I. Attendee introductions and statewide ACT provider call in

II. ACT and IPS memo
   A. For ACT to benefit, SE has to be at fidelity levels for purpose of outcomes
   B. Discussion of ACT and IPS participants, follows client desire and directions, promotes a culture of work, translates desire and direction to action steps towards goals
   C. Contact as many participants as possible about work, keep at it, focus on interest areas and engagement, relationship aspect of making service connections

III. ACT brochure and clinician guide developed by OCEACT staff collaborative
   A. Convergences in negotiation, requires introductions, provides starting points
   B. Looking for avenues to tailor and individualize ACT services according to need
   C. OCEACT met with OSH hospital staff relative to enhancing ACT accessibility
   D. Fidelity and benchmarks not to be focused on during ACT introductions

IV. Second Quarterly meeting being established for data and discussion, decision rules, outcomes, data elements, after next quarter there will be an entire year to review of data
   A. Decision rules for OAD
   B. Comment and Analysis

V. OCEACT Conference June 11 and 12 at OSU’s CH2mHill Alumni Center, presenters discussed Pat Corrigan, ACT institute, positionality, ideas for topics, care for geriatric patients, compassion fatigue, social determinants of health, community partners, Suboxone training, rural urban ACT challenges and solutions, person centered services, language, potential for a team lead breakout the day before the conference, leadership, clinical supervision, anosognosia. Looking for ACT success stories to be interviewed for upcoming video.

VI. Questions and Closing