

**MHSA CONSOLIDATED PLANNING & ADVISORY WORKGROUP (CPAW)
MEETING MINUTES**

September 2, 2010, 3:00 PM – 5:30 PM

2425 Bisso Lane, Suite 100, Concord

CPAW Members: Brenda Crawford, Courtney Cummings, Molly Hamaker, Lori Hefner, Ralph Hoffman, John Hollender, Dave Kahler, Candace Kunz-Tao, Susanna Marshland, Kathi McLaughlin, Susan Medlin, Mariana Moore, Teresa Pasquini, Annis Pereyra, Tony Sanders, Wayne Thurston, Sam Yoshioka

Members of the Public: Stephen Boyd, Contra Costa Clubhouses

Staff: Sherry Bradley, Zabeth Cooper, Cindy Downing, Kathy Guruwaya, Erin McCarty, Imo Momoh, Mary Roy, Elvira Sarlis, Suzanne Tavano, Vern Wallace

Excused: John Gragnani, Steven Grolnic-McClurg, Rhonda Haney, Peggy Harris, Ron Johnson, Lori Larks, Beatrice Lee, Ryan Nestman, Cheryl Virata

Absent: Anna Lubarov, Connie Steers

Facilitator: Grace Boda

Grace Boda opened the meeting at 3:00 PM.

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1)Opening	Introductions were made around the room.		
2)Feedback from the Last Meeting	<p>Grace emailed 2) committee members after the August meeting and asked them what they thought about the three-hour meeting length.</p> <p>Approximately half of the members liked it and half did not. She decided to compromise with a two and a half hour meeting starting this month. Also, times are now being allotted for each agenda item, which Grace will remind members of during discussions. Members felt that everyone was better at staying on topic and that there was less reporting and more discussion. It was suggested that when members give a report they should state the pros and cons of the issue. Members also noted that the group has been struggling with how to participate in the consensus-building process and that it needed to get more skillful around that.</p> <p>Sherry reported that a training survey was sent out to Community Based Organizations (CBOs) and staff via Survey Monkey to determine what training needs people have.</p>	<p>Recommendations: State the pros and cons of an issue when giving report. Work on the consensus-building process.</p> <p>Please respond to the survey if you've received it.</p>	CBO and County Staff Members
3)Understanding and Improving Consensus Building	<p>Molly Hamaker made a presentation on the consensus-building process. She spoke about the history of it within CPAW, stating that she couldn't recall why it was chosen or how it was determined which consensus-building process would be used. The goal for the group was to determine how to get more value out of the process and stay on task. A brief presentation on decision-making was given.</p> <p>Robert's Rules of Order: this is the predominant approach to conducting meetings. Meetings are</p>		

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	<p>overseen by a chair. The philosophy of this process is that the majority is in the best position to make the best decision for the entire group. There are many forms of consensus. The version most used is a secularized version of a Quaker practice. It allows for the exploration and development of solutions.</p> <p><u>Pros and cons:</u></p> <p><u>Pros:</u> It allows the dialog to be kept open, a person can decide whether or not they can agree or live with the decision being made. One person’s input can frame an issue: this is a big advantage as it allows for a richer discussion, it’s better than Robert’s Rules in that way. Everyone walks away feeling good and supportive of a decision when there is buy-in and are in a far stronger position to take action.</p> <p><u>Cons:</u> It takes time to build community trust and culture in the community but hopefully it happens in a transformative way. It gets bogged down when trivial, off-topic, or personal issues are raised. It has to be well-facilitated. Facilitation is especially important when looking for emerging proposals and testing for agreement.</p> <p><u>Discussion and comments:</u></p> <p>Ralph: Consensus-building is very appropriate for this group, Robert’s Rules of Order is not.</p> <p>Teresa: Thank you, this was very helpful and sorely needed.</p> <p>Mary: Thank you.</p> <p>Grace: Thank you to Molly; you’re all invited to bring things from your backgrounds to the group.</p> <p>Shades of agreement: a no vote means you’ll block; all else is some version of yes.</p> <p>Susan: at times people who have reservations or stand-asides may feel unconfident. They may have a block they’re not sharing. We should attempt to get inclusion and discussion from them.</p> <p>Sam: has been in organizations that use Robert’s Rules of Order and have had contentious issues over the years. Some never get resolved. Sometimes we need time for thought and to bring up an issue a second or third time before the final vote. We shouldn’t aim for making an immediate decision so we can have time to go over what’s been said.</p>		
4)Structure for Clarifying CPAW’s Role	<p>Grace went over the Levels of Engagement sheet:</p> <ol style="list-style-type: none"> 1) Receive Information; 2) Prepare to Approve (build understanding); 3) Approve (yes or no); 		

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	<p>4) Reality Check (hot, warm, cold); 5) Advise (deliberate); and 6) Plan (go to work). Members should be very clear about what they want from the rest of the group.</p>		
<p>5) Innovation Committee Action Items</p>	<p>Sherry presented the Innovation Committee’s four recommendations to CPAW. <u>Recommendation #1:</u> approve the revision to the charge of the Committee.</p> <p>The Workgroup felt that gap-analysis should be an administrative task within all of the projects.</p> <p><u>Recommendation #2:</u> the Committee recommends the category of “Fast Track” ideas be established, with the criteria that ideas must be able to be quickly implemented once approved and project budget is \$<250,000. The Committee recommends that Fast Track ideas originate from Staff or the public and that the Committee review one fast track idea per month.</p> <p><u>Recommendation #3:</u> the Committee recommends to CPAW that the CalMEND Integration Process Project, INNFT-01 – Promoting Wellness, Recovery and Self-Management in an Integration Pilot Project, be approved for up to \$250,000 and up to 24 months.</p> <p><u>Recommendation #4:</u> the Committee recommends to CPAW that INN-04, Trauma Services for Sexually Exploited youth, be developed into a Draft Plan and RFI.</p>	<p><u>Recommendation #1:</u> Innovation Committee Charge Revised - approved by consensus.</p> <p>Gap-analysis requested of staff in development of all projects and/or workplans.</p> <p><u>Recommendation #2:</u> Fast Track Theme - approved by consensus.</p> <p><u>Recommendation #3:</u> INNFT01 – Promoting Wellness, Recovery and Self-Management in an Integration Pilot Project - approved by consensus.</p> <p><u>Recommendation #4:</u> INN04 – Trauma Services for Sexually Exploited Youth - approved by consensus.</p>	<p>Sherry Bradley & Mary Roy</p>
<p>6) Prevention and Early Intervention (PEI) Developments</p>	<p>Mary gave an update on the status of two of the PEI projects under the Mental Health Services Act (MHSA). <u>PEI Project #7:</u> Supporting Families Experiencing the Juvenile Justice System. This project will be going through a redesign. The anticipated need was greater than what actually existed. We now have a better sense of the numbers. The Community Liaison to Probation piece is already up and running. Because of this change, there is now over a 25% reduction at least temporarily, which will trigger an</p>		

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	<p>update to the annual update.</p> <p><u>PEI Project #4: Suicide Prevention.</u> We are ahead of ourselves on this project and it's very exciting. The Suicide Prevention Committee is currently looking at models of care that have a positive impact, e.g.: the Henry Ford Health System in Detroit, a public behavioral healthcare system with a membership of 200,000. Their initial model five years ago had 89 suicides per a population of 100,000. That number was reduced by half each of the consecutive four years and now is down to zero for the last nine quarters. Dr. Coffey will be consulting with the Committee on September 24th. The Committee will be doing research on whether this model is feasible for a public mental health system and should be recommended to our administration.</p> <p>Tabled under PEI were people who were just beginning to experience mental illness. We are now looking at models for treatment "protocols;" family and client-inclusive models that have had positive outcomes.</p>		
<p>7)Review What MHPA/CPAW Items/Deadlines are Coming Up in the Next Six Months</p>	<p>Sherry announced that staff will be using a new tool for tracking and planning deadlines. It will be emailed to the Workgroup. The grid will cover the next three fiscal years and will show reverting funds. The Annual Update for 2011-12 will come up in early fall. It will offer an at-a-glance view of the upcoming fiscal year.</p> <p>The Mental Health Director was approached about how to use facilitators and other resources more efficiently. We may not be using facilitators in committees as often. We may be looking at committees differently; we've already established eight points and come up with the charges for each. A staff person may be assigned to facilitate, e.g.: the housing coordinator could chair the Housing Committee. Formal recommendations are forthcoming. Grace is a facilitator as well as a consultant. We want to align our systems to meet our needs. Donna is hearing from members that they're getting exhausted from all committees. We want to be careful about all we do.</p> <p>Molly: The housing committee exceeded the scope of CPAW and MHPA. If we are here to transform the system then we should be careful not to pull the plug too soon.</p> <p>Kathi: We decided that some committees need</p>		

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	<p>facilitation: e.g.: Innovation and Capital Facilities. Brenda: Some meetings are not well run, we have to ask ourselves what the added value is of having or not having facilitators. Suzanne: The Capital Facilities and Information Technology committees have met their charges and could split off into work groups.</p>		
8)Public Comment and Closing	<p>Public Comment was provided by Stephen Boyd: He likes that PEI money is being spent, it means that less consumers are going to the hospital and experiencing psychosis.</p> <p>Sherry announced that the Joint Powers Agreement for the County to Join the California Mental Health Services Authority is going to the Board of Supervisors on September 14th.</p>		
9)Next Meeting	<p>Thursday, October 7, 2010 2425 Bisso Lane, First Floor Concord, CA 94520</p>		