employment, income, education, insurance, poverty, disability

**Clinical Care**
- Source – APCD, supplemental electronic health record data
- Measures – prevalence of disease, care delivery, care gaps, disparities in care delivery, community outcomes (below)

**Community Outcomes**
- Sources – VDH, 500 Cities, APCD, Center on Society and Health
- Measures – health opportunity index, disease complications, life expectancy, opioid overdoses and deaths, mental health rates, suicide rates
Use of HLVA for the Brightspot Assessment

• We will use the data in HLVA to conduct our BrightSpot assessment
• HLVA can also be used to display the findings
• HLVA will be publicly available for use by policy-makers and stakeholders to explore the data and how outcomes vary by community
Brightspot Measures by Zip Code

Workforce
• Number and type of clinicians with suboxone waivers
• Mental health and psychosocial service providers treating OUD
• Treatment centers for OUD

Care provision (Overall and by Primary Care)
• Number patients getting a suboxone prescription
• Number patients getting OUD care and type of care
• Number patients getting inpatient OUD care

OUD outcomes
• Number opioid overdose deaths
• Number of EMS administrations of naltrexone
• Number of overdose emergency room visits
• Number of overdose hospitalizations
• Productivity loss (cost per capita)
TeleECHO Clinics
Dr Vimal Mishra

• Project ECHO (Extension of Community Healthcare Outcomes)
  • University of New Mexico
  • Founded by Sanjeev Aurora, MD a Hep C specialist
  • Response to limited number of Hep C specialists in state vs. high number Hep C patients
  • Project ECHO is a free, educational model to mentor community providers to treat patients locally
  • Telementoring not Telehealth

• Project ECHO Model
  • 1.5 hour session: didactic presentation, 2 case discussions
    • Didactic presentation by multidisciplinary expert
    • Case studies presented by participants for case-based learning
      • Gain immediate feedback from clinical expert and multidisciplinary team
VCU Opioid Addiction Project ECHO

• Purpose: Reduce the impact of opioid crisis in Virginia especially in underserved areas
  • Incomplete care continuum and lack of healthcare providers for opioid case management, prescribing and dispensing
  • More than 1400 individuals died in 2017 from opioid misuse, overuse and addiction
  • In partnership with Virginia Department of Health

• Opioid ECHO
  • Didactic presentation topics selected through participant evaluations and expert hub members
  • Physician and Non-Physician CME credit offered for attending “live” sessions and viewing previously recorded sessions
  • Attendance from healthcare professionals from all regions of Virginia
# Opioid Addiction Project ECHO

## May 2018-April 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sessions</td>
<td>37 sessions</td>
</tr>
<tr>
<td>Total Case Studies Presented</td>
<td>73 case studies</td>
</tr>
<tr>
<td>Average # Participants</td>
<td>22 per session</td>
</tr>
<tr>
<td>Total Participants</td>
<td>685 participants</td>
</tr>
<tr>
<td>Unique Participants</td>
<td>330 participants</td>
</tr>
<tr>
<td>Total CME Hours Claimed</td>
<td>350.75 hours</td>
</tr>
<tr>
<td>Types of participants</td>
<td>MD, PhD, NP, PA, RN, PharmD, SW, Peer Recovery specialists</td>
</tr>
<tr>
<td>Total # Health Centers</td>
<td>150 centers across VA</td>
</tr>
<tr>
<td>Regions of VA attended</td>
<td>NE, SW, SE, Central, Eastern Shore</td>
</tr>
</tbody>
</table>
Support Act Grant: Adopting the ECHO Model

The ECHO platform will allow DMAS to widely disseminate information regarding evidence-based care practices to SUD providers.

A minimum of six virtual trainings will be provided via Virginia Opioid Addiction Project ECHO sessions. Session topics to include:

- Medicaid reimbursement for telehealth and care coordination;
- SUPPORT Act requirements regarding medication assisted treatment (MAT) for individuals in facilities not offering MAT;
- SUD treatment for individuals with co-occurring mental health diagnoses;
- Pharmacist-specific training (ED and/or OBOT-based)
- SUD treatment for pregnant/parenting women
- SUD treatment in the context of corrections/justice-involved population
Evaluation of Training/Technical Assistance Workshop Activities

Dr Lori Keyser-Marcus

Online surveys will be developed to assess training and technical assistance workshop attendees with regard to:

- Likelihood of becoming waivered
- Willingness to accept Medicaid patients
- General perceptions of patients with OUD/SUD and Medication Assisted Treatment
Survey items to include:

- General provider info (e.g., demographics, type, practice info, etc)
- Perceived barriers and supports to pursuing waiver
- Perceived barriers and supports for accepting Medicaid patients
General provider info

What is your sex?

- male
- female

Of what race do you consider yourself?

- Caucasian
- African-American
- American Indian/Native American
- Asian, Pacific Islander
- Bi/Multi-racial
- Other

In what zip code is your practice located?

What type of medical provider are you?

- Physician (MD or DO)
- Nurse Practitioner (NP)
- Physician's Assistant (PA)
## Provider practice info

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you consider your primary specialty?</td>
<td>Primary Care/General Medicine, Psychiatry, OBGyn, Other</td>
</tr>
<tr>
<td>Addiction Specialty?</td>
<td>Addiction Specialist, Non Addiction Specialist</td>
</tr>
<tr>
<td>What is your primary practice type?</td>
<td>Solo practice, Group practice</td>
</tr>
<tr>
<td>Do you screen all new patients for risky alcohol use and drug use?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>Do you currently use a formal screening tool (e.g., CAGE, AUDIT) to screen your patients for risky alcohol use and drug use.</td>
<td>No, Yes</td>
</tr>
</tbody>
</table>
Perceptions of Opioid Use Disorder

Substance Use Disorder is different from other chronic diseases because people who use drugs or alcohol have a choice.

- I strongly disagree
- I disagree
- I agree
- I strongly agree

Treatment of opioid use disorder with opioid agonist medications is simply replacing one addiction with another.

- I strongly disagree
- I disagree
- I agree
- I strongly agree

Caring for patients with SUD is as satisfying as other clinical activities.

- I strongly disagree
- I disagree
- I agree
- I strongly agree
Perceived barriers to obtaining Buprenorphine Waiver

<table>
<thead>
<tr>
<th>BARRIERS TO BUP WAIVER</th>
<th>Not at all a barrier</th>
<th>A slight barrier</th>
<th>A moderate barrier</th>
<th>A major barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of adequate training opportunities in my area</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Time constraints prohibit me from taking on these patients</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I do not feel confident enough in my ability to treat patients with Opioid Use Disorder</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My practice partners are resistant to treating patients for SUD</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Reimbursement for these services is difficult/too time consuming</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My practice lacks enough administrative support to take on buprenorphine prescribing</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There is very little/low need for buprenorphine prescribing in my area</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The process for obtaining prior authorizations is too time consuming/burdensome</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The risk of my patients diverting their buprenorphine is too high</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Reimbursement for these services is too low</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Perceived barriers to accepting Medicaid patients

<table>
<thead>
<tr>
<th>BARRIERS TO MEDICAID</th>
<th>Not at all a barrier</th>
<th>A slight barrier</th>
<th>A moderate barrier</th>
<th>A major barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>The pre-authorization process is too time consuming and burdensome</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medicaid reimbursement for services is too low</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other patients in my practice would be uncomfortable if I started accepting Medicaid patients</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Reimbursement takes too long</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My administrative support staff are not adequately trained/equipped to handle Medicaid reimbursement</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Branching of survey will allow for additional items targeting:

- Other training attendees (e.g., mental health providers, corrections, etc)
- Training-specific content (to assess learning)
QUESTIONS?
Questions and Answers

Please unmute yourself or use the chat feature in WebEx to submit your questions.
• Fatal drug overdose has been the leading method of unnatural death in Virginia since 2013
• Opioids have been the driving force behind the large increases in fatal overdoses since 2013
• In 2015 statewide, the number of illicit opioids deaths surpassed prescription (Rx) opioid deaths. This trend continued at a greater magnitude in 2016, 2017, 2018, and 2019
• There has not been a significant increase or decrease in fatal prescription (Rx) opioid overdoses over the 12 year time span (2007-2019)
• Fentanyl (prescription, illicit, and/or analogs) caused or contributed to death in 59.3% of all fatal overdoses in 2019
• Preliminary final totals for 2019 indicate an 8.8% increase in all fatal overdoses, all substances, compared to 2018. The number of fatal overdoses in 2019 (preliminary, n=1617) is the largest number ever seen in Virginia
• Fatal non-opioid illicit drug overdoses are on the rise. In 2019 compared to 2018, fatal cocaine overdoses increased 8.7% and fatal methamphetamine overdoses increased 55.9%

Addiction and Recovery Treatment Services (ARTS)

Background

Visit the DMAS ARTS website to locate providers with Google Maps: http://www.dmas.virginia.gov/#/arts

New! Indicates if ARTS providers treat pregnant members
ARTS Questions:
- ARTS Helpline number: 804-593-2453
- Email: SUD@dmas.Virginia.gov
- Website: http://www.dmas.virginia.gov/#/arts

ARTS Treatment Questions:
- SUD Behavioral Health: Paul Brasler
  - Paul.Brasler@dmas.Virginia.gov
  - 804.401.5241
- Addiction Medicine: Dr. Mishka Terplan
  - Mishka.Terplan@dmas.Virginia.gov
  - 804.638.0699
Substance Use Warmline
9 am – 8 pm (ET), Monday – Friday

1.855.300.3595

Free and confidential clinician-to-clinician telephone advice focusing on substance use evaluation and management for primary care clinicians.

Consultants include addiction medicine-certified physicians, clinical pharmacists, and advanced practice nurses who are available to discuss options and approaches in clinical care, from the most common problems to particularly challenging and complex cases.

Learn more at http://nccc.ucsf.edu/clinical-resources/substance-use-management/

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30039-01-00 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the HRSA Bureau of Primary Health Care (BPHC) awarded to the University of California, San Francisco.
Contact Information

**SUPPORT Act Grant Questions:**
- Anna Scialli – anna.scialli@dmas.Virginia.gov
- Ashley Harrell – Ashley.Harrell@dmas.Virginia.gov
- Jason Lowe – Jason.Lowe@dmas.Virginia.gov
- Paul Brasler – Paul.Brasler@dmas.Virginia.gov
- Tiarra Ross – Tiarra.Ross@dmas.Virginia.gov
- Christine Bethune – Christine.Bethune@dmas.Virginia.gov

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Want a copy of today’s slides?

- Please enter your email into the chat box so we can send you a copy of the slides being presented today!

Questions? Email Christine.Bethune@dmas.Virginia.gov
Thank you for calling in!

Your participation in the Monthly Stakeholder meetings is vital to the success of the SUPPORT Act Grant in Virginia.

Please note our following meetings will be call-in ONLY!

**Next Meeting**
Monday, June 8, 2020
10:00 AM – 12:00 PM