MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 30, 2014

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock and Schmidt

ABSENT/ EXCUSED: None

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the Committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** called the meeting to order at 3:00 p.m., welcoming the Committee, presenters and guests in attendance, and introduced the main purpose of the meeting to hear about the behavioral health managed care implementation and Optum Idaho.

PRESENTATION: **Richard Armstrong,** Director, Department of Health and Welfare (Department), started by saying the Department has been working on the behavioral health system for the last couple of years with the first phase being contracted through Optum as of April 2013, with that contract in effect as of September 1st and running through March 2016. The contract has very specific performance standards. The Department has a team that monitors the performance with Medicaid, relating to the contract. He noted that the contract is an out-patient contract only, since that is the area of biggest problems and one they wanted to address first. The in-patient side of the business also has oversight through Qualis Health, and they seem to be doing a good job. Due to the correlation between in-patient and out-patient the Department has built in some incentives for Optum so that out-patient services didn't increase, to push up the cost on the in-patient side. The incentive comes into play only if the in-patient rates remain stable, but if the in-patient rates decline, through Optum's efforts, there is also sharing of those savings.

Mr. Armstrong stated that when the roll out took place, the Department was aware there would be some issues. One of the issues they noted was that paying claims once a week was not going to work, it was not adequate and providers were struggling. By the end of September, payments were increased to twice a week. Another problem addressed by the Department was that they were paying less on certain codes and those rates were adjusted in October. During the months of September and October, the Department was not doing pre-authorizations, which had been agreed upon with the roll out, but they started that process in November.

The Department saw that by the middle of November call volumes and hold times were starting to rise, and when it was brought to Optum's attention they addressed the problem, and the level of calls and hold times decreased to more acceptable levels. Unfortunately, when the problem arose again in December and into January the issue was not resolved as quickly or effectively as before. Part of the problem can be attributed to the renewal of some certifications that had been done earlier that were on a 90-day cycle, so that could've been compounding the issue, but there were other things that should've been done to address the volume and hold times. He mentioned that since then there has been a dramatic improvement in the process.

The Department takes ownership of its contract, **Mr. Armstrong** asserted, including managing the behavior of their contractors. In that regard, the Department can see they should've been more aggressive when things began to get out of control back in November, but the lesson has been learned and they are not only holding their Department to a higher standard but everyone else involved with this process. This is just the beginning, he pointed out, and this transformation will be going on for some time to come. The Department can see the potential of future risks and problems coming up, but his commitment is that the Department will be more diligent and aggressive as these issues arise. His team is committed to getting the services to the patients and Medicaid members in Idaho as quickly and efficiently as possible.

PRESENTATION: **Craig Herman**, Senior Vice President of Optum Specialty Networks (Optum), stated that in this role he is responsible for the execution of Optum's contract with the state of Idaho to manage the Medicaid program's out-patient behavioral healthcare. Optum is honored to be part of Idaho Health and Welfare's effort to transform the state behavioral healthcare system. He wanted to make it clear that Optum and its employees care deeply for the people they serve as they work with other health partners to make a difference in people's lives. Since last September, Optum has had two key responsibilities in its role managing out-patient behavioral health services. The first one is to ensure that Idahoans have access to the best and most appropriate behavioral healthcare services. The second is to ensure that public funds dedicated to providing those services are used appropriately, effectively and efficiently. To help achieve these goals Optum supports Idaho providers through a review process that ensures their patients have access to the best care possible, that are consistent with guidelines established by national medical and behavioral health organizations, peer review research and applicable laws. As a result, certain services available through the Idaho behavioral health plan require pre-approval also known as prior authorization. Prior authorization allows Optum to identify, based on these guidelines, whether the member is being under-served and may need a higher form of care or services, or perhaps the member will be receiving care that is not medically necessary.

As the Committee is well aware, Optum has experienced many implementation issues. This has included feedback from providers on the difficulty they have experienced with the prior authorization program. The problem arose because Optum had not fully anticipated the volume, the level of complexity, and the length of time needed for prior authorization phone calls, which resulted in the extended wait times. Optum realizes that this is not acceptable and understands the challenges it has placed on providers. The local team in Idaho had brought this to his attention early in the process, but the fixes that were put into place and the additional staff added during November and December were not sufficient to resolve the issue. It took too long to understand that their early efforts were not enough. He wanted to apologize on behalf of Optum for the impact it had on Idaho providers. Optum has made a renewed commitment to answer provider calls promptly, providing consistent information and supporting the community of providers that Idahoans count on. He was pleased to announce on behalf of Optum's local leadership that they have added more staff and have significantly simplified the process. These fixes have resulted in substantial improvements, for example, just this week the average speed to answer on the provider call lines was 2.5 minutes and the lowest time was within 2 seconds. Optum is working hard to make sure that these changes and improvements continue consistently for the providers.

PRESENTATION: **Rebecca DiVittorio**, Executive Director, Optum Idaho, said that for the past ten years, she has been in a variety of healthcare leadership positions here in Idaho. It has been the aim of her career in Idaho to strive toward one goal, and that is to ensure that quality, cost-effective, outcomes-driven services are available for her family, neighbors and community. This is the reason she joined Optum Idaho, which allows for the joint venture between the State and Optum in helping people access the behavioral healthcare services they need. More specifically, the out-patient mental health and substance abuse services that are needed to reach recovery and resiliency.

She expressed confidence in her team; with the support of Optum's leadership and vital organizational resources, it is well positioned to move forward in effectively serving the people of Idaho. In addition to answering any questions the Committee may have, they are happy to respond to the request by the Committee to provide them with a better understanding about who they are and what they hope to achieve in Idaho. In support of this effort, a presentation was given to address three major topics: (1) their role in Idaho, (2) their goals for improving the behavioral healthcare system in the State and (3) what has been done so far to achieve that. The things done so far have included: increasing care to rural communities, expanding the array of services available and implementing Idaho's first member access and crisis line.

Ms. DiVittorio then proceeded with her Powerpoint presentation and introduced Dr. Jeffrey Berlant, Medical Director, Optum Idaho, for any questions the Committee would want to direct to him later on.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 1).

DISCUSSION **Senator Bock** wanted to know the "nuts and bolts" of what Optum does, and how the value of what they do translates to the patients from the providers. **Ms. DiVittorio** answered that Optum credentials a network of providers, setting quality standards for those providers and have measures in place to make sure the standards are being met. Optum supports the individuals by helping them find access to care, providing referrals and information about their benefits under the Medicaid program for the Idaho behavioral health. It is their goal that individuals get the care they need when it is needed, which is evidenced based, and is done by getting prior authorization and perhaps even a retrospective review or audit of prior care if needed. They also attend to fraud, waste and abuse management within the organization to preserve their agency resources. **Senator Bock** asked to clarify the point that Optum assists the individual in determining the level of care they're entitled to receive under the Medicaid program in the State and wanted to know how that is arrived at. He had heard some reports that Optum merely looks at their contract with the State to determine the services available, whereas the more important document would be to consult the rules and regulations for Medicaid in Idaho as opposed to the contract. **Ms. DiVittorio** responded the way Optum helps its members is by facilitating their access to care through referrals to a provider and education about what services are included in the Idaho behavioral healthcare plan, which services are identified and are part of the Medicaid program as set by the state of Idaho. They're also going to be offering additional services such as peer support services, community transition support and family support services. The actual determination of what an individual needs is up to the provider through their care and diagnosing process, and Optum has some controls in place to make sure that care is done in a quality way.

Senator Guthrie wanted to ask about the problem with hold times for calls being answered. Even though it's good that the time to answer is down to seconds or

even a few minutes, he wanted to make sure the problems are being addressed adequately in that time and not just pushed off for the sake of favorable statistics to report. **Ms. DiVittorio** stated that Optum has put into place process simplifications for providers to go through the prior authorization and making it easier to have access to Optum's clinicians. They have a system in place where a series of reviews happen based on the information provided on the phone by the provider. Optum also has a written authorization process, which is part of the improvements implemented. The clinicians and clinical leadership with Optum are still very much involved in the prior authorization process and in making sure that all of the criteria is met and rules are followed in making sure the best and most cost-effective care is being delivered to the members. Optum is looking now for the future of what needs to be done to make sure that the system of behavioral healthcare is advanced in the State. **Senator Guthrie** then asked to clarify her points that Optum is looking for long-term approaches to address the concerns and issues that have already surfaced with the roll out of the program and will continue to look at ways to improve their process. **Ms. DiVittorio** said that Optum's clinicians are independently licensed and are involved in the conversations that take place regarding the medical necessity of a procedure for a member. **Senator Guthrie** inquired about the ten day response time to a complaint; was that an acknowledgement of the complaint or in fact a resolution of the complaint? **Ms. DiVittorio** responded that Optum's policy is to respond and acknowledge receipt of the complaint within five business days and to respond and resolve the problem within ten business days.

Senator Martin wanted to know what has changed to speed the call answer and hold times so significantly. His concern is that the call is being answered but the clinical review process is being suspended, and then by just getting the basic information from the call, that frees the operator to quickly go onto the next caller. But if they do the full review, then they may be going back to the longer hold times for calls. **Chairman Heider** invited any of the others present to respond to questions also. **Mr. Herman** apologized for any confusion from his prior statement made before the Committee and wanted to clarify what he had meant. When he talked about the 2.5 minutes and the 2 seconds in regards to the phone calls, that represents the speed to answer those calls, not how long a call lasted. **Chairman Heider** wanted to confirm that when the call is answered that the person answering is speaking to the caller for the adequate time necessary or are they required to be on hold and wait for longer. **Mr. Herman** clarified that once the call is answered it goes to the clinical review process, if it is required, and has an average talk time that is significantly longer than the 2.5 minutes that he had mentioned earlier. The 2.5 minutes actually represented the hold time not the length of the call. He then said that each call length depends on the particular case being reviewed with some providers calling for multiple authorizations with one call which makes for an even longer call.

Senator Martin asked specifically about this week's phone calls; have they been doing clinical reviews on the calls or just getting the basic information and giving an authorization without the review? **Ms. DiVittorio** responded that Optum has a step-wise approach so that within set boundaries their team can provide authorization, then beyond that is a clinical review and after that is a peer review with a doctoral level clinician. **Senator Martin** wanted to know if the reason for reduced hold times was due to no clinical review process taking place, only the caller giving the basic information and getting an authorization. If that's the case his concern is that when Optum goes back to doing the clinical reviews, that the call hold times will increase again. **Ms. DiVittorio** answered that it depends on the call, what's asked for, and the situation of the individuals. Within certain boundaries, Optum can do authorizations without a clinical review, and some authorizations can be done in writing per new guidelines. She stated this process mimics processes

already in place for other services on Level 3 authorizations. She wanted to add her commitment that Optum would provide good, prompt service to their providers through the care management line. There is a team in place looking at the entire process making sure that what Optum does for Idaho is "sustainable and appropriate" to help transform the system and promote advancement of the State's system of care. **Senator Martin** then wanted to clarify the process for an initial call, where the information is given to Optum and authorization is given, then service is provided and payment is made. In regard to the payment portion, he has heard that it can be confusing and hard for a provider to match up what services are being paid for and how much. **Ms. DiVittorio** stated that with Optum's network of providers there are many billing systems being used. There is support given through the provider customer service line to help give detailed information on their billing reconciliation. There was a transition from Molina to Optum using a different system. There's currently plenty of support available for providers as they go through the process, and there has been positive feedback from some regarding the quick payment and response to questions. She also wanted to confirm that for those providers who have problems or questions about payments, Optum is more than happy to help them.

Senator Lakey asked about the statistic used in the presentation regarding the 96 percent satisfactory resolution of complaints. **Ms. DiVittorio** said that 96.5 percent of their complaints have had a response and a resolution to them within 10 business days. **Senator Lakey** responded "not necessarily a satisfactory resolution", and **Ms. DiVittorio** answered that the statistic represented their response and resolution to the provider. **Senator Lakey** wanted to know with the extended hold times noted, how are complaints submitted to Optum, in writing or by phone. **Ms. DiVittorio** responded that there are a number of ways for a complaint to be submitted. There is a separate phone line dedicated for complaints, and they can also take complaints in writing. Once a complaint is received it is entered and tracked in their system. **Senator Lakey** then inquired if the complaints and resolutions to them is one of the measured items Optum is tracking. **Ms. DiVittorio** stated that Optum has shared information with the Department of Health and Welfare regarding the complaints turn around time and the nature of those complaints received. **Senator Lakey** asked if denied services go through a peer review process. **Ms. DiVittorio** said that the personnel with Optum who are authorized to deny services are doctoral level trained clinicians. **Senator Lakey** inquired how the peer review and communication was handled. **Ms. DiVittorio** answered that the determination of medical necessity is done over the phone, documents can be shared if needed, and the decision goes to the member and provider in writing. **Senator Lakey** wanted to know as far as the interaction on the phone for a complaint, (which one of his constituents claimed to take at least an hour) does that create additional backlog on the phones. **Ms. DiVittorio** responded that these calls are done through a separate call back procedure and are not part of the care management phone line.

Senator Lakey wanted to know about the rates charged through case management. It was his understanding that there are different reimbursement rates for face-to-face case management versus by telephone or "intake" case management; why is there a difference? **Ms. DiVittorio** said that there are two codes for case management, face-to-face and by telephone. The telephonic code was decided upon based on research done at the national level and understanding of medical complexity codes. The rate for the face-to-face case management code was made based on the State's code prior to Optum taking over the contract. The difference in the rate is related to the complexity of the service offered, as well as the belief that in a recovery and resiliency form of care, face-to-face is most appropriate and effective to help an individual become self-sufficient. **Senator Lakey** then quoted the rates found from his constituent and wanted to know where those rates are

posted and how to gain access to them. **Ms. DiVittorio** stated that those fees are posted on Optum's fee schedule, being part of the contract with their providers, which is given to the provider during the contracting and credentialing process.

Senator Hagedorn stated that although the efforts of Optum to reduce hold times are good, his hope was that they would move in more of a direction to educating, training and understanding of issues between Optum, providers and members. He wanted to know if Optum has planned outreach and what that outreach does or will entail and how it will be implemented. **Ms. DiVittorio** answered that Optum does have a provider training plan that they manage and update based on the information that is gained through their quality assurance process which includes feedback. Optum determined the need to do provider outreach a while ago and have scheduled, starting next week, clinical provided forums across the State in every region; where Optum's clinical leadership will meet with providers to discuss specifically medical necessity and other services that require prior authorization. **Senator Hagedorn** then asked with this being the initial phase of the transition, if Optum has considered doing other things such as a webinar or a "go-to meeting" type of option to reach a larger number of providers at one time and address a lot of the initial questions they may have. This would calm the tactical issues so that the system can work more strategically to ultimately provide the services but also save the State money in the long term. **Ms. DiVittorio** confirmed that Optum does offer online training and they have looked at what message they want to get to the providers and how best to deliver that message. They decided that it would be effective to have their clinical leadership out in the regions for the upcoming provider forums, but that will not prevent other web-based training and conversations from taking place. She wanted to point out that Optum employs regional care managers throughout the State who interact with providers, and are involved in coaching and support for those providers. These regional managers are sometimes involved in intensive case management where Optum helps support members who have specific needs so Optum can be watching them closely. Optum will continue to offer and update their training plan and program as needed.

Senator Hagedorn wanted to know how the Washington state authorized Medicaid programs that Optum (and other states Optum operates in) oversees compare with the programs being offered in Idaho. Also, he asked, with the types of programs available, how do they expect to meet their vision statement to "expand the array of covered services." **Ms. DiVittorio** stated that every Medicaid program is different. The way to meet their vision for the State is to offer services that go above and beyond what is required by the State. These services include: peer support services, family support services and community transition support services. The example used in her presentation from Pierce County, Washington was to show how peer support services done there had a definite impact in that community. **Senator Hagedorn** asked about a particular work training program that Idaho does and seems to spend more money doing than other states and wanted confirmation on that. Since the number of programs in the State are less than other states, is that a consideration when authorizing benefits for certain programs. **Ms. DiVittorio** asked if he was speaking about the community based rehabilitation services as part of the out-patient behavioral health program, which he was. She then stated that when Optum looks at a program it is with the idea that they will get the best opportunity to ensure they have an evidenced based practice with the most cost-effective methods for the members to use with the limited resources they have to achieve the needed outcome. In looking at the program in the State and working with the Department of Health and Welfare, certain services were identified that may be provided but in a way that's not cost-effective, so those are the services that were noted as needing prior authorization.

Vice Chairman Nuxoll wanted to confirm that Optum was hired in an effort for the State to go to a managed care system. **Ms. DiVittorio** said that Optum responded to the State's decision to go to a managed care system and bid on the out-patient behavioral contract to deliver what the State had requested. **Vice Chairman Nuxoll** asked in changing from the fee for service to the managed care system, if that was the cause of some of the problems. **Ms. DiVittorio** answered that this is a big transition in moving to a recovery oriented system of care to consistently deliver medically necessary effective services for those in need.

Senator Schmidt wanted to know about the graph in the presentation showing a marked rise in wait times. In correlating the wait times to service, he asked if there had been a marked rise in the amount of service given, as well as payment for services given in that same timeline, as well as denials. **Ms. DiVittorio** responded that the denials (both full and partial) are subject to review by a licensed clinician, and there's a very low number of those, but she will get the exact numbers for a future date. As far as the services given in that time period, there was an increased number based on the influx of calls, but many don't need prior authorization so no phone call was needed for them and they can be done on the web through a self-service area. She confirmed that Optum did receive an increase in call volume as the graph shows for that time frame.

Senator Lakey had a question on dual diagnosis that was brought to his attention from one of his constituents; regarding mental health and disability, has Optum changed the prior definition by saying that anyone with an IQ below 70 wouldn't benefit from mental health services? If that is in fact the case, he wanted to know why. **Ms. DiVittorio** stated that she did not have that information at this time. Their level of care guidelines are published for the providers to view in advance.

Senator Hagedorn wanted to follow-up on Senator Schmidt's question, and know if Optum had a reasoning or understanding as to why the call volumes also went up in the same week that the hold times went up. Is there some sort of common thread between all of the calls during that week? **Ms. DiVittorio** said that Optum is currently looking into what was driving the increase in holds and volume for calls. She knows that a lot of authorizations were done, and there were some longer noted call times that happened, but she believes it comes down to complexity and volume. **Senator Hagedorn** asked that once the reasonings had been discovered and evaluated if Optum could give that information to the Committee. **Ms. DiVittorio** expressed that she would be happy to follow-up with the Committee on their findings. She stated that some of the volume might be attributed to prior authorizations that had expired and were being renewed.

Senator Lakey wanted to go back to his question on dual diagnosis and asked for Dr. Berlant's input if possible. **Dr. Berlant** responded that, to his knowledge, there is neither a formal or informal listing of an IQ requirement that would cut off access to treatment. The program through Optum is to cover the mental health disorder part of it and does not have treatments for mental retardation, which is what he thought Senator Lakey was alluding to.

Senator Lakey asked about payments being made within ten business days; he had another constituent express concern over not only the timeliness but also consistency in what is or is not paid. How is all of that determined and is the breakdown available to providers? **Ms. DiVittorio** responded that payments made are based on Optum's fee schedule and prior authorization requirements that are outlined in their clinical program and available to providers in the provider contract and manual. As far as consistency, the practice in place is to process payments on a first-in, first-out basis. There are cases where the provider will bill beyond what

the fee schedule allows, and that would be an example where the payment does not and will not match what Optum has been billed for.

Senator Lakey wanted a good working definition of "best practices in evidence based treatment". He's heard that same phrase on the provider side and wants to understand it and see how it's applied. **Ms. DiVittorio** answered that Optum set their clinical practice guidelines based on research, state law, federal law, nationally peer reviewed research and the national guidelines that exist from behavioral health and medical organizations. Optum's guidelines were approved by the State and those are what drive the decisions for medical necessity and appropriateness of care. They are working with the providers to ensure the care is medically necessary as well as cost-effective. Optum, upon review, is finding some members are being under served and need more care than they are getting, which is an opportunity for education to the providers from Optum's clinical leadership. **Senator Lakey** confirmed that the term "evidenced based treatment" was taken from established national studies and research for what's needed. **Ms. DiVittorio** stated that was correct.

Senator Lakey asked about "peer service supports" and wanted to know if this was something new in the State and how it works. **Ms. DiVittorio** said that "peer services support" has been available in Idaho but has not been paid through Medicaid. Optum is providing a way for providers to develop these support services within their provider organizations and deliver those to members. Optum has put "peer support services" on their fee schedule as a reimbursable service. Providers will be paid to have credentialed peers, who have "life experience" with behavioral health issues, to deliver peer support to other members and receive payment for this. **Senator Lakey** was curious about the term "life experience" does that mean people with mental illness are treating others with mental illness. **Ms. DiVittorio** confirmed that "peer support" is provided by people that have a "life experience" with a behavioral health challenge, and are using their experience to help another through their own recovery. **Senator Lakey** mentioned the term "credentialed" and asked about their qualifications and credentialing. **Ms. DiVittorio** noted that the requirements for a peer support specialist are different just as they are different for a psychiatrist and a psychologist. **Senator Lakey** wanted to know about their education or other requirements. **Ms. DiVittorio** stated that they must be a certified peer support specialist which requires intensive training and then the ability to pass the certification. **Senator Lakey** confirmed it was a training course and not a degree. **Ms. DiVittorio** said she did not believe there was a degree requirement.

Senator Hagedorn was wondering if there was some type of common measurement not only for the Department but also for their contractors, the Committee and even for the providers, something so that everyone can understand what "the priority metrix of measurements are and where everyone is in regards to meeting those metrix." **Mr. Armstrong** answered that the Department is committed to providing the Committee with performance numbers, but need to meet with everyone involved to discuss the types of numbers and measurements most important. He mentioned that they are looking at statistics more closely and it is to everyone's advantage to meet the desired targets. It may take months or even years to gather enough data to really look at the performance in certain areas and its effectiveness.

Senator Lakey also wanted to know if the Department had their own standard they are using to measure these things by and what exactly those standards might be, specifically for the call answer times which have been discussed. **Mr. Armstrong** stated that per the Department's contract with Optum, the time to answer is two minutes or less, so that is the one that will be focused on, but felt confident that

Optum will continue to make improvements in this area. There are various call factors that will be looked at including time to answer, time to resolution and actual talk time.

Chairman Heider inquired as to the Director's overall satisfaction with Optum and the job they've done so far and in moving forward. **Mr. Armstrong** responded that perhaps the Department may have been overly optimistic in the beginning of the conversion process which found them a bit more relaxed than they should have been. The one thing the Department wanted to ensure was that providers were being paid properly. He also noted that with a new process it takes a while for the claims to start coming in and the volume to increase. In the first four months, Optum has paid out 84 percent of the claims submitted which he is satisfied with so far. He stated that it has been a good partnership with Optum, and he'll remain cautiously optimistic.

Senator Martin commented that when they were sworn in as legislators, they brought their arm to the square and made certain promises as part of the oath they took. He mentioned that part of the rights of Idaho citizens is to voice grievances, and they have certainly heard them about Optum's performance. He appreciated Optum's efforts to improve, but as an elected official, he is committed to watching to make sure the citizens' concerns are being met and taken care of in a timely and effective manner. It seems to come down to money. We need to pay for adequate phone staff, pay the providers and keep them happy, but we also need to be careful not to overspend the resources.

Senator Lakey wanted to note that he also appreciates the Department and Optum's willingness to be before the Committee and wanted the chance to meet again, if possible, before the session ends to hear more updates from them. **Mr. Armstrong** said that would certainly be possible. He knows they have a duty to Idaho and its citizens, but in any transition process there are problems to work out. The key is to monitor the quality and make sure the clients and members are being taken care of effectively.

Chairman Heider thanked the Department and Optum for their participation in the meeting. He noted that the role of a legislator is to answer to the people and for the people, especially when there is a problem or a complaint. It was his hope that an open door policy will continue between the Committee and the Department as well as with Optum, to contact them if there is a concern, and the open phone line has been appreciated. He asserted the wish that the Department and Optum will be open to good communication between them all, to allow the Committee to better represent the people they serve. He voiced faith in the efforts of Optum to assist the people in Idaho with behavioral health issues.

ADJOURNED: There being no further business before the Committee, **Chairman Heider**, adjourned the meeting at 4:25 p.m.

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Senator Heider
Chair

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Linda Hamlet
Secretary

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Linda Harrison
Assistant Secretary