



Central Service Area Authority Annual Congress Meeting

centralsaamontana.org

Friday, June 26, 2020

Meeting called to order at 9:30am.

In attendance: Matt Kuntz, Greg Tilton, Shirley Kaufman, Crystal Evans, Tom Peluso, Dennis Nyland, Jami Hansen, Jim Hajny, Andrea Lower, Matt Furlong.

Guests: Amanda Brown, Amanda Walton, Janice Reichert.

Introductions and opening discussion:

Tom expressed concern that one SAA will not be able to accommodate the diverse needs, which is why the original recommendation was the establishment of three distinct regions. He noted that it was a process that worked well in the past, and that this should be addressed to remedy it rather than creating a new, secular structure.

SAA's should be collaborating and coordinating with LACs to address area needs. They were expected to establish the basic needs of individuals and then develop the corporation and their processes around those needs.

NAMI Update:

Matt Kuntz executive director, NAMI: Communication is essential, the more communication the better. Matt reports that NAMI is seeing a rise of engagements and issues as a result of COVID-19. Suicide calls have increased to double within March, and that social relationships, community involvement, and mental health care have all been directly impacted by COVID-19. The restriction of tools that have a direct impact on personal wellness has had a negative detriment. NAMI has been strategic in how to address what the organization can and cannot do. They have two FTE in Montana and various volunteers. Billings NAMI also has 2 FTE.

NAMI has been advocating strongly for telehealth after recognizing the direct need for coverage within Medicaid. The largest concern in March was the overwhelming need of healthcare systems, masks, PPE, etc. They assisted in obtaining and distributing PPE for the state hospitals, prisons, and other similar agencies. NAMI worked with Zoe Bernard to establish 11,000 medical masks, purchased from NAMI budget. They have established 14000 N 95 masks for tribal health providers and rural hospitals.

April presented the new challenge of testing. At this time, NAMI received a donation from Blue Cross Blue Shield (BCBS) and spoke with public officers to identify the need of swabs. 122,000 testing swabs were delivered to the state as a result. Governor Bullock needed 70,000 tests for two months, thus providing swabs for June and July as well.

Connections and family support groups were brought online. NAMI had been using zoom for board meetings prior, and adjusted their use of this platform to initiate online behavioral health groups. They conducted a training in leading support groups and completing peer support group training two weeks ago, and family support group training one week ago.

Matt is wrapping up his time with Montana State Research and Recover, but they have helped to ensure that the Thrive Program will be available for more individuals. He stressed that this is not a substitute for traditional care, but rather serves as a CBT tool to supplement and provide additional resources for those with limited access.

Matt F. commented on the value of NAMI's efforts in responding to the needs of the state and providing vital support to individuals in need. He asked where people find out about available support groups. Answer: Contact NAMI, check the site, and check with affiliates. They are listed on the website along with the county resource guide which is being updated.

Tom inquired about group leaders that have opted to not have meetings due to confidentiality concerns that occur online. He asked if there was any feedback on this issue that would be helpful to pass along. Answer: Some volunteers are not comfortable with online options. Using all of the security protocols, zoom has made it rapidly better. But you need to utilize the waiting room, past code, etc. or you run the risk of anyone with the link joining. When using these features, it is very secure. While Montana is re-opening, also focus on safely reopening to allow for in person interactions again.

Recommendation: Leave it to the support group leaders for what they are comfortable, and also check with what the support group participants are comfortable with. If affiliates do not feel comfortable running them, be willing to pass them along to

providers who are able to give the service to those who would like it.

NAMI does not have a budget to cover swabs for August and September, but can still help to organize tests regardless.

It was noted that AMDD put out a request for areas where recommendations could be made for funding and asked if NAMI put any of those forward. Answer: Matt is unsure... too many communications with various organizations to remember in the moment. They have maintained very direct and active conversation with AMDD.

Matt F. stated that they initiated a survey in his county that returned several areas for where services would be best fulfilled. Current circumstances have highlighted the importance of services, although restrictions have made the provision of these services more difficult.

Legislative Discussion:

NAMI is involved with two pieces of active federal legislation: Commander John Scot Hannon Act is in congress now. This promises to be one of the largest Veterans MH bills in years, cosponsored by John Tester. Precision mental health was a portion that NAMI co-wrote. They have long term goals and spend 20% of their time to achieve “game changers” such as improving diagnostic and MH treatment as certain types of imaging for PTSD can demonstrate whether a person can benefit from exposure therapy. If they won’t benefit, other avenues can be explored instead. It was also noted that some antidepressant meds won’t work with depression for those with PTSD.

This initiative will take several years to develop and move forward, but will help people get the correct diagnosis and impactful treatment programs that they can trust.

The second bill is the Thrive for Montana Program with online CBT. Senator Daines is considering co-sponsorship. Bill 3532 expands Medicaid/Medicare prescription coverage for online programs that target specific behavioral health needs that have been approved by FDA. The intention is to make this billable, and thus sustainable.

SB385; One of the things not noted online is some support related items that are noted in the bill. This includes analysis of altitude as it relates to suicide and unconventional care programs.

Matt is unsure as to how many bills they (NAMI) have assisted in pushing through. He noted that at the last legislative session there weren't as many people in attendance and this was a concern. Mental Health Centers didn't send people. House Bill 2 is where money is decided. If people are not getting involved with this legislature, there may be loss of funding. There have been multi-million dollar moves such as case management moved into Bill 2. It faced heavy opposition, and there was no one present to represent the need for this budget addition. In this case they were lucky and the legislature resulted in supporting case management. Matt emphasized that legislative change is a group effort.

NAMI's Current Goals:

Matt spoke about NAMI's goals for the following year, identifying what they are interested and excited about. These include support funding for MH care services (co-occurring SUD), MH crisis care for kids, approval transition for those aging out of MH treatment system, opposition to solitary confinement in treatment and justice systems, and recognizing short term needs such as how to prevent tragedies, lower recidivism, etc. NAMI will conduct an interim study of MT legislature to analyze current rate structure, identify gaps in care, and make legislative recommendations to address them. They will also be supporting research based suicide prevention programs.

Matt F. wondered how to better collaborate for upcoming legislature to know what bills are being supported and when a call for action is needed so as to operate better as a united team.

Recommendations: Providers need to hire a lobbyist to inform on the occurrences with House Bill 2. Those making money in the system were the ones doing that, but made the decision in last legislature to terminate that support. There is a major need for someone who understands the legislature, as very few currently do. MT budget and policy center has a paid lobbyist for the MH side. They will be more concerned for their own providers and are not likely to lobby for others.

NAMI will continue to provide legislative updates on the Facebook page and newsletter. Routine meetings were helpful previously and may be worth reconsidering for legislative updates. We should collectively be involved to create a positive tone at the legislature. Some individuals have dominated the behavioral health discussion and negatively targeted Medicaid expansion. We need to come together to advocate and show support for legislation, and minimize attacks against individuals who are sponsoring legislative changes.

Closing questions: None.

Matt gave a final note regarding the MSU Youth Aware Mental Health Program. It was in 29 schools last year.

Montana Peer Network Update:

Jim Hajny, Executive Director of MPN: Provided legislated notes. MPN would love to see the weekly meetings return to help update on legislative movements, and MPN would be willing to host if SAA does not want to host. This creates a platform for people to come together and get information that isn't available in legislative updates. You can currently sign up for hearing information, but this does not provide detailed information about the legislative occurrences.

A committee of Certified Peer Supporters is working on a bill to add a seat on the Board of Behavioral Health. In 2017, the bill for PSS certification neglected representation for the board. MPN has been representing PSS with the board, but they do not have a seat on the board. This has impacted rule changes that they do not have a vote on. This committee has crafted a draft and is identifying a sponsor, as well as communicating with the board to establish this seat.

In January, Youth and Family PSS committee were been meeting every few weeks to work on moving forward the idea that adult certification exists, but nothing formal exists for youth and family members. If someone on the SAA is interested in being involved, email Matt F. or Jim to get added. MPN may also help craft legislation to establish a certification standard for youth and family, as well as develop training for these individuals similar to PSS for adults that existed prior to adult PSS certification. MPN has been coordinating with other states to develop this.

Matt F. supported the group is a critical element in getting people to voice support with legislation sessions, and also called for a push to participate and communicate with LACs to encourage their involvement.

Jim stated that some may have received a letter detailing a call to action in the fostering of advocacy. This letter highlighted that many MH providers closed down services when COVID hit, and the state was quick to respond in allowing billing for video and phone support. However, agencies still had to close services. Crisis stabilization centers closed and that left the question of where people are going in crisis. Why are they not reopening? What are the issues preventing them from opening? The state can provide numbers, data, and agencies who need to be questioned incase another shutdown occurs and we lose crisis stabilization across the state. What adjustments do we need to make in preparation?

Once rules were lifted, there was no longer an excuse for not opening services and

providing support. As advocates, we need to ask these questions and identify solutions, helping to establish a plan moving forward. WSAA was able to recently obtain discharge and census reports for Montana State hospitals. This info used to be easily accessible, and COVID made the information difficult to obtain. Hospitals and MCDC are locking down, but what happens if someone is discharging? Do they have a plan? Do they have PPE resources accessible? As advocates, we can help facilities provide such resources, such as providing masks upon discharge.

These numbers will be available on the MPN website. Some individuals are returning to their communities with no plan and no services. It was suggested to use zoom, Go to Meeting, etc. to ensure that we are meeting again and maintaining strong advocacy. Jim acknowledged programs like Rimrock who adjusted to keep running throughout COVID rather than shut down. MPN numbers will be updated weekly on the website moving forward.

Lewis and Clark County had CRT transition and Journey Home shut down before and during COVID. An unfortunate result of this was that mental health people that would normally go to crisis stabilization ended up in jail. In this, we need to see the jail center number adjustments.

Amanda suggested collecting numbers on individuals being discharged during shutdown due to COVID.

There is a question as to why they were suddenly okay to be released when they weren't the week before? Is it a financial issue if they get sick? Overcrowding? What are the reasons? How is this impacting the needs of these individuals?

Jim updated on peer advocacy and leadership training. This project is six months along in a three year total. Trainings are broken into smaller pieces. Examples of online course offerings include How To Be Effective On Councils and Boards, How To Foster Partnerships, Intro To Recovery for those who are new to recovery, and Advanced Psychiatric Directives.

Jim enunciated that Advanced Psychiatric Directives are a great recovery tool for creating a self-plan incase an individual goes into a MH crisis. This is already on the books in MT, and so we have an advantage in utilizing it. It is underutilized due to people not knowing and understanding it. It provides a record of who is included in a person's treatment team, peer support details, medications, and history. The Directive makes this information available to friends, family, providers, and stores it with the attorney general. It is legally binding and empowers people in recovery. The Federal Government is very supportive of this.

A Federal Committee has been working on the issue of mass shootings and they

include all departments of government, people in recovery, peers, and they are evaluating MH numbers. 78% shootings have been committed by someone with MH diagnosis. 8% of shootings are committed by those who would have a diagnosis if they had ever been evaluated. Advanced Psychiatric Directives could be a standard that assists in helping a person in crisis who cannot actively communicate at that moment.

Peer Support Update:

This week is the first one-on-one PSS training in Butte. MPN has prioritized the class for those with job offers and are maintaining the social distancing guidelines, including temp checks and PPE requirements. The class will be the first week of August. The training schedule and application is available on the website.

MPN provided a webinar to discuss providing care throughout COVID, how to best provide services remotely, and how to bill for services. Phone PSS has been heavily promoted in addition to face-to-face support. Video and phone should be allowed for PSS. As COVID hit, rules loosened to allow for video and phone support. Now they need people to advocate to AMDD for how this worked and was beneficial for clients. Is this something that should remain for the long term? MPN would like to see reimbursement remain for these services.

Matt F. stated that in discussing this with telehealth providers, those who are able to access services from a comfortable environment will open up more than they ever did in a clinical setting. Clinicians could take vacations and still be able to accommodate some of her client contacts while away from home and to assist with crisis more often.

Distance has been a concern, given that individuals may be hundreds of miles away from a provider or resource. The expanded accessibility is helping to address these needs, with rules associated with the incorporation of such options.

Change to structure of SAA:

MPN has been talking with all SAAs and AMDD. Years ago Jim served on the ESAA and represented for Livingston. There were 22 people at the time. For some time, Jim has felt that change was becoming needed. SAAs can be big and cumbersome. When reviewing the plan to restructure the state into more regions, better addressing underserved areas, this really appealed. Having a single SAA makes it smaller and easier to maneuver effectively. MPN is very supportive of this restructuring and how it will increase the voice of those in need, as well as make the council more nimble. They are willing to offer training for SAA members and are available to support the change.

Matt F. asked about a grant to support LAC building and requested elaboration.

Part of peer advocacy and leadership projects, a goal is to strengthen local LACs. They are interested in how many peers, consumers, and family members represent on these councils. They found that LACs were very unbalanced in participation and representation. One of the current goals is to provide LAC training, utilizing MPN network across the state, to establish support and participation. MPN welcomes communication and notices for building attendance. The general public often does not know when meetings are available and accessible. There is a lot of funding available right now, and this is a good time to request assistance.

Greg said that LACs were originally brought into effect to provide management and a flow of information from the counties to Helena, as well as to SAAs and back. He found that it is very cumbersome to have meetings so spaced out in duration. In order to improve this flow of information, why are there not more frequent meetings? He noted that telephonic meetings are very effective for suicide prevention, as this improved quality of service and quality circles are important. Weekly zoom meetings or conversations should be held to address community needs and LAC progression. How can we do things different?

Jim supports a quality control group to help relay information, data, and provide input to the SAA, as well as to provide accountability to the SAA.

There is discussion of the SAA becoming its own legal entity. In doing this, they would become a non-profit, establishing more autonomy, and would be able to collect funding from foundations, federal, etc. and to mini grant funding out to communities. As an independent entity, the SAA could sponsor its own studies, projects, etc. and offer funding opportunities for pilot programs and help provide direction of initiating recommendations around the state.

Business Meeting:

SAA restructuring was discussed. Tom mentioned that Jim had some incorrect information about the restructure. He stated that we are already established as a 501c3, and the restructuring of the SAA may require resubmission for 501c3 status. He enunciated that the reason for SAA s is that one overall group was not working previously. The TAC report identified how this system wasn't working.

Lunch Break was initiated 12:16pm, meeting reconvened at 1:00pm.

Mini Grants:

Mike F. noted attendance for quorum so that mini grant vote could proceed. Tom questioned this against the bylaws. Bylaws are unclear regarding a virtual meeting. Discussion occurred regarding membership, board attendance, and quorum status.

Greg pointed out that we are in a “new normal” and that with mental health needs, we need to get moving.

Tom stated that we shouldn’t normalize the abnormal and call it normal. We have an organization that was created by law, not following the rules, brushing it aside, and noted that SAAs were created to fragment regions to ensure that they are better communicated with.

Lewis and Clark County has a grant on the table, but it may be more valuable to identify the participating LACs and distribute the funding accordingly between them. Motioned by Shirley Kaufman, seconded by Tom Peluso.

How to identify participating LACs? Tom suggests that Bozeman, Lewis and Clark, and Cascade receive funds. Additional counties to consider include Jefferson, Broadwater, and possibly Havre as well. Tom further suggested making a request for the minutes of the last 6 months of meetings, and to use this as a basis for identifying qualifying recipients for funding distribution.

Tom volunteered to establish a number from the fiduciary in Missoula for funding available within the next ten days, and to circulate this number for expenses between now and October 1, leaving a few thousand dollars accessible to pay for the website and other needs that come up. It was requested that Matt initiate the request for minutes to the LACs, and to have someone analyze whether each LAC is active and viable for end of year funding.

Shirley identified an additional consideration, in that the amount could be based upon the amount of participation the LAC has; Lower percentages for those with lower participation, and visa-versa.

Matt F. noted that he doesn’t want to exclude smaller LACs that are making an effort, but have struggled to maintain a productive LAC. Shirley noted that Broadwater and Jefferson are both making strong attempts to get the LACs going. She supports providing them money.

Shirley motioned to distribute funding among participating counties, distribution to be

determined at the next meeting. Tom seconded. No discussion. Passed unanimously.

Tom noted that there are not many people voting.

Broadwater votes by proxy, via direct communication to Matt F.

Shirley addressed openings on the CSAA board and suggested having someone from MPN to step up and be on the board. Matt mentioned that they currently have a MPN representative on the board for Lewis and Clark County.

LAC Updates:

Shirley - Galliton met last Monday via zoom. The meeting centered around the resource guide. AMDD will print them, but they want one done in Spanish. Blue Cross Blue Shield is paying \$500 towards the cost of translation, but only if there is someone actively translating it. Jami volunteered a staff at AMDD to translate for free. They are getting all new numbers and statistics for youth and adult addictions, which will be distributed via email. Tom mentioned that there is also a MH/Urgent Care operation going in partnership between Bozemen Health and Deaconess Hospital, along with 2-1-1 and the Western Mental Health Hospitals. Shirley noted that she reported on this during the meeting last month.

Greg requested additional elaboration. Tom reported that this resulted from the COVID-19 epidemic in an attempt to keep people out of the ER. 5 days a week, 8am to 5pm, MH center is open to accept urgent care people who are off of their meds or are dealing with active trauma. They can present at the MH center, access providers, pharmacy, and lab work. Prescribers and psychiatrists are accessible on site and online, and treatment is available through the APRNs.

Tom has no other information.

Matt - Lewis and Clark County has been meeting by virtual appointments. A major accomplishment is that the community established a health system improvement charter. The leadership team is diverse and is intended to improve behavioral health in the area. Workgroups include data collection/distribution, gaps in services, universal screenings, community outreach, participation, and funding.

The LAC has been involved with interviews and changes the county is making. This charter process has assisted in generating community participation and involvement, tying LAC in with this involvement.

Community Organizations Action in Disaster. The county has brought them in with Jefferson and Broadwater counties where COVID has responded in major MH needs. They have been asked to locate trainings for volunteers with United Way regarding suicide prevention, and developing work for compassion fatigue and resiliency for front line workers. They are using workgroups to do an event for suicide prevention month and it is likely that there will be a get-together via virtual MH party or some other in-person event that allows for social distancing accommodations. Governors and Mayors challenge is working on 2-1-1 and Connect utilizing \$75,000 in grant funding to coordinate both together. Lethal Means Counseling is a leg under the suicide prevention coalition to educate and support ways to help those in crisis (gun lock until crisis is settled in example instead of taking them). They are working on Peer Support through the VA, volunteer based and licensed, and organizing a non-traditional PSS support with Veterans organizations outside of VA services. This will especially support rural communities.

Youth and Family Support Task Force has partnered with MPN to develop structural info to approach licensure for youth and family PSS workers. Youth would work with schools and school counselors, family would work with CFS, family therapists, etc.

Greg – Cascade hasn't met for last 3 months. There are plans to contact the chair and call an emergency meeting soon. Greg thanked Tom for maintaining accountability in participation, and stated that he would be reaching out for further guidance in establishing a community coalition and participation.

Tom mentioned that Jenny has wanted to be active with the board but is unsure what her status is in participation. Greg stated that COVID really threw everyone, and a lot of groups have not met as a result. Joining Community Forced and the Suicide Prevention Teams are the groups still moving strongly in Cascade.

Greg is interested in collaboration and consultation with Matt and Tom to get Cascade moving forward again.

Shirley asked for advice of how to tie task forces and coalitions together. Matt F. stated that these groups had buy-in from the start, and were involved with much of the development for various community groups. This has allowed them to sync their strategic plans and identify joint goals. The Commission is also invested.

Dennis Nyland, Mental Health Ombudsman–Had several calls this week, but not much to update. There were several calls with unemployment stresses due to system overload. More people seem to be developing crisis situations. He is waiting to see

what happens as we move forward, and he expects them to get busier in the coming weeks. He is working with Lethal Means and Resiliency training.

AMDD Update:

Jami reported that Monday meetings are continuing. Monday they spoke of the need of community mental health services in the community and spoke of community barriers. She encouraged participation or communication with the chair. Nothing else to report due to still catching up from being out of the office.

Matt F. asked about administrative rule change commentary. Jami instructed that if it regards Medicaid/Medicare billing, please contact Melissa Higgins.

Shirley asked Jami about money available to drop in centers in Montana. She stated that theirs has been closed for 4 months due to lack of funding. Are there options for them available? Jami stated that it isn't just funding, that it is also contract based. They have been closed due to COVID, and the contracts have been extended until Dec 31, 2020 with a RFP for new contracts to go out in early fall (January 1, 2021 – September 30, 2021) and align them with federal fiscal year.

Gallatin County has an open arms contract and does not expire until December. Funding is still currently available but they aren't utilizing it due to their decision to remain closed for this duration. This is also impacting partnerships who use the space and are not allowed access at present. Jami hopes to move them under the MH block grant rather than pay them out of general funds.

Matt F. updated on phone calls. Attendees are from all SAAs. Initiated with COVID, but these calls will continue after COVID.

General Questions:

Who can become a participant in the information pertaining to administrative rules?
Answer: Anyone. Email Melissa Higgins for interested parties regarding changes and updates.

Discussion was held regarding narrative and the importance of administrative rules.

ESAA Update:

Amanda updated regarding ESAA status. LAC funds are being distributed from the remaining funding pool via the established grant request process. Identified how

communities are using county grants, and how participation has impact LACs in the region due to virtual connectivity.

Transition:

SAA transition is intended to help in building LACs across the state, establishing a mediary between LACs, AMDD, and BHAC more affectively. All three SAAs are struggling with participation, organization, and they all utilize the same state organizations. We are also underutilizing today's communication. Virtual meetings help to remedy this, and the original design of the SAAs didn't account for that option. Can virtual meetings assist in alleviating cost to the organizations?

As participation has changed over during the years, much of the original structure and intention has been lost. We now have a chance to re-evaluate resources and AMDD wants to help us move forward together. A presentation was given to fully examine the process moving forward. The funding and the strategic nature of the structure would benefit the state as a whole, giving more regions stronger voices. Matt enunciated that this isn't in support of any personal agenda, but rather to ensure the best support for communities and individuals suffering with mental illnesses.

Jami stated that in reading about the history and intention of the SAAs, as well as attending all meetings, some of the service areas don't even know what counties are in their region. If they don't know who is in their region, how are they reaching out and sharing information? This is where the consolidated structure would fill in the gaps. This will allow LACs to be seen and heard directly and given the assistance they need. She noted that this may look different for each region, but there will be some form of constant contact. Then they will better know what they need and how best to offer funding to these areas.

Matt noted that it also provides a consolidated pathway of communication to minimize confusion and loss of communication between LACs and the board. Jami noted that accountability will be better managed, and the requirements will include communication and information sharing.

Jami encouraged contact with Lawrence Rhone of Daniel's county for guidance in improving communications as he understands the value of this restructure and he has developed strong county communication and collaboration.

Greg stated that there is also an importance in establishing volunteer momentum, and with finding/keeping volunteers.

Tom provided a history of the originating SAA structure. He stated that the restructuring started because SAAs were not doing an efficient job in addressing services. The Mental Health Advisory Council became aware that something was wrong. They hired professionals to examine the state. At this time, everything was happening from one place, and they were not getting feedback from those who actively have or care for those who have MH or SUD issues. They envisioned smaller management areas, West, Central, and East, divided by the number of service requirements identified by Medicaid service applications. A provider was intended in each location but they were not able to find anyone to do it. They also wanted a representative council that would serve as a board of directors for that provider. They identified that half should be living with or serving mental illness, the other should be community members; commissioners, school officials, hospital personnel, etc. They set the single provider expectation aside due to lack of response.

There was supposed to be very local representation (LACs), and a governing group (central service area board) and representatives of each county (Board members/representatives, up to 10), and another 10 seats were added for "at large" individuals (schools, officials, community members).

They were intended to collaborate with AMDD. They were commissioned to do exactly what the calls are intended for every Monday with AMDD. That should have been the standard of current board meetings, and can still be initiated in this case. But as CSAA are the only ones to attend their meetings, they have faced a handicap on these communications.

They were intended to help develop LACs for the last five years, but there has been very little participation in this regard. For all of these factors, the reason that the process failed was due to lack of participation and response, especially as AMDD was not involved with the meetings prior to Jami's position with AMDD. It was suggested to utilize call-in meetings to alleviate some of the current breakdown in communication rather than fully restructure. Tod encouraged everyone to go back and read the original TAC report, and become familiar with what the original plans and intentions were.

He noted turnover in the administration of AMDD as an additional hurdle.

Shirley added that she had seen things get stuck due to lack of participation with AMDD, and that work was being done with nowhere for it to go. She stated that now that things are moving forward and accomplished, this process should be encouraged

and sustained. She noted that she is extremely grateful for Jami's presence and involvement.

Matt identified participation is a large hurdle from his experience due to individuals not attending or getting involved with leadership positions. Secretary position is still open due to lack of interest.

Tom addressed that notice is required for meetings, a minimum of 10 days whereas usually this has been limited to 3. The possibility of hiring a secretary to combat the lack of interest in the position was mentioned as a possibility.

Jami interjected that these issues are not exclusive to Central. Other SAAs are struggling and the restructure will allow for a combination of resources due to shortening the board. This will help the voting piece due to fewer individuals being required. Burnout is a large concern as this results in disinterest in involvement, especially as these positions have been strictly voluntary.

Public Comment:

Matt opened the floor for public comment.

Greg stated that current times are very problematic, but in this they have also been provided a blessing. Some of this is being able to use virtual meetings. He encouraged everyone to remain optimistic, and is pledging himself to work with everyone as much as possible.

Dennis asked, in combining the SAAs, are we really taking anything away from having anything accomplished? Would having one create a detriment?

Matt commented about how chairs under this restructure process could help representatives provide better contact, communication, and service to their respective regions. He is committed to helping foster the best of our history and current tools to formulate an efficient and productive SAA as we move forward.

Jami added that things are always considered, regardless of being pros and cons, and that this is why the surveys were utilized to identify and address concerns that individuals have regarding the restructure. She also welcomed them to be brought to the meeting on July 10th. In knowing what these concerns are, they can work to establish accommodations for those needs. July 10th is the first meeting in transition of the SAA to one entity. Meetings will be consistent (second Friday of the month) until October. The first month will discuss insurances, fiduciary, contract and region definition, as well as building the board. They want people who want to do this, not

people who are “voluntold” to do it. They will be starting the paperwork process for secretary of staff regarding non-profit incorporation, orientation packets for LACs, orientation packet for the board and AMDD, structure a pre-budget, identify outcome reports, and formulating outcome report for the mini grant.

The grant structure will be simplified and uniform, and the reporting tools will be more firmly established for continuity of documentation. Such documentation will be required every 30 days.

Matt stated that he had to leave for another meeting. Meeting was adjourned at 3:00pm, but left open for further discussion between interested parties.