BOARD OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
November 16, 2012
Department of Mental Health And Substance Abuse Services
Oklahoma City, Oklahoma

Board members Present:

Ronna Vanderslice, Ed.D., Chair
Brent Bell, D.O.
Joel Carson
Bruce Fisher
Henry Haynes, Ed.D.
Larry McCauley, Ed.D.
Robert McDonald
Andy Sullivan, M.D.
Gail Wood

Others present:

Commissioner, Terri White, ODMHSAS
Durand Crosby, ODMHSAS
Steven Buck, ODMHSAS
Carol Ladd, ODMHSAS
Amanda Jett, ODMHSAS
Angie Patterson, ODMHSAS
John Hudgens, ODMHSAS
Kimberly Poff, ODMHSAS
Dewayne Moore, ODMHSAS
Deneka Cain, ODMHSAS
Nancy Poteete, Oklahoma Residential Assisted Living Association (ORALA)
Kodi Pollard, ODMHSAS
Pam McKeown, ODMHSAS
Juarez McCann, ODMHSAS
Wendy Larsen, ODMHSAS
Ray Miller, KI BOIS
Karen Frensley, ODMHSAS
Michael St. Amand, NARCONON

CALL TO ORDER

Ronna Vanderslice, Ed.D., called the meeting to order at 9:00 a.m. and declared a quorum was present.

APPROVAL OF MINUTES OF THE SEPTEMBER 28, 2012, BOARD MEETING

Mr. Carson moved to approve the minutes from the September 28, 2012, meeting. Mr. McDonald seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Abstain
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING CRITICAL INCIDENT REPORT

John Hudgens had no additional information to add to the Critical Incident Report.

Ms. Wood asked for what purpose the Department uses the information in the Critical Incident Report.

Mr. Hudgens stated that it's used to address issues that will improve care and to avoid recurrence of problematic trends. Mr. Hudgens explained that before the Board receives the summary, each of the facilities goes through its own internal review, then it's cycled up to Central Office where Provider Certification reviews it with Leadership.

Commissioner White stated that the Critical Incident Reports come in under the Electronic Incident Reporting system. She explained that when an incident is logged, it not only goes to Provider Certification but it simultaneously goes to the Inspector General, the Advocate General, the Deputy Commissioners over the programs, to Mr. Crosby and herself. She stated that critical incidents can be small or big, which determines how each party is involved.

Mr. McDonald stated that there were two objectives when the Critical Incident Reports were introduced: The first was to address the issue of the Board not knowing about potential problems and issues that arise and the second was to improve management.

Ms. Wood asked if the report is used as a preventative measure.

Mr. Crosby stated that it is. He explained that many of the Performance Improvement projects are results of the Critical Incident Report and finding ways to improve treatment and the system.

Mr. Carson moved to approve the Critical Incident Report. Dr. Sullivan seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING PROGRAM CERTIFICATION RECOMMENDATIONS

Alcohol and Drug Treatment Programs

A. Permit for Temporary Operation

Permit for temporary operation was recommended for: Focus Pointe Counseling Solutions, Inc.; Love and Hope Counseling Services, L.L.C.; and Narconon of Oklahoma, Inc. dba Arrowhead Medical Detox.

Mr. Fisher moved to approve permit for temporary operation for the above-referenced programs. Dr. Sullivan seconded the motion.

Mr. Fisher asked if any of the deaths reported in the paper at the Narconon facility were part of this program.

Dewayne Moore, General Counsel, informed the Board that if they wanted to discuss the situation with Narconon it would be best to do so in Executive Session as to not jeopardize the ongoing investigation.

Mr. Fisher moved to enter into Executive Session. Dr. Sullivan seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

Executive Session began at 9:15 a. m.

Mr. Carson made a motion to go back into regular session. Dr. Sullivan seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

Executive Session ended at 10:15 a. m.

There was no action taken in Executive Session.

Mr. Fisher moved to withdraw his motion to approve permit for Temporary operation for: Focus Pointe Counseling Solutions, Inc.; Love and Hope Counseling Services, L.L.C.; and Narconon of Oklahoma, Inc. dba Arrowhead Medical Detox. Dr. Sullivan seconded the motion.

Ms. Wood moved to approve Permit for Temporary Operation for Focus Pointe Counseling Solutions, Inc. and Love and Hope Counseling Services, L.L.C.; however, Permit for Temporary Operation for Narconon will be contingent on the following conditions: Receipt by the Department of an approved fire inspection conducted by the State Fire Marshall, and the Department's General Counsel shall

send notice to Narconon of Oklahoma to appropriately represent the nature of the certification issued by the Department, which programs are certified, and the type of certification.

Dr. Sullivan seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

B. One-Year Certification

One-year certification was recommended for: Associate Therapeutic Services, P.C.; Eagle Ridge Institute Alcohol & Drug Program, Wagoner and Tahlequah; MMLD, Inc. dba New Beginnings Counseling Services; New Hope CDU, L.L.C; Professional Counseling Solutions, P.L.L.C.; Pushmataha Counseling Services, Inc.; Redefine U, L.L.C.; Tiger Mountain Recovery, Inc.; and YWCA Reflections Halfway House

Mr. Fisher moved to approve one-year certification for the above-referenced programs. Ms. Wood seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

C. Two-Year Certification

Two-year certification was recommended for: Aurora Counseling Services, Inc. and Clay Crossing Foundation, Inc.

Ms. Wood moved to approve two-year certification for the above-referenced programs. Dr. McCauley seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

Outpatient Mental Health Treatment Programs

A. Permit for Temporary Operation

Permit for temporary operation was recommended for: Creating Options. L.L.C.; Lifeline Mental Health Services; Life Strategies International, Inc.; North Tulsa Counseling Services, L.L.C.; Oklahoma Brain Tumor Foundation; and Rogers County Youth Services, Inc.

Ms. Wood moved to approve permit for temporary operation for the above-referenced programs. Mr. Fisher seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

Community-Based Structured Crisis Center Programs

A. Permit for Temporary Operation

Permit for temporary operation was recommended for: Oklahoma Mental Health Council, Inc. dba Red Rock Behavioral Health Services, Norman.

Dr. McCauley moved to approve permit for temporary operation for the above-referenced program. Ms. Wood seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

Community Residential Mental Health Programs

A. One-Year Certification

One-year certification was recommended for: Meadow Brook Residential Facility, L.L.C.

Dr. Bell moved to approve one-year certification for the above-referenced program. Ms. Wood seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

B. Certification with Distinction

Certification with distinction was recommended for: Miller Cozy Home, Inc. and Spears Management Co., Inc. dba Firm Foundation Residential Care Home.

Mr. Fisher moved to approve certification with distinction for the above-referenced programs. Dr. Haynes seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

Dr. Vanderslice recognized Spears Management Co. for being 100% compliant on all standards and they are eligible for a refund of their certification fee.

DISCUSSION REGARDING REPORT FROM COMMISSIONER

Commissioner White reported on the following items:

2012 ODAPCA Conference – (Speaker) – Commissioner White stated that she was honored to be one of the speakers at this conference. She explained that ODAPCA certify the Alcohol and Drug Counselors (CADC).

NAMI Oklahoma, Candlelight Vigil – (Speaker) – Commissioner White stated that this was held in Edmond, Oklahoma, and that it was a very nice event.

NAMI Oklahoma – Champions for Change Luncheon – Commissioner White stated that she attended the Champions for Change Lunch where Dr. Krishna was recognized as a Champion for Change.

Oklahoma Residential Assisted Living Association (ORALA) Fall Conference – (Speaker) – Commissioner White stated that she was honored to be the wrap-up speaker for their fall conference.

2012 Champions of Health Awards Ceremony and Dinner – (Award Presenter) – Commissioner White explained that this is large event that alternates between Oklahoma City and Tulsa each year. The primary sponsor is Blue Cross and Blue Shield and co-sponsors: Oklahoma Hospital Association, Oklahoma State Department of Health, Oklahoma Foundation for Medical Equality, ODMHSAS, among others. She stated that there were approximately 700 to 800 in attendance. She stated that each of the sponsors presented an award recognizing the Champions of Health. Commissioner White stated that this year's speaker was Magic Johnson and that he was a wonderful speaker. She commented that it's an honor for the Department to be a part of this broader health community.

Oklahoma Outreach Foundation Board, Evening of Courage and Inspiration – Commissioner White stated that she was asked to be a guest at this event and that this group sponsors the Sober High School here in Oklahoma City which is a phenomenal program.

Joseph Parker, Jr. (Jody), Chairman, Anchor Stone, Co.; Peter Regan, Attorney at Law, Devonshire Law, LLC; Michael Brose, Executive Director, Mental health Association in Tulsa; Carrie Slatton-Hodges, Deputy Commissioner Treatment and Recovery Services; and Max Parker, Program Coordinator, Denver House – Commissioner White said she and Deputy Commissioner Slatton-Hodges were able to sit down with this group and have a great discussion regarding housing for persons with mental illness.

Fortune Club – (Speaker) – She was asked to speak to this group about mental health and substance abuse and how it affects businesses. She said there were about 40 men in attendance.

Cindy Rosenthal, Mayor of Norman, Oklahoma – Commissioner White stated that she and Mr. Crosby spoke with Mayor Rosenthal about long-term plans for working together on ways to meet the City's needs, the Department's needs and use of the land the Department owns in Norman.

Peter DeLaney, Chairman, President & CEO, OG&E Energy Corporation – Commissioner White explained that this was a follow-up meeting to the speaking engagement at the Fortune Club meeting. She stated that Mr. DeLaney is the incoming President for the Oklahoma City Chamber and that he was moved by how mental health and substance abuse affects the workforce and that he is very interested in trying to further bridge that conversation between ODMHSAS and the business community.

6th Annual Oklahoma Health Care Association Tribal Consultation Meeting – (Speaker) – Commissioner White stated that this meeting is convened by the Oklahoma Health Care Authority and that they are nice enough to include ODMHSAS and the Department of Health in this discussion with the Tribal Leaders on ways to become better partners.

DISCUSSION REGARDING REPORT FROM CHIEF OPERATING OFFICER

Durand Crosby, COO, informed the Board members that the Prevention and Recovery Conference will be held at the Embassy Suites in Norman, Oklahoma, November 28th to the 30th. Mr. Crosby also invited the Board members to the ODMHSAS Employee Appreciation Celebration being held at the Embassy Suites in Norman on November 30th.

Having attended the Employee Appreciation Celebrations in past years, Commissioner White asked Mr. Fisher to say a few words about the event.

Mr. Fisher stated that it's an all star night, and that it's impressive how the employees cheer for their nominees. He also stated that it's a fantastic evening, giving the Department the chance to celebrate what they do.

Mr. Carson asked in light of the press coverage the Department of Education got over their banquet, how the event is funded. Mr. Crosby stated that they do not use state funds for their celebration. Mr. Crosby recognized Deputy Commissioner Steven Buck, Jeff Dismukes, Director of Publications, and the video crew for their work on the videos for the upcoming celebration.

Mr. Crosby stated that Leadership is still doing their feedback visits with the facilities and they recently spoke with Northwest Center for Behavioral Health and Carl Albert Community Mental Health Center staff.

Mr. Crosby reminded the Board members to take a look at the success stories included in his report.

DISCUSSION REGARDING THE REPORT FROM THE CORPORATE ACCOUNTABILITY COMMITTEE

Mr. McDonald stated that the Corporate Accountability Committee met Tuesday, November 13, 2012.

The Advocate General's report was reviewed by the Committee members.

Ms. Cain had a prior obligation and was not in attendance. Durand Crosby, Chief Operating Officer, provided the Advocate General's report and had nothing to add to the report. There were no questions.

The Inspector General's report was reviewed by the Committee members.

Mr. Carson asked several questions regarding two particular investigations. One was discussed in length, as it is on-going.

The second investigation has been completed with no policy and/or rules violations found.

Mr. McDonald asked if there was much problem with staff failing to cooperate with investigations. Kim responded that it is rare but does happen. Policy requires cooperation so there have been findings against staff when that occurred.

There were no other questions and Kim had no additional information to add and no concerns regarding any cases on her report.

DISCUSSION AND POSSIBLE ACTION REGARDING THE OFFICE OF INSPECTOR GENERAL REPORT

Ms. Poff, Inspector General, had no additional information to add to her report.

Mr. Carson moved to approve the Inspector General's report. Mr. McDonald seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING THE OFFICE OF CONSUMER ADVOCACY REPORT

Deneka Cain, Consumer Advocate General, had nothing to add to her report.

Ms. Wood moved to approve the Inspector General's report. Mr. McDonald seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

DISCUSSION REGARDING THE REPORT FROM THE PERFORMANCE IMPROVEMENT COMMITTEE

Dr. Sullivan stated that there were two presentations for the October meeting.

Gail Lapidus, CEO and Jill Young, Chief Program Officer, Adult Mental Health Outpatient Services from Family & Children's Services (FCS) presented six active quality Initiatives to the PI Subcommittee.

Quality Goal #1: Increase consumer engagement with outpatient services upon discharge from inpatient care. Dr. Sullivan stated that they had noted the risk of suicide is higher during the period immediately following discharge than at any other time in a service user's life.

He stated that one of the strategies used was to embed hospital liaisons from FCS into Tulsa Center for Behavioral Health (TCBH). This helped bridge the communication gap between inpatient and outpatient and it uses dedicated mobile devices for enhanced communication.

Dr. Sullivan stated that the outcome was on average 73% of FCS consumers are able to stay out of the hospital for at least 180 days.

Quality Goal #2: Reduce suicide risk after psychiatric hospitalization.

Some of the strategies used were to: 1) Establish immediate inpatient-outpatient provider connection at point of discharge, 2) assess suicidal risk at each contact, and 3) provide education to consumer and families on risk factors.

He stated that the outcome was that they are able to connect with 92% of consumers within seven days of hospital discharge.

Quality Goal #3: Establish Care Coordination Transition Team. Some of the strategies used included: 1) Increase engagement after discharge, 2) remove barriers to ongoing care, and 3) provide care coordination and follow-up.

Dr. Sullivan stated the outcome was less than 1% (.08%) of Traditional Care Team consumers were readmitted to an inpatient facility over the past 90 days.

Quality Goal #4: Optimize recovery opportunities at the time the consumer is seeking help by offering immediate access to psychiatry and pharmacy.

Some of the strategies used were to have same day access - no appointment needed. On the same day consumers can walk in and have an intake appointment, psychiatrist appointment, receive pharmacy services, and see a case manager, if requested.

Dr. Sullivan stated the outcome was all walk-in consumers who arrive before 3:00 will be seen.

Quality Goal #5: Enhance use of screening and assessment validated instruments to improve care.

Some of the strategies used were to: Implement BASIS-24 screening for all consumers, identify and implement diagnostic specific screening tools to augment the initial screening and assessment interview, and to create specialty clinical teams for the top five clinical diagnostic categories to enhance treatment outcomes.

Quality Goal #6: Increase outcome data by implementing pre-test, post-test outcome tools.

Some of the strategies used were to: Utilize BASIS-24 outcome module as an adjunct to ETPS.

Dr. Sullivan stated the outcome was, for example, the Transitional Care Team consumers reported a 14% decrease in overall symptoms for the first quarter of FY13.

The second presentation was by Nisha Wilson, Director of Specialty Courts. She gave a brief presentation on specialty court orientation.

Ms. Wilson indicated that while drug court teams continually strive to maintain the highest quality programs, challenges with staff turnover, a period of rapid program expansion, and continually evolving research-supported strategies incorporated with maintaining daily program operations increases the difficulty of drug court programs staying on the cutting edge of best practices.

In response to national research which correlates formal orientation opportunities for new drug court hires with improved program performance, the ODMHSAS Specialty Court Team developed a Specialty Court Orientation program. Focusing on enhancing identified areas of core competencies, the Orientation is available free of charge to judges, district attorneys, defense attorneys, program coordinators, treatment providers, probation, and law enforcement working within the drug court programs.

The evaluation results identify that attendees found the training useful and are able to apply information learned from the Orientation to their work, resulting in continual improvement of drug court programs, maintenance of knowledgeable staff through turn over, and enhancement of positive outcomes for drug court participants.

DISCUSSION REGARDING THE REPORT FROM THE FINANCE COMMITTEE

Dr. Haynes stated that Juarez McCann presented the finance report to the committee. He stated that Mr. McCann presented the October 2012 finance report for the first four months of FY13. Inpatient Hospitals are under budget by $3.4 million. Mental Health programs are also under budget by $12.5 million but Mr. McCann stated that several programs were still completing contracts for their services such as Systems of Care and Adult Mental Health services, so the budget variance will come down as more contracts are completed. Substance Abuse Programs were $6.1 million under budget and as with the mental health programs contracts were still in the process of being completed for services. Overall, the agency's expenditures and obligations continue to be within the budget, as reflected in these financial reports.

The cash collections report was presented showing total revolving revenues short by $1.8 million of meeting estimated budgeted projections. Most of the facilities are under their projected collections for the first four months of FY13. However, Children's Recovery Center and Jim Taliaferro Community Mental Health Center (JTCMHC) had the biggest deficit. Mr. McCann stated that he's been in contact with JTCMHC regarding their collections and wanted to report that in the first week of November JTCMHC had collected almost $100,000 which is almost half of their total collections for the first four months of the year. Mr. Carson asked what their account receivables were for the year and did they have enough to cover their deficit in projected collections. Mr. McCann said he would have to get that information and report back to the committee.

Mr. McCann also presented two budget revisions that had been processed since the last committee meeting. The two revisions totaled a $4.3 million increase in the agency's overall budget. $2.8 million was budgeted for new federal grants received and $600,000 was budgeted for Systems of Care prior year funds. The remaining increases were for miscellaneous operational changes to the budget.

The Finance Committee recommended approval of the finance report and Budget Revisions #1 and #2 as submitted.

DISCUSSION AND POSSIBLE ACTION REGARDING MONTHLY FINANCE REPORT

Mr. McCann had two updates to his report: The first was to update the Board on JTCMHC's collections which were up to $138,000. Mr. McCann's second update was to address Mr. Carson's question regarding JTCMHC's receivables. He stated that JTCMHC does have enough services coming into the facility to cover their accounts receivables.

Mr. Carson moved to approve the monthly Financial Report and the budget revisions. Dr. Bell seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

DISCUSSION AND POSSIBLE ACTION REGARDING NOMINATION AND ELECTION OF BOARD OFFICERS

Ms. Wood stated that the nominating committee met on October 10, 2012. The committee was made up herself as the Chair, Dr. Bell, Dr. Haynes, and Mr. Carson. She stated that Dr. Sullivan was nominated for Board Chair, and Dr. McCauley was nominated for Board Vice-chair.

Commissioner White informed Dr. Vanderslice that the Board could entertain nominations from the floor.

Dr. Vanderslice opened up the floor for additional nominations. There were none.

Ms. Wood moved to approve Dr. Sullivan as Board chair for the term of two years beginning January 2013. Mr. McDonald seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Abstain
Mr. Fisher	Yes	Dr. Vanderslice	Yes

Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

Ms. Wood moved to approve Dr. McCauley as Board Vice-chair for the term of two years beginning January 2013. Mr. McDonald seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Abstain		

PRESENTATION

Jackie Shipp, Director of Systems of Care, introduced Karen Frensley, Program Manager, FRE Adult Trauma and TANF-CW. Ms. Frensley gave a brief presentation on the Trauma Informed System in Oklahoma. She explained that Trauma Informed is when every part of the organization from management to service delivery to administrative support staff has a basic understanding of trauma and how it impacts consumers. Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Ms. Frensley went on to show where the state was, in regards to trauma, and where it is headed in 2013. She stated that the goal is to expand services within the Systems of Care communities state-wide, including training and partnering with the Department of Human Services for children's services.

DICUSSION AND POSSIBLE ACTION REGARDING ODMHSAS BOARD MEETING DATES

Dr. Haynes moved to approve the suggested Board meeting dates for 2013. Mr. McDonald seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

NEW BUSINESS

There was no new business.

ADJOURNMENT

Dr. Sullivan moved to adjourn. Dr. Haynes seconded the motion.

ROLL CALL VOTE

Dr. Bell	Yes	Mr. McDonald	Yes
Mr. Carson	Yes	Dr. Sullivan	Yes
Mr. Fisher	Yes	Dr. Vanderslice	Yes
Dr. Haynes	Yes	Ms. Wood	Yes
Dr. McCauley	Yes		

The meeting adjourned at 10:47 a.m.

Brent Bell D.O.

Joel Carson

Bruce Fisher

Henry Haynes, Ed.D.

Larry McCauley, Ed.D.

Robert McDonald

Andy Sullivan, M.D.

Ronna Vanderslice, Ed.D. Chair

Gail Wood