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**Welcome-Bienvenidos**  
**Oregon Latinx Mental Health**  
**Gathering**

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# Agenda

**LEHC History and Vision**

**Breakout discussions**

**Crisis de Bienestar**

**Panel Discussion**

**Breakout Discussion**

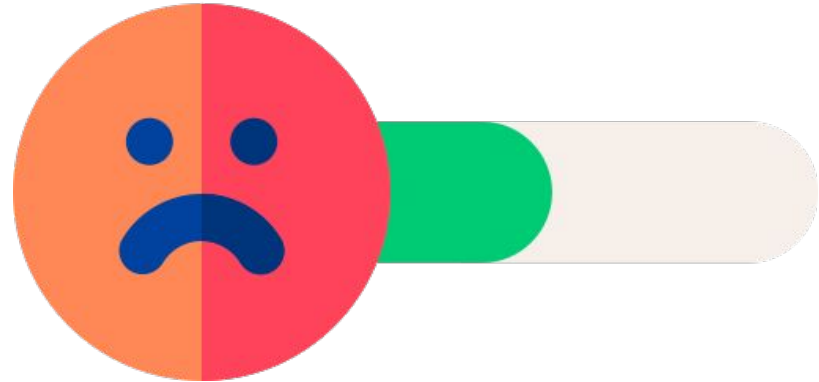
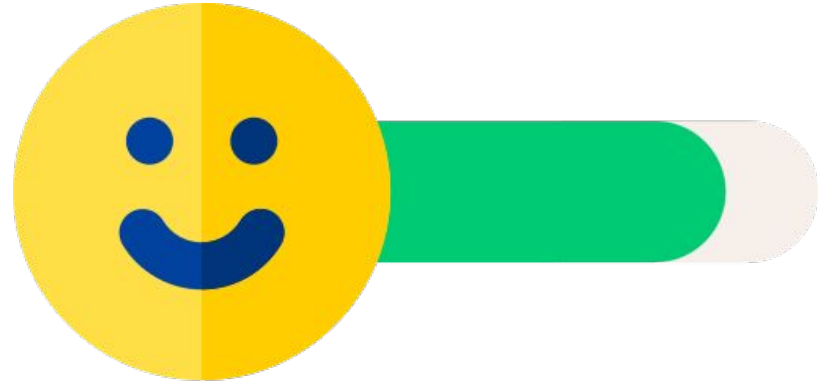
**Closing**

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# Survey

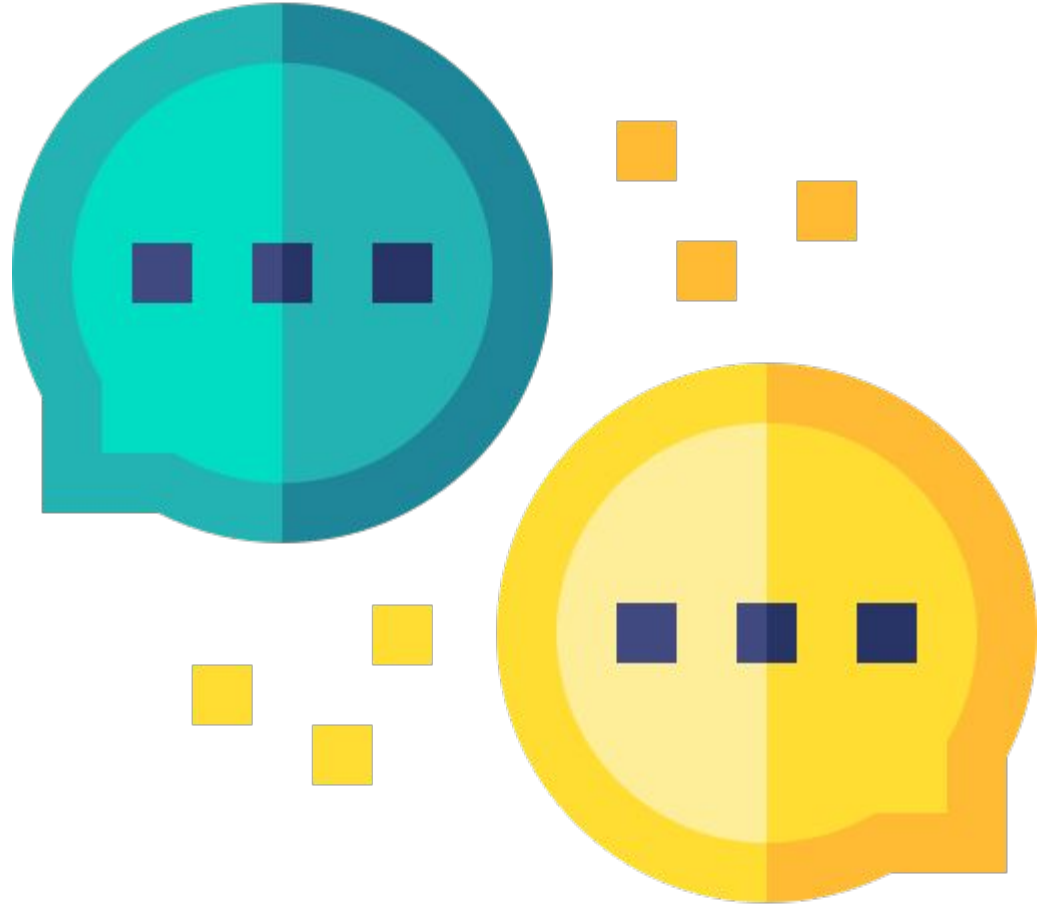
**Please take the survey  
we will be sharing at  
the end!**

Complete the survey  
and win a \$50 gift card!



# Zoom Chat

Feel free to use the chat box to ask questions and share insights!



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**Welcome-Bienvenidos**  
**Oregon Latinx Mental Health**  
**Gathering**


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# Latino Emotional Health Collaborative History & Vision

(LEHC)

Presenters: **Olivia Quiroz, Executive Director, Oregon Latino Health Coalition** and **Lucrecia Suarez**



**LATINO  
EMOTIONAL  
HEALTH  
COLLABORATIVE**

Founded in 2017

# Mission

A collaborative of statewide Latinx service providers and allies dedicated to the mental and emotional wellbeing of Oregon's Latinx communities by addressing systemic factors that impact access to effective, cultural, and language appropriate services.







# Latino Emotional Health Collaborative



LatinoNetwork



# Strategic Priorities

- Support the expansion of services and service delivery.
- Build a Latinx mental and emotional health workforce.
- Improve data collection, reporting, and use.
- Inform and define public policy.
- Sustain the capacity of the collaborative.



# Breakout Discussion #1- Pláticas

- ¿Quien somos?
- Name, Pronouns
- Background (region, work, position)
- What brought you here today?



**Share with  
us in Chat**

**What brought you here  
today?**

**What is your favorite  
song that brings you  
inspiration?**

—

# **Crisis de Nuestro Bienestar: A Report on Latino Mental Health in Oregon**

Presenter: **Linda Castillo**

OCHA  
Oregon Commission on Hispanic Affairs

**Crisis de Nuestro Bienestar\*:  
A Report on Latino† Mental  
Health in Oregon**



In partnership with

Oregon Department  
of Human Services

Oregon  
Health  
Authority

Linda Castillo, M.S. OCHA, Recent  
Past Chair

**Oregon Latinx Mental Health  
Gathering**

**Hosted by the Latino Emotional  
Health Collaborative**

June 24, 2022



## The Oregon Commission on Hispanic Affairs (OCHA) and Research Partners, OHA and DHS

- The Joint Policy Research collaboration on Mental Health & Latinos began in 2017 through a shared interest with OHA and DHS in understanding the Mental Health (MH) needs and current usage by the Latino community statewide for MH services. The goals of the applied policy research are to provide:
  - a comprehensive picture of current usage and analysis
  - Best Practices including cultural relevancy
  - and policy recommendations in the context of a seminal report, the first in 15 years
- OCHA works statutorily to bring Hispanic community voices to Oregon policy making.
- Works intersectionally with the Oregon Commissions on API Affairs, Black Affairs, and the Commission for Women, to support equitable policy making.

# Why did OCHA develop *Crisis de Nuestro Bienestar*?

To share research evidence that supports what the Latino/a/x community in Oregon already knows:

**Mental health care in Oregon is difficult to access and often ill-suited for Latinos/as/x.**

This evidence is provided from

- Latino/a/x client perspectives
- Latino/a/x mental health provider perspectives



Why is *Crisis de Nuestro Bienestar* important?

It drives policy change from community input, analyses and recommendations.



# The OAC Policy Arc



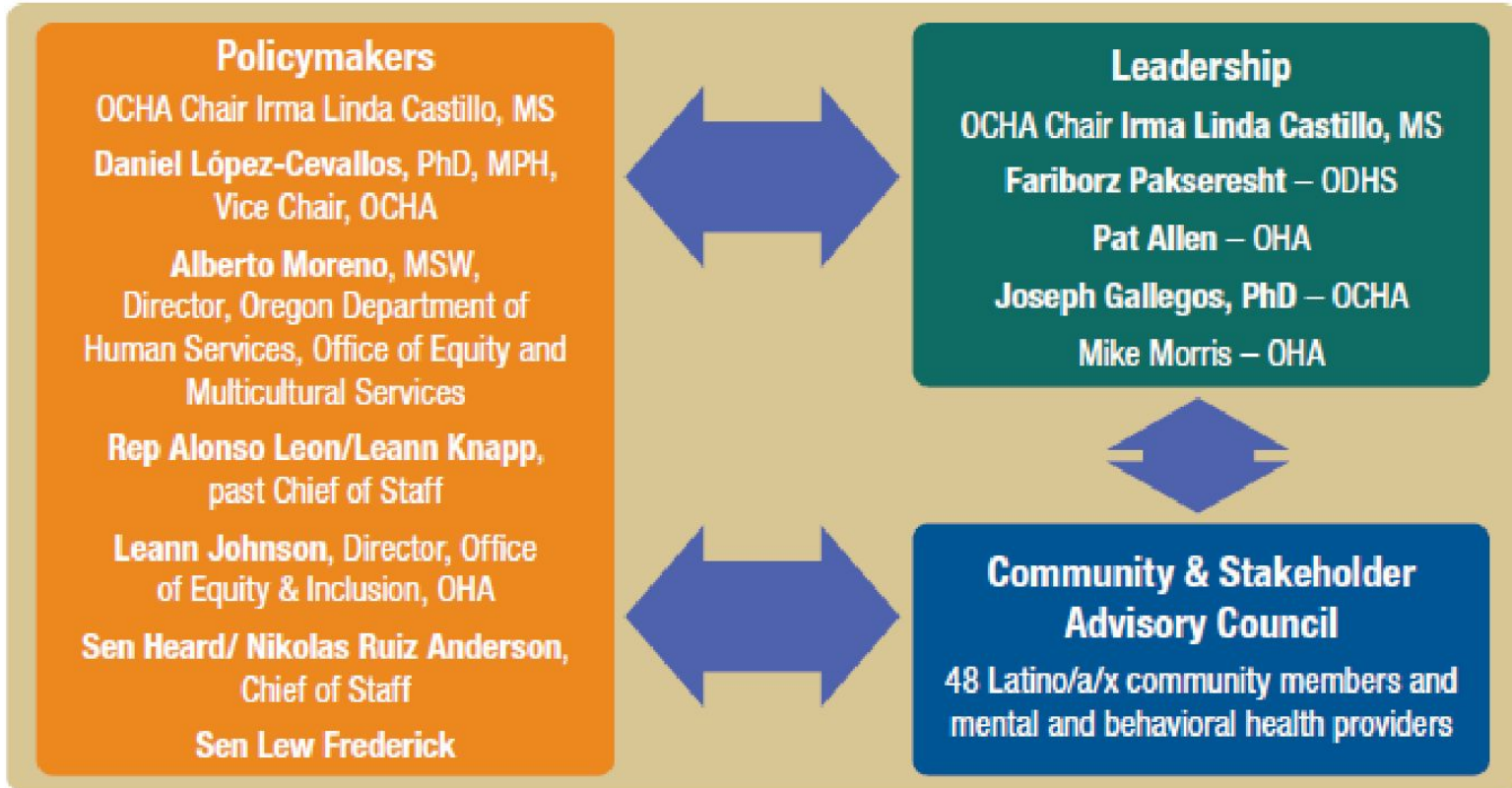
# What makes *Crisis de Nuestro Bienestar* unique?

It centers the Latino/a/x community

- Latino/a/x mental health providers shared their experiences in qualitative research
- Latino/a/x clients' State data were analyzed in quantitative research
- Latino/a/x community members conducted analyses and developed recommendations

It is the first report developed in partnership with community at the State level, with the explicit goal of driving policy change

# How this work was done: Partnership across the Latino/a/x community, State agencies, State agency leaders



# THANK YOU

## Mental Health & Latinos Community Advisory Council

Akiko Betcher	Commissioner Sharon Meieran	Jorge Gonzalez	Michele Martinez Thompson
Albert Parramon	Cristina Pinzon	Kate O'Donnell	Kristina Narayan
Alexandra M. Aban	Daniel Garcia	Kristin Kane	Olivia Quiroz, Executive Director, Oregon Latino Health Coalition
Anthony D. Medina	Debra Jones	Laurie Huffman	Phillip Blea
Armenia Sarabia	Diana Cazares	Leda Garside	Representative Mitch Greenlick
Blanca Marquez	Dora Best de Cantu	Liliana Herrera Acosta	Representative Diego Hernandez
Dr. Joaquin Borrego Jr.	Enrique Eduardo Andrade	Lucrecia Suarez	Ricardo Verdeguez
Anna Braun	Estela Muñoz Villarreal	Marilyn Gran-Moravec	Rigoberto Contreras
Caitlin Brock	Gustavo Morales	Martha Ochoa	Ruth Zuniga
Carlos Crespo	Holly Heiberg	Mary Oswald	Senator Steiner Hayward
Carolina Castaneda del Rio	Jared Mason-Gere	Marysol Jimenez	Vanessa Servellon
Chanpone Sinlapasai-Okamura	JoAnn Hemstreet	Maureen Hinman	Yesenia Silva

# Policy Research Intern Studies

STUDY TITLE	TYPE	TOTAL N	Description of Sample
<a href="#"><u>MH Disparities for Latino Oregonians</u></a> <u>By Kimberly Voelker</u>	Quantitative	N=272,538	Oregonians who initiated mental health care between 1983 & 2013 and terminated between 2010 & 2014 who utilize state-sponsored insurance
<a href="#"><u>Barriers to Mental Health for Latinos in Oregon</u></a> <u>By Diana St. Amour</u>	Qualitative	N=16	Mental Health Providers (MHPs) – urban + rural
<a href="#"><u>Mental Health Service Disparities</u></a> <u>By Erin Hernandez</u>	Literature review	N/A	Rural focus
<a href="#"><u>Access &amp; Barriers to MH Services for OR's Latino Population</u></a> <u>By Rebecca Honda</u>	Qualitative	N=8	MHPs- rural

## Mixed Method Research Findings

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Latino/a/x youth access mental health services almost 2x more than the general population.

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School-based services are also well utilized by Latino/a/x youth and their family members

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Differences in reasons for termination for the Latino/a/x population imply the need for more culturally competent and culturally-specific mental health services

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These differences in termination reasons also prompt the need for data collection and research that capture the client perspective

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Mental health practitioner workforce, pipeline and credentialing must be strengthened

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Systemic supports are needed to retain and develop current culturally-specific providers

---

Community integration is critical in addressing issues of access, retention, and stigma

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# Overall Recommendations

1

Increase diversity in and providing training for the **workforce, pipeline** and **credentialing** of culturally and linguistically specific MHPs

2

Establish as standard practice the appointment of **practitioners and people of color**, and other historically underserved groups on **all licensing boards and public bodies**.

3

Create dedicated spaces and places for Latino/a/x clients by **increasing systemic resources and implementing financial incentives** to increase culturally specific mental health programming that combats stigma.



## Overall Recommendations, cont'd.

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- Ask the Higher Education Coordinating Commission to work with Oregon Department of Education to address **provider workforce needs** for Latinos/as/x and other Communities of Color in Oregon.
- **Increase funding** for Latinos/as/x and other historically under-resourced behavioral and mental health services in Oregon, with specific breakdowns for funding increases.
- Resource and support a **Latino behavioral health task force** that centers equity for Latinos/as/x, as well as a **larger culturally specific behavioral health task force for historically underserved communities**. These task forces will focus on applying culturally specific lenses to behavioral and mental health, and on using the *Crisis de Nuestro Bienestar* to inform an action agenda for the Oregon Legislature.

## House Bill 2949

Sponsored by Representatives BYNUM, ALONSO LEON, SCHOUTEN; Representative REARDON, Senator FREDERICK (at the request of Dr. Anjabeen Ashraf, Dr. Keleigh Blount, Dr. Nathaniel Brown, Dr. Tanya Johnson, OCHA, OCHA, OCPW, OCAPLA) (Pre-session filed.)

### SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Requires Mental Health Regulatory Agency to establish program to improve Black, indigenous and people of color mental health workforce, including pipeline development, scholarships for undergraduates and stipends for graduate students, loan repayments and retention activities.

Directs agency to provide up to \$15,000 in student loan forgiveness to mental health professionals working in mental health professional shortage area.

Directs Oregon Health Authority to provide funding to counties, community mental health programs and organizations to support individuals to transition from incarceration back into community.

Directs Mental Health Agency to provide grants to licensed practitioners to pay costs of providing supervision of mental health practitioners in private practice.

Requires employers of mental health workers to pay supervision costs of workers.

Requires Oregon Health Authority to provide funding to Black, indigenous, people of color and immigrant communities to ensure access to mental health care.

Appropriates moneys to agency and authority to carry out provisions of Act.

Prohibits insurers from refusing to credential mental health associates.

Creates Task Force on Expanding the Mental Health Workforce. Specified membership and duties. Requires report to interim committees of Legislative Assembly with recommendations for loosening restrictions on formerly incarcerated individuals obtaining licenses to provide mental health care.

Limits to 1,200 number of hours of supervised clinical experience required to be licensed as professional counselor or marriage and family therapist.

Changes name of "licensed professional counselor intern" and "licensed marriage and family therapist intern" to "licensed professional counselor associate" and "licensed marriage and family therapist associate."

Declares emergency, effective on July 1, 2021.

### A BILL FOR AN ACT

1  
2 Relating to mental health; creating new provisions; amending ORS 675.375, 675.705, 675.720, 675.745,  
3 675.785 and 675.825; and declaring an emergency.

4 Be It Enacted by the People of the State of Oregon:

5 **SECTION 1.** Sections 2, 4, 8 and 10 of this 2021 Act are added to and made a part of ORS  
6 675.160 to 675.178.

7 **SECTION 2.** (1) The Mental Health Regulatory Agency shall establish a program to ex-  
8 pand the mental health care workforce in communities of individuals who are Black,  
9 indigenous and people of color. The program must provide:

- 10 (a) Mental health care provider pipeline development;  
11 (b) Scholarships for undergraduate students interested in careers in mental health care;  
12 (c) Stipends for students enrolled in graduate mental health education programs;  
13 (d) Mental health care workforce retention initiatives; and  
14 (e) The student loan forgiveness program described in section 4 of this 2021 Act.  
15 (2) The agency may adopt rules to carry out this section.

16 **SECTION 3.** In addition to and not in lieu of any other appropriation, there is appropri-

NOTE: Matter in boldfaced type in an amended section is new; matter *italic and bracketed* is existing law to be omitted.  
New sections are in boldfaced type.

LC 2005

# HB 2949, informed by *Crisis de Nuestro Bienestar*

- HB 2949: requires Mental Health Regulatory Agency to establish program to improve BIPOC mental health workforce; directs agency to provide student loan forgiveness for providers working in mental health professional shortage areas



# HB 2369, informed by *Crisis de Nuestro Bienestar*

HB2369 – directs ODE to develop statewide mental and behavioral health care plan for students

81st OREGON LEGISLATIVE ASSEMBLY—2021 Regular Session  
Sponsored by Representative HUDSON; Representative SALINAS (Provision filed.)  
**House Bill 2369**

The following summary is not prepared by the sponsor of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's best statement of the essential features of the measure as introduced.

**SUMMARY**  
Directs Department of Education to develop statewide mental and behavioral health care plan for students. Simults December 31, 2026.  
Directs recipients of grants from Fund for Student Success to provide trauma-informed mental health care when meeting students' mental and behavioral health needs.  
Declares emergency, effective on passage.

**A BILL FOR AN ACT**  
329.095; and declaring an emergency.  
**Be It Enacted by the People of the State of Oregon:**

**SECTION 1.** (1) The Department of Education shall develop a statewide mental and behavioral health care plan for students.  
(2) The plan developed under this section shall develop a statewide mental and behavioral health care services to the children of this state through the schools of this state.  
(a) The scarcity of mental and behavioral health care providers who serve students, both in rural and urban areas;  
(b) The difficulty of retaining mental and behavioral health care providers who can provide culturally relevant and linguistically appropriate services for students, both to students into existing health plan networks, coordinated care organizations and other school-based efforts aimed at improving mental and behavioral health care services;  
(c) Ongoing efforts by the department to form partnerships with federal, state and community entities for the provision of mental and behavioral health resources; and  
(d) Ensure that all public schools, public charter schools and private schools have developed trauma-informed mental health care plans no later than July 1, 2026.  
(3) The department shall coordinate with the Oregon Health Authority for the purpose of developing the plan described in this section.  
(4) The department shall report on the progress of the development of the plan, and make any recommendations for legislation, to an interim committee of the Legislative Assembly related to education on an annual basis.

**SECTION 2.** Section 1 of this 2021 Act is repealed on December 31, 2026.  
**SECTION 3.** ORS 327.180 is amended to read:  
327.180. (1) In addition to those moneys distributed through the State School Fund, the Department of Education shall award grants from the Student Investment Account. Grants shall be distributed to recipients of the Student Investment Account. Grants shall be distributed to recipients of the Student Investment Account. Grants shall be distributed to recipients of the Student Investment Account.

**NOTE:** Matter in boldface type is an amended section in new matter [italic and bracketed] in existing law to be revised.  
New sections are in boldface type.  
LC 1882

### House Bill 2359

Sponsored by Representative SALINAS, RUIK, Senator FREDERICK (Provision: H&S)

#### SUMMARY

The following summary is not prepared by the sponsor of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Requires health care providers to work with health care interpreters from health care interpreter registry operated by Oregon Health Authority or provide interpretation services. Requires authority to adopt rules to enforce requirement. Provides exemptions. Requires companies to assign interpreters directly comparable to regular work standards. Requires companies to only employ or contract with health care interpreters listed on health care registry, subject to exception. Requires Commission of Bureau of Labor and Industries to enforce requirement to only employ or contract with health care interpreters listed on registry. Requires Oregon Council on Health Care Interpreters to adopt code of ethics for health care interpreters and procedures to evaluate quality of health interpretation services. Requires authority to train and certify or qualify health care interpreters, maintain central registry of certified or qualified health care interpreters from which patients or health care providers can schedule appointments with health care interpreters and publish specified guidance to health care interpreters. Requires coordinated care organizations to use health care interpreters listed on health care interpreter registry. Makes certain health care interpreters subject workers for purposes of workers' compensation benefits. Declares emergency, effective on passage.

#### A BILL FOR AN ACT

- 1 Relating to health care interpreters; creating new provisions; amending ORS 192.630, 413.550,
- 2 413.552, 413.556, 413.558, 414.572 and 656.027; revising ORS 607.048; and declaring an emer-
- 3 gency;
- 4
- 5 Whereas current law contains a loophole for health care providers and interpretation service
- 6 companies to justify working with untrained health care interpreters despite the availability of
- 7 health care interpreters who are qualified or certified by the Oregon Health Authority; and
- 8
- 9 Whereas current law does not hold accountable health care providers and interpretation service
- 10 companies for failing to work with qualified or certified interpreters or for failing to work with best
- 11 practices in providing health care interpretation services; and
- 12
- 13 Whereas there is currently no complaint process for health care interpreters who experience
- 14 wage or other labor violations; and
- 15
- 16 Whereas there is a growing demand for health care interpreters in rural communities in this
- 17 state, especially for interpreters capable of interpreting languages of limited diffusion in those areas;
- 18 and
- 19
- 20 Whereas health care interpreters suffer from the inopportune business practices of interpretation
- 21 service companies; and
- 22
- 23 Whereas due to the low payment rates and the rising cost of training and testing, current and
- 24 potential health care interpreters are reluctant to invest in training, testing, qualification or certi-
- 25 fication because of the low return on their investment; and
- 26
- 27 Whereas there is a lack of uniformity statewide in the quality of health care interpretation
- 28 services; and

NOTE: Matter in boldfaced type in an amended section is new; matter italicized and bracketed in existing law to be omitted. New sections are in boldfaced type.

LC 007

### House Bill 2340

Author: Representative SALINAS, RUIK, Senator FREDERICK (Provision: H&S)

Requires health care providers to work with health care interpreters from health care interpreter registry operated by Oregon Health Authority or provide interpretation services. Requires authority to adopt rules to enforce requirement. Provides exemptions. Requires companies to assign interpreters directly comparable to regular work standards. Requires companies to only employ or contract with health care interpreters listed on health care registry, subject to exception. Requires Commission of Bureau of Labor and Industries to enforce requirement to only employ or contract with health care interpreters listed on registry. Requires Oregon Council on Health Care Interpreters to adopt code of ethics for health care interpreters and procedures to evaluate quality of health interpretation services. Requires authority to train and certify or qualify health care interpreters, maintain central registry of certified or qualified health care interpreters from which patients or health care providers can schedule appointments with health care interpreters and publish specified guidance to health care interpreters. Requires coordinated care organizations to use health care interpreters listed on health care interpreter registry. Makes certain health care interpreters subject workers for purposes of workers' compensation benefits. Declares emergency, effective on passage.

#### A BILL FOR AN ACT

Relating to health care interpreters; creating new provisions; amending ORS 192.630, 413.550, 413.552, 413.556, 413.558, 414.572 and 656.027; revising ORS 607.048; and declaring an emergency;

### House Bill 2370

Author: Representative SALINAS, RUIK, Senator FREDERICK (Provision: H&S)

Requires health care providers to work with health care interpreters from health care interpreter registry operated by Oregon Health Authority or provide interpretation services. Requires authority to adopt rules to enforce requirement. Provides exemptions. Requires companies to assign interpreters directly comparable to regular work standards. Requires companies to only employ or contract with health care interpreters listed on health care registry, subject to exception. Requires Commission of Bureau of Labor and Industries to enforce requirement to only employ or contract with health care interpreters listed on registry. Requires Oregon Council on Health Care Interpreters to adopt code of ethics for health care interpreters and procedures to evaluate quality of health interpretation services. Requires authority to train and certify or qualify health care interpreters, maintain central registry of certified or qualified health care interpreters from which patients or health care providers can schedule appointments with health care interpreters and publish specified guidance to health care interpreters. Requires coordinated care organizations to use health care interpreters listed on health care interpreter registry. Makes certain health care interpreters subject workers for purposes of workers' compensation benefits. Declares emergency, effective on passage.

#### A BILL FOR AN ACT

Relating to health care interpreters; creating new provisions; amending ORS 192.630, 413.550, 413.552, 413.556, 413.558, 414.572 and 656.027; revising ORS 607.048; and declaring an emergency;

#### A BILL FOR AN ACT

Relating to health care interpreters; creating new provisions; amending ORS 192.630, 413.550, 413.552, 413.556, 413.558, 414.572 and 656.027; revising ORS 607.048; and declaring an emergency;

NOTE: Matter in boldfaced type in an amended section is new; matter italicized and bracketed in existing law to be omitted. New sections are in boldfaced type.

LC 007

### House Bill 2370

Author: Representative SALINAS, RUIK, Senator FREDERICK (Provision: H&S)

Requires health care providers to work with health care interpreters from health care interpreter registry operated by Oregon Health Authority or provide interpretation services. Requires authority to adopt rules to enforce requirement. Provides exemptions. Requires companies to assign interpreters directly comparable to regular work standards. Requires companies to only employ or contract with health care interpreters listed on health care registry, subject to exception. Requires Commission of Bureau of Labor and Industries to enforce requirement to only employ or contract with health care interpreters listed on registry. Requires Oregon Council on Health Care Interpreters to adopt code of ethics for health care interpreters and procedures to evaluate quality of health interpretation services. Requires authority to train and certify or qualify health care interpreters, maintain central registry of certified or qualified health care interpreters from which patients or health care providers can schedule appointments with health care interpreters and publish specified guidance to health care interpreters. Requires coordinated care organizations to use health care interpreters listed on health care interpreter registry. Makes certain health care interpreters subject workers for purposes of workers' compensation benefits. Declares emergency, effective on passage.

NOTE: Matter in boldfaced type in an amended section is new; matter italicized and bracketed in existing law to be omitted. New sections are in boldfaced type.

LC 007

# HB 2370, informed by *Crisis de Nuestro Bienestar*

- HB2370: directs HECC to conduct needs assessment identifying current mental health provider education programs and curricula offered at community colleges and public universities

# HB 2361, informed by *Crisis de Nuestro Bienestar*

81st OREGON LEGISLATIVE ASSEMBLY—2021 Regular Session

## House Bill 2361

Sponsored by Representative SALINAS (Pre-session filed.)

### SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Prioritizes access to health care provider incentive program by behavioral health services providers serving Latino, Latina and Latinx individuals in Morrow, Malheur, Hood River and Umatilla counties.

### A BILL FOR AN ACT

1 Relating to mental health care for underserved populations in rural counties; amending ORS 676.454;  
2 and declaring an emergency;

3 Whereas a study by the Oregon Health Authority and the Department of Human Services  
4 showed that the counties with the highest populations of Latinos are Morrow, Malheur, Hood River  
5 and Umatilla counties, all rural counties; and

6 Whereas Morrow, Malheur, Hood River and Umatilla counties, despite having the largest popu-  
7 lations of Latinos, are not indicated as mental health professional shortage areas even though  
8 mental health treatment providers have very high caseloads; now, therefore,

9 **Be It Enacted by the People of the State of Oregon:**

#### SECTION 1. ORS 676.454 is amended to read:

10 676.454. (1) There is created in the Oregon Health Authority a health care provider incentive  
11 program for the purpose of assisting qualified health care providers who commit to serving medical  
12 assistance and Medicare enrollees in rural or medically underserved areas of this state. The au-  
13 thority shall prescribe by rule:

14 (a) Participant eligibility criteria, including the types of qualified health care providers who may  
15 participate in the program;

16 (b) The terms and conditions of participation in the program, including the duration of the term  
17 of any service agreement, which must be at least 12 months;

18 (c) The types of incentives that may be provided, including but not limited to:

19 (A) Loan repayment subsidies;

20 (B) Stipends;

21 (C) Medical malpractice insurance premium subsidies;

22 (D) Scholarships for students in health professional training programs at the Oregon Health and  
23 Science University;

24 (E) Scholarships for students at institutions of higher education based in this state who are en-  
25 rolled in health professional training programs leading to a doctor of osteopathic medicine or doctor  
26 of dentistry or a license as a nurse practitioner, physician assistant or certified registered nurse  
27 anesthetist, if:

28 (i) The scholarship funds are distributed equitably among schools offering the training programs,  
29 based on the percentage of Oregon students attending those schools; and

30 **NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted.  
31 New sections are in boldfaced type.**

LC 1762

HB2361: health care provider  
incentive program by  
behavioral health services  
providers for Latino/a/x/  
populations in Morrow,  
Malheur, Hood River &  
Umatilla counties

# Links to the executive summary and full report



## *Crisis de Nuestro Bienestar* Contact Info

### **OCHA**

- Irma Linda Castillo, Recent Past Chair
- Jonathan Chavez Baez, Chair (Ashland)
- Gustavo Morales (Ontario, Forest Grove)
- Josefina Riggs (Redmond)
- Melina Moran (Bend)
- Rep. Andrea Salinas

### **Oregon Dept. Human Services**

- Fariborz Pakseresht, Director

### **Oregon Health Authority**

- Steve Allen, Director of Behavioral Health

### **Oregon Advocacy Commissions Office**

- Nancy Kramer, Policy Research Advocate
  - [Nancy.kramer@oac.oregon.gov](mailto:Nancy.kramer@oac.oregon.gov)
  - 503-302-9725
- Dr. Kyl Myers, Policy Research Analyst
  - [kyl.myers@oac.oregon.gov](mailto:kyl.myers@oac.oregon.gov)
  - 971-345-7317



# Panel Discussion

Presenters: **César Ramírez** and **Delfina Hernández Morales**  
Facilitated by **Michele Martínez Thompson**

# Breakout Discussion #2- Pláticas

- **What got you into this work (mental/emotional health)?**
- **What has been your experience in the field as a provider?**
- **How do you attend to your community of care or soul work?**

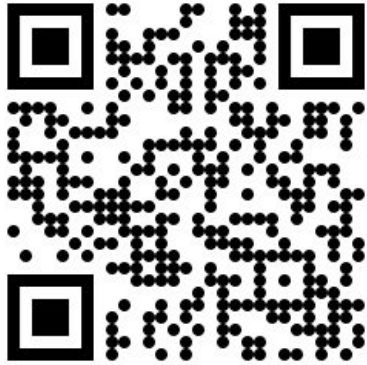


# Closing Announcements

- Directory
  - Next Gathering
  - Survey
-

# Survey

Please take  
our survey!



# Thank You, Gracias!

Presenter: **Michele Martínez Thompson**

