

Summary of the December 13, 2011 "Conversations ..." Meeting of the Region 4- South Adult Mental Health Consortium serving Douglas, Grant, Pope, Stevens and Traverse Counties

"A Conversation ..."

December 13, 2011~ Those Attending:

*Carroll Anderson	Pope Co LAC – Consumer	*Janine Anderson	Pope Co Consumer
*Keshia Anderson	Reg 4-S Crisis Program	*Michelle Bankord	PCS-SVCB
*Diane Barduson	Douglas Co. Consumer, Socialization & Drop In Cntr Coord	*Fay Beman	PCS
*Sarah Boll	PCS	*Sharon Booen	Pope Co. LAC
*Randy Bouwman	Pope Co. LAC	*Edith Brasel	Pope Co. LAC – Consumer
*Kay Brown	West Central Region Behavioral Health Coord		
*Heather Danner	Reg 4-S AMHC ICRS Team	*Alicia Davidson	Reg 4-S AMHC
*Patricia Eggers	Grant Co. Consumer & Socialization	*Mark Erickson	Stevens Co. Resident
*Jennifer Filgas	Ombudsman for MH/DD	*Sheri Fish	Douglas Co. Social Services
*Judith Fox	Traverse Co. Socialization – Consumer	*Ken Fridgen	Douglas County Consumer
*Al Glaseman	Douglas Co HRA	*Liz Hinds	Stevens Co LAC
*Gloria Jahrman-Johnson	Pope Co. Consumer	*June Kedor	Douglas Co. - Consumer
*Amy Kiehn	Douglas Co. Consumer	*Bill Klein	Lakeland Mental Health Center
*Fonda Knudson	Consumer Survivor Network	*Kay Lagred	Pope Co. Public Health
*Catie Lee	PrimeWest Health	*Shelly Leonard	Pope Co. Consumer, LAC, WCP Drop In Cntr Coord.
*Char Lundebrek	Pope Co. Human Services	*Carolyn Mallery	Douglas Co. Consumer
*Elza Manning	Douglas Co. Resident	*Kayla Mattocks	PCS
*Chad Meyer	PCS	*DeeAnn Miller	Pope Co. Human Services
*Melody Morgan	Lutheran Social Service	*Joanie Murphy	Stevens Co. Human Services
*Kitra Nelson	Wings Family Supportive Services	*Michaela Niblett	PCS – Castlewood
*Jane Nygaard	Douglas Co. Resident	*David Pearson	Pope Co. Consumer
*Joyce Pesch	Reg 4-S AMHC	*David Peterson	Milestones – IRTS
*James Pew	Life Center – SMC	*JuliAnn Randall	Douglas Co. Consumer
*Anita Renstrom	Douglas Co. LAC & Consumer	*Corrina Rost	PCS-Glenwood
*Ben Schulz	Grant Co. Social Services	*Karen Schulz	Pope Co Consumer, FUN Bunch Coord.
*Rita Smith	Douglas Co. Consumer	*Deb Stark	Stevens Co. Social Club
*Cheryl Starnier	Grant Co. LAC	*Jeb Stump	PCS
*Lucille Tullis	Pope Co LAC – Consumer	*Gloria Wartner	Pope Co. Resident
*Emma Westrom	Grant Co. Consumer	*Eric Wittbrodt	Dept. of Rehabilitation Services
*Deb Hengel	Facilitator		

ADDRESS ADDITIONS / CHANGES:

ADD: Kay Brown
 West Central Region Behavioral Health Coord.
 1103 N Vine St
 Fergus Falls, MN 56537
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 218-205-6499

Mailing Address for Region IV S Adult Mental Health Consortium

Correspondence, bills or vouchers
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**Summary of the December 13, 2011 “Conversations ...” Meeting of the Region 4- South
Adult Mental Health Consortium serving Douglas, Grant, Pope, Stevens and Traverse Counties
Purpose of Meeting Tuesday, December 13, 2011 Held at Hoffman Community Center – Hoffman, MN**

Welcome & Introductions

1. Approval of Agenda *Additions, *Clarifications, *Changes –
2. Approval of summary of November 8, 2011 “Conversations...” meeting.
3. PRESENTATION: Kay Brown, West Central Behavioral Health Coordinator
4. Meeting Packet Information – Joyce Pesch
5. Financial Report – Joyce Pesch
 - A. Monthly Report
 - B. Applications/Proposals (ACTION NEEDED)
6. AMHC Administrator’s Report – Joyce Pesch
7. Region 4-South Adult Mental Health Consortium Governing Board Report – Joanie Murphy
8. State Advisory Council Report
9. State Liaison Report – PROCESS DHS Staff gather input on
“Community Behavioral Health Hospital: Prioritization of Issues”
10. DISCUSSION: Changes to “Conversations...” format/schedule for 2012 to reflect the Conversations” line item budget reduction in the 2012 Budget
11. Updates- Community Based Adult Mental Health Services:
 - A. Socialization Projects – Douglas, Pope, Stevens, Traverse
 - B. Employment – *Douglas Co. Social Services, & Prairie Community Services*
 - C. Housing – *include Bridges-like and Shelter Plus Care*
 - D. Crisis Prevention
 - E. Aftercare Services: (1) Intensive ARMHS (2) Aftercare Nurse
 - F. Milestones IRTS (Intensive Residential Treatment Services)
 - G. ICRS (Intensive Community Rehabilitative Services) Team (1) Program Report (2) Board Report
 - H. Community Behavioral Health Hospitals
 - I. Safety Net – including Flexible Funds from each county
 - J. Training and Education
 - K. Day on the Hill
 - L. Warm Line
 - M. Pope County Drop In Center
 - N. Stevens Co Drop In Center
 - O. Traverse County Support Group
 - P. Web Site – www.r4sconversations.org
 - Q. Homeless to Housed Committee
 - R. Public Relations - Anti-Stigma Campaign – www.reallifeconversations.com
 - S. Transportation
 - T. Grant County Socialization
 - U. Health Screenings
12. Announcements
13. Agenda for January 10, 2012 “Conversations...”

Summary of the December 13, 2011 “Conversations ...” Meeting of the Region 4- South Adult Mental Health Consortium serving Douglas, Grant, Pope, Stevens and Traverse Counties

THE SUMMARY:

Introductions... Name and role in the AMHI ...

1. Agenda Approval, Additions: Approved as presented

2. Approval of November 8, “Conversations...” Summary: Approved as printed

3. PRESENTATION: Kay Brown, *West Central Region Behavioral Health (WCBH) Coordinator*

Comments included: Ms Brown reported that her role is in health care preparedness in the event of a disaster. Her office is connected to CentraCare. Ms. Brown shared that she works with Social Services, Public Health and Emergency Management offices in emergency preparedness. The role of the Behavioral Health coordinator is to coordinate (a) identification of people who are not connected with one of the county agencies; (b) mapping and GPS of places like child foster care sites and/ adult foster care sites; and (c) developing MOU (Memorandums of Understanding) with Counties and the American Red Cross and Mental Health Centers to provide Behavioral Health care at times of disaster. Other tasks include discussion on the role of SOS (State Operated Services), Community Behavioral Health Hospitals and private Mental Health Hospitals in case of a disaster. Ms Brown helps coordinate mental services in the American Red Cross disaster shelters.

She announced that training on “Psychological First Aid” would be held in all counties after the first of the year in 2012. She has a Behavioral Mental Health Committee which includes Bill Klein, Joanie Murphy and John Cosco from our region.

Table top exercises have been conducted to make sure that the things in place will work in time of need. There has also been training on a larger scale at Fort Ripley.

Input was requested from the “Conversations...” group on what would be helpful to meet the behavioral health needs in times of a disaster.

Questions posed included:

[Question] What types of emergency situations is she referring to? [Reply] Natural disasters like the tornado in Wadena or floods could also include a pandemic situation.

[Q] How will medicines/prescriptions needs be addressed? [R] Recommended that people have their own individual plans developed for this issue, which may include having an emergency supply on hand. WCBH might help people get an emergency supply of their prescription medication.

[Q] Regarding a “Mental Health Crisis Plan” – is there something on-line for people to use? [R] FEMA has a sample one on-line. Suggested that people Google in “Emergency Plan for Special Needs” to get to other options.

[Q] Is WCBH working with the established CERT (Community Emergency Response Teams)? [R] Will look into this.

[Q] How will WCBH address the mental health needs of a person who has mental health concerns who may go into a panic situation when they have to leave their home in time of disaster? [R] This is covered in the MOU

[Clarification] A “MOU” is a memorandum of understanding, which is a voluntary agreement between two or more parties.

[Comment] Mental Health partners were part of the ‘mock’ disaster drills held in Grant and Douglas counties.

[Comment/Request] Give an example of what WCBH would do. [R] For example Kay would help provide education on Mental Health needs. Another example is where Kay would be at the EOC (Emergency Operations Center) and help organize psychological first aid in the field.

[Comment/Request] Could the Mental Health Crisis templates be sent to Joyce Pesch so she could have them posted on the Adult Mental Health Consortium’s website? [R] Kay will do this.

[Q] What happens if you are a person living in a Group Home? [R] The Group Home would have a plan in place to address the emergency/disaster issues.

[Q] What about those persons who live in the rural areas of a county? [R] WCBH will arrange for people to go-to-door to check on people’s welfare. Also it is suggested that you make sure you are known to emergency response.

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4. Meeting Packet Information – Joyce Pesch

Reminder that meeting packet items are available on the r4sconversations.org website the Monday morning prior to the meeting. Reminder given that there are two places that people need to “sign-in” with when they come into “Conversations...” The first place is where they sign in for a meeting folder and meal, and the second place is for the meeting attendance list.

4-A. Information –

[1] SOS – Community Behavioral Health Hospital - Worksheet. To be used in the input process.

4-B. Reports including in meeting packet:

[1] Administrator’s Report – December 2011

[2] Adult Crisis Response Program – December 2011

[3] ICRS - Intensive Community Rehabilitation Services – Program –December 2011

[4] Prepetition Screening –November, December 2011

[5] AMHC Housing Programs – Douglas County HRA – YTD December, 2011

[6] Douglas County Flexible Funding Report – October, 2011

[7] Milestones Intensive Residential Treatment – July-September, 2011

Reminder that people should get their 4th quarter and end of the year reports for all AMHC project and programs to Joyce Pesch as soon as they can after January 1, 2012 so that this information can be included in the January 10, 2012 “Conversations...” meeting materials packets.

4-C. Financial Statements

[1] For Period ending November 30, 2011

4-D. Applications/Proposals (Action Needed)

[1] Appoint an Ad Hoc Committee for changes in “Reach Out for Warmth” Criteria

[2] Handouts for the agenda item #10 – CONVERSATIONS BUDGET

4-E. Program Openings *Reminder given to all provides that programs opening information can be sent to Joyce Pesch to have it included in the “Conversations...” meeting packets. NONE*

5.Financial Report – Joyce Pesch

[A]For Period ending November 30, 2011. Comments included: Note that the column in the middle of the second page are the numbers for the revised Base Grant budget (\$802,872.00) and for the Crisis Response Grant (\$313,616.39). Administrator commented that as she looked thorough all the pieces of the budget including the recommendations from last month and factored in the bills which were in the process of being paid, and knowing that there would be a final end of the year check run, she would project that we would have around \$75,000 in under spending. She noted that the under spending was spread through all the projects and line items in the budget.

People were reminded that it is important that we maximize and make best use of the 2011 money by getting all 2011 expense turned in by the end of the business day on Monday, December 26. These expenses should include all services rendered up to this date. Special note was made to those who are the Crisis Team’s mental health practitioners. That way 2011 expense will go into the 2011 budget expense. Any 2011 expense turned in after January 1 is taken out of our 2012 budget.

Project and program contacts were encouraged to look at the line item they are in charge of and look at what bills or expenses they have. Then they should make sure to get these claims to Joyce Pesch ASAP and no later than the end of the business day on Monday, December 26, 2011

[B] Applications /Proposals (ACTION NEEDED)

[1] Appoint an Ad Hoc Committee for changes in “Reach Out for Warmth” Criteria

DISCUSSION included: [Comment] County Case Managers have looked at this and they would like to make the guidelines more generous. Also, they would like to change the name from SPMI-“Reach Out for Warmth”, to something different to clarify the difference between the program for SPMI and the basic “Reach Out for Warmth” program.

[Question] – Will any consumers be part of this discussion? [Reply] Consensus that consumers should be included on this Ad Hoc Committee. Any interested consumer or family members were asked to contact Joyce Pesch before the end of today’s meeting. Comment that all Ad Hoc members would have to be very

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flexible with the potential meeting times for the AD Hoc groups because of the short time line.

[Comment] It was noted that if you are protected by the MN Cold Weather Rule, you cannot have a crisis until after this Rule ends, which is April 15.

ACTION: Recommendation to the AMHC Governing Board to approve the recommendation to appoint the adult mental health county case managers, as well as consumers, as an ad hoc committee to revisit the guidelines for the targeted “Reach Out for Warmth” dollars. Authorize this group to revise guidelines as appropriate considering the changes in the 2011-2012 LIEAP program, immediately implement those changes, and report back to the group at their January, 2012 meeting.

Motion made by Bill Klein, with second by Dave Peterson

Vote taken by voice vote. Motion Carried unanimously

6. AMHC Administrator’s Report – Written report included in meeting packet. Comments included:

- Lorraine Pierce has been assigned a temporary (1 year) reassignment. During that time our Program consultant will be Shelly White.
- Region 4 South Adult Mental Health Consortium has been certified as an ARMHS provider effective December 1, 2011. This allows the AMHC to deliver the ICRS (Intensive Community Rehabilitation Services). This ARMHS certification is not meant to put the AMHC in competition with other ARMHS providers. It is only for the ICRS.
- 2012 IRT Intensive Residential Treatment) rate has been set for Milestones.
- Verbal confirmation that our grant application for 2012 has been approved as submitted. Official letters are being prepared.
- The reduced line item for the 2012 “Conversations...” expenses. We will be working through a process later to address this line item reduction.
- All final 2011 expenses are to be submitted to Joyce Pesch before the end of the business day on Monday, December 26, 2011.
- The monthly expenses for “Conversations...” include all the meals that are ordered based on a “best guess estimate” by the AMHC Administrator. This guestimate is based on the number of people who called in an RSVP and then a look at the “Standing Reservation” list (by which people only call into CANCEL). Based on this guestimate formula there could have been 79 people registered for today’s meeting. Knowing the usual number of people attending, the meal count was lowered to 65 meals. However, there are only 53 people in the room for today’s meeting. Thus more materials were prepared and more meals ordered than needed. Input was requested as to how e can be more precise about the number of people who will actually be in attendance. Suggestions offered included:
 - Renew or review the “Standing Reservation List” Comment: We did do this last January when the Release of Information forms and the Standing Reservation List request form were completed. Comment that maybe people were not fully aware of what they were signing.
 - Question about what people should do if they had RSVPs they were going to attend, but woke up and didn’t feel well enough to attend. [R] People should call in on Tuesday morning anyway to let AMHC Administrator know of their status change, which would eliminate the designation of a “failed to show”. Noted that a late status change won’t make any difference in the meal count because this number must go to the caterer by noon on the Friday before “Conversations...”
 - Suggested that Joyce contact those that RSVP’s but didn’t come. Noted that this ‘no show’ situation crosses through all the sectors of the stakeholders.
 - Question posed if we did better at an accurate count before we started the “Standing Reservation List?”
 - Comment that the RSVP was necessary to guarantee a meeting folder and a meal.
 - Comment that the “Standing Reservation List” is a perk, so people should take personal responsibility to cancel if necessary because the “no shows”

7. Region 4-South Adult Mental Health Consortium Governing Board Report – Joanie Murphy reported that the Governing Board will be recommending to the Joint Powers board at the December 14 meeting to do an RFP for an entity to take on employees for all consumer directed projects. The Governing Board has developed a Job Description for the Adult Mental Health Consortium Administrator to present to the Joint Powers Board for their

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approval. The 2012 Work Plan will also be presented to the Joint Powers Board for their approval

8. State Advisory Council Report – None

9. State Liaison Report: PROCESS – DHS Staff gather input on “Community Behavioral Health Hospitals: Prioritization of Issues”. DHS Staff was unable to be present at the December “Conversations’ ...” meeting so the “Conversations...” facilitator lead the group in a process to update the priorities identified in 2009 for the CBHH Legislative Report due in the Spring. The parameters of the process were that the DHS Staff provided a list of the issues (listed in no particular order) and requested that each Adult Mental Health Initiative assign 100 ‘priority points’ to the issues listed. The “Conversations...” group divided into 9 small groups. Individuals in each group were first instructed to identify their personal top three most important issues and also their 3 least important issues. Then the group was to take this information and start their small group discussion of assigning the 100 priority points.

At the end of the discussion the 9 small groups reported their points for each issue. These numbers were then averaged out over the 9 to come up with our AMHC’s number for the priority points. The results:

Recommendations (in alphabetical order)	Priority Points Assigned
Access to, and retention of, basic needs. While the patient is at a CBHH, the CBHH works to retain and facilitate access at discharge to all basic needs (such as stable housing, income supports, employment, food assistance, and health care.)	23
Assessment and co-occurring treatment services at all CBHHs. Assess and provide co-occurring treatment services while patients who have a mental illness, substance abuse disorder, developmental disability, or brain injury are at the CBHH.	6
Communicate with the communities the distinction between commitment and CBHH’s “Continued Stay” criteria.	1
Culturally competent assessment, planning and treatment in CBHH’s. CBHH cultural awareness and expertise to provide care for diverse populations.	2
Discharge based on joint planning. A discharge is planned from admissions with the patient, the local mental health authority, natural supports, community providers and CBHHS staff.	8
Evidenced Based Best Practices (EBP). The CBHHs use Evidence Based Practices (Assertive Community Treatment, Supported Employment, Integrated Dual Diagnosis Treatment, Permanent Supportive Housing, Dialectical Behavioral Therapy, and Illness Management and Recovery) and align these services with community evidence based services.	2
Expedite the transition from emergency departments to CBHH admission. Ensure that the transportation method used is prompt, respectful, and appropriate.	16
Local, reliable, timely access to secure facility for people who have exhibited violent or physically aggressive behavior. May require specialized staff, increased staffing levels, unique facility design or decreased occupancy incorporated at a centralized location to meet regional needs.	12
Local/regionalized admissions and screening system. Communities have direct contact with local admissions people who are knowledgeable about all community resources and consumer/patient information.	5
LOCUS is used as one tool for utilization management and not an exclusive discharge tool. The use of LOCUS needs to be consistent with established standards for the tools.	1
Partnerships between CBHH and community providers. A relationship that facilitates integration of CBHHs and community services including counties and tribes, that solves problems in admissions, treatment provision, discharge planning and follow-up.	6
Physical care, including primary and chronic health care, are available and/or provided in an integrated approach at CBHHs.	4
Physical health care follow up after discharge. Assure that people being discharged from a CBHH have the level of physical medicine care they need when they are living in the community and integrated with community behavioral services, such as home and community based services (e.g., the CADI Waiver)	4
Regional control of CBHH as a State Operated Service. Regions should be part of the decision-making process if CBHHs are to be significantly re-configured or if their management/ownership is to change.	6
Uniform Information Processes with Community Providers. Assure that all documentation, communication, data collection, and utilization management information is gathered and shared in a manner consistent with the practices of community providers.	2
Use of Certified Peer Specialists at al CBHHs.	2
Other:	0
TOTAL	100

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10. DISCUSSION: Changes to “conversations...” format/schedule for 2012 to reflect the Conversations’ line item budget reduction in the 2012 Budget:

The background of this discussion was to address the “Conversations...” line item budget reduction: “Conversations...” is the monthly meeting of the stakeholders of the Region 4 Adult Mental Health Consortium that serves the counties of Douglas, Grant, Pope, Stevens and Traverse. Historically the AMHC budget for the “Conversations...” line item has been around \$33,000.00. In 2010 and 2011 the spending for this component has been closer to the \$35,000 - \$36,000 a year. With under spending in other line items we have been able to cover the expenses for “Conversations...” line item. However we have now had an \$112,000 reduction to the overall AMHC budget so all line items are affected.

The question up for discussion was: “What do we want to do to reduce our costs of ‘Conversations...’ meetings?” It was agreed that the discussion at today’s meeting would be just the start. We would brainstorm some possible solutions, pose questions, and solicit input that would provide people with some ideas to consider until the January meeting. At the January, 2012 meeting we will continue the discussion and decide on some actions steps to reduce the “Conversations...” expenditures to match the budget allotment. Information provided by the AMHC Administrator included a (A) spread sheet of “Conversations...” costs by category as paid in 2010; (B) a table with costs by category 2011 through August (noted that we did not meet in January 2011-weather related cancellation nor in July, 2011-MN State Shutdown); and (C) Attendance and Cost Sampling for (A) per diems and mileage and (B) Meals as supplied by the Dew Drop Inn.

Suggestions for reducing costs with implications or considerations for each suggestion included:

Suggestion	Implications / Considerations
Reduce the number of meetings	-Can we do our work in fewer meetings? -Would work teams meeting outside the “Conversations...” meetings and thus be more costly? -Need to have continuity month-to-month.
Not travel to other towns	-Sometimes we’ve had to because the Hoffman Community Center is busy, or there have been other considerations
Find a no-cost place to hold the meeting	-Hoffman Community Center wouldn’t charge us if we didn’t have the funds. But we have the funds why wouldn’t we pay for the space?
Cancel the meeting if we can’t meet in Hoffman	
Skip the morning snack	-For some people the snack serves as their breakfast because they cannot eat breakfast before they leave their residence since they need to allow a certain amount time between taking their medications and eating. And they need to leave their residence early to get to “Conversations...” on time. -People could bring their own snack – but this might be difficult for those living in a Foster Home
Recycle the meeting folders	
End the meeting at noon – so don’t serve lunch.	
We need to look at all areas to cut, as we need to be responsible.	
Have the meal be smaller and the snack less	
Make lunch an optional item	

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Have people pay for their lunch	
Give people the option to print their own materials	-This could reduce postage, printing and mailing cost -Less printing costs for folders -Need to give consideration to those who would not be able to access materials on line and print them out. A count was taken of people present who would not be able to print out materials (12 out of 53).
More accurate RSVP Count	
Combine postcard with the summary/agenda mailing.	
Delete the agenda in the monthly mailing	-one sheet
Update the data base (eliminate the duplicate agency contacts; eliminate those who are not attending.)	
Eliminate or reduce mailing	

The discussion will continue at the January 2012 meeting with actions to be determined at that time.

11. Updates from Community-based Adult Mental Health Services

- A. Socialization Projects – Douglas, Pope, Stevens, Traverse B. Employment – *Douglas Co. Social Services & Prairie Community Services*
- C. Housing – *include Bridges-like and Shelter Plus Care* D. Crisis Response
- E. Aftercare Services: (1) Intensive ARMHS (2) Aftercare Nurse F. Milestones IRTS (Intensive Residential Treatment Services)
- G. ICRS (Intensive Community Rehabilitation Services) Team (1) Program Report (2) Board Report
- H. Community Behavioral Health Hospitals I. Safety Net – including Flexible Funds –all counties J. Training and Education
- K. Day on the Hill L. Warm Line M. Pope County Drop In Center
- N. Stevens Co Drop In Center O. Traverse County Support Group P. Web Site – www.r4sconversations.org
- Q. Homeless to Housed Committee R. Public Relations - Anti-Stigma Campaign – www.reallifeconversations.com
- S. Transportation T. Grant County Drop-In Center & Socialization U. Health Screenings

12. Announcements – Pat Eggers, Grant Co Drop In Center & Socialization announced that Amber Ricks has been hired to be co-coordinator with Pat with the Grant Co. socialization project.

13. Agenda for January 10, 2012 “Conversations...”

1. Discussion and action on “Conversations...” budget reduction
2. 4th Quarter and Year End Reports
3. Identify new work groups and what each group will be charged with
4. Results of the Ad Hoc Group on the Targeted “Reach Out for Warmth”