

Contra Costa Mental Health Commission
2011 Planning Meeting
January 6, 2010
Verbatim Minutes – For Approval on 2.24.11
(--- = inaudible by recording device)

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:09 pm by Acting Chair Pasquini while people dished up food. Introductions were made around the room.

Commissioners Present:

Peter Bagarozzo, District V
Evelyn Centeno District II
Dave Kahler, District IV
Peggy Kennedy, District III
Carole McKindley-Alvarez, District I
Colette O’Keeffe, MD, District IV
Floyd Overby, MD, District II
Teresa Pasquini, District I, Acting Chair
Annis Pereyra, District II
William Wong, District V
Sam Yoshioka, District IV

Commissioners Absent:

Supv. Gayle Uilkema, District II

Facilitator: Judith MacBrine

Presenter: Molly Hamaker

Attendees:

Helen Geddes, Crestwood
Ralph Hoffmann NAMI, MFI, MHCC
Brenda Crawford, MHCC
Tom Gilbert, ShelterInc.
Bob Thigpen, Family Support Worker
Marianna Moore, Human Services Alliance

Staff:

Sherry Bradley, MHA
Linda Cipolla, Staff to MHC
Suzanne Tavano, MHA
Dorothy Sansoe, CAO
Donna Wigand, MHA

2. WELCOME – Teresa Pasquini, Acting Chair

- A. Introductions
- B. Review Agenda and Desired Outcomes
- C. Public Comment Instructions

Acting Chair Pasquini: I want to welcome everyone to the Contra Costa County Mental Health Commission Planning Meeting for the upcoming year 2011, and I want to go around and do introductions first, starting with Mr. Commissioner Yoshioka... (see list above)

Acting Chair: Next we’re going to review the agenda. She listed the agenda per Judith’s written agenda posted on the wall on butcher paper.

My only clarification on that is I’m not sure that we’re... by adopting... yes, we’re going to propose an action plan, whether it’s adopted today or not, we have some items to complete in our Thursday meeting, some governance issues and what not, and so we may be adopting an action plan in concept

today, that may then be finalized, or we may... I mean it's worded that we can take action today if we choose to, and if we get to that point, so that's... I know last year and I believe the year before, we got through this meeting and we adopted a plan of action in concept, that then was not fully developed until the next meeting or the meeting thereafter. That's my only clarification there.

Before we go any further, I would like to discuss meeting decorum. And remind everybody that we do have in place, I believe, our meeting decorum agreement is included in every packet, they apply to the Mental Health Commission members, and all members of the public. And I'm going to be very mindful of that process for this meeting and my last meeting of Chairing on Thursday. I will say that I probably won't tolerate another meeting like I experienced last month. And I don't expect it to be tolerated by any Chair. I think that we are here to work together, to treat each other with respect, I will always try to provide respect to those, and focus on the merits of the discussion and not personality traits. I'm hoping that that will be agreeable to everybody, and that's how I intend to Chair this meeting.

PUBLIC COMMENT - The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit.

Acting Chair: The Public Comments instruction here, this is something that I'm going to try to handle at this meeting as well. Rather than having cross talk, we've had ongoing cross-talk happening in our meetings, I'd like to... we're going to open up public comment, and for any item that is not on the agenda, we're going to hear from members of the public, as we always have. And then on each agenda item, we are going to open up public comment, on that item, and then close it, and then allow for the Commissioners to comment, without having ongoing back and forth dialog with members of the public. This is how the BOS handles their meetings. I think that will assist us in smoother meetings, and without allowing for a lot of back and forth. We have to get through our agendas and we haven't been doing that. This is something we're going to do going forward.

So, after that I don't have any Public Comment cards, so are there any comments from members of the public?

Commissioner Yoshioka: Yes

Acting Chair: Did you want to fill out a public comment card afterward?

Commissioner Yoshioka: I don't think we have to as a Commissioner.

Commissioner Yoshioka: I just want to ask, I thought I previously saw Dorothy Sansoe, on one of the agenda, this agenda doesn't have her listed at all, and I'm wondering what happened to the By-Laws of the IOC meeting.

Acting Chair: Dorothy was never planning on giving an update on the By-Laws, she was originally planning on, if they were available, giving the legislative platform discussion. However they aren't available. I will hold it until the announcements – I'll give an update as much as I can. Peggy, Carole and I were all present this morning for that meeting.

Any other Public Comments? (no) so I'm going to move down to Item number three, announcements.

3. **ANNOUNCEMENTS**

Doodle poll: For new monthly date for Commission meetings. Please note there is a choice of 4 days, Please choose all days available not just one day. The four days listed are days that both Donna and Suzanne can attend. Their commitment's have changed as part of the Joint Powers Association/Agreement (JPA) Linda to resend doodle poll.

Bio update: We are going to have our picture taken before Thursday's meeting at 4:00pm and the Bios will be used for the next, Mental Health Matters Newsletter to highlight how great we all are.

Christmas party: See the flyer for the Christmas party that is a joint partnership effort with several agencies and it's September 10th, 11-3pm and it's at the Pleasant Hill Community Center. It will be announced again on Thursday.

Update on By-Laws: (Dorothy Sansoe):

Mary Piepho actually did a very good job going through the By-Laws, word for word, with a number of good suggestions – I had a number of recommendations as staff to the county administrators the IMA, She accepted some, not all and made some changes. We're preparing the revised By-Laws to go to the BOS in the first meeting in January on the 11th. Since it's the Board's reorganization meeting, will only accept consent items and will hold off on the calendar it gets relisted for the following meeting, so it's either approved or delayed.

Hopefully we'll get them approved on the 11th, and on the 12th we can start --- the By-Laws. My recommendation to the Commission is that the changes were so significant, that you use them for a couple of months and see how you do with them and then there might be tweaking after that that would be a shorter process.

Acting Chair: This question in regard to workgroups – I think that might impact our discussion today.

Piepho's concern was if the Commission creates the workgroup, taskforce, or subcommittee that they are all treated the same because the Commission created them – so they all fall under the Better Governance Ordinance- all agendas must be posted. The brief conversation I had with County Counsel who is not an expert in this area, agreed with Mary that you should be posting agendas for all meetings. The only exception to that is if two of you get together to gather information and bring it back to the Commission, that's fine – it doesn't have to be posted. As long as a group meets on a Commission sanctioned task force that it must follow the Brown Act.

Discussion:

Commissioner Kennedy: The Brown Act if you have fewer than a quorum in a group

(Sansoe: They seem to be agreeing that regardless, meetings need to be publically noticed)

Commissioner Yoshioka: Will commission have the opportunity to review and comment on whatever is going to the BOS? Because we haven't seen it.

Dorothy Sansoe: Well, you have seen it (at) the last Commission meeting, you haven't seen the changes that the Supervisor is recommending to the Board. You actually have two options: if you want to bring it back to the MHC as an agendized item, you could do that and delay going to the BOS. My recommendation is you've been waiting a long time, we finished review on this last May and we just now got the Committee to--- work with what Supv. Piepho is recommending is --- and then tweak it. But if--- as an agendized item then we can do that too.

Acting Chair: Okay it's not an agendized item today so we can't have a discussion on the ---

Commissioner Yoshioka: It won't be on Thursday?

Acting Chair: No, you're right, it won't.

Commissioner Yoshioka: What's the chance of having whatever is going to the BOS passed out to Commission members?

Acting Chair: I think that our first glance at it would be prior to the January 11th meeting, if I'm hearing correctly.

Dorothy Sansoe: I think what Sam's asking is can I do the revisions and share with everybody. I'm not sure about that, if it would be breaking the requirements. If that's what the Commission would like I can follow up with County Counsel and if it's allowed I can send it out to the Commission.

Acting Chair Pasquini: If it's allowed, I think that would be great. And that would allow any Commissioner that might want to pull that consent item on January 11th.

Dorothy Sansoe: If you think you're going to do that I would like to know in advance so I just won't list it – I'll delay it until the following meeting.

Acting Chair: Okay, I've been waiting two years for By-Laws so I'm ready to go with it, and try them out. (Talking to Sam) I know that your public comment is also part of the packet, so it is considered, (Talking to Dorothy) so do you want to poll everybody and ask if anybody's going to pull it?

Dorothy Sansoe: If you don't mind, I'd like to just get a feel whether the Commissioners want to bring it back as an agendized item sometime in January/February. Or, if anybody feels if they may... They're not going to know the revisions until they see it. So if I could get a feel for people whether or not you want me to delay it going to the Board until you have a chance to agendize it. Or if you're comfortable with putting it on the full Board's agenda.

Acting Chair: You want to know if we're comfortable putting it on the full Board's agenda by a show of hands? *Sansoe asked for a show of hands for those who want to move it forward to the BOS. The unofficial vote showed a majority for putting the By-Laws on the Board's agenda.*

Dorothy Sansoe: For those of you who didn't put your hand up... I'm very pleased with most of the changes that the Supervisor made, I think she was very thoughtful in the process, and like I said, she didn't take everything I said, she didn't take everything Peter said, she looked at it closely, and dealt with the specific ramifications of all the changes. I think you'll actually like the (new) By-Laws, they are much clearer, cleaner, with a little bit more direction than the old ones.

Acting Chair: I 100% agree with you (*Sansoe*) and I've been in every painful meeting and rewrites for two and a half years, and I also had some concerns actually – I changed my mind about some of our proposals and I think that the recommendations were really good. We still need clarity on the workgroup process which is pretty important to get.

Commissioner Yoshioka: (*Why were*) people raising their hands?

Acting Chair: They were voting. We raised our hands.

Commissioner Kennedy: (*explained to Sam about the voting*). I was going to ask a question Sam and then she said she wanted to do a vote, then I just voted.

Acting Chair: We need to move...

Commissioner Kennedy: No, my comment was just even though there were a couple of things that I thought were a little bit more substantial, I thought the intent was very much the same on most of the issues. But she just kind of fine tuned it and tweaked it so, Sam I didn't want you to think that there were major differences between... aside from this whole workgroup thing which came at 1:05 today, at the very end of the meeting, I really didn't see anything else that was---(inaudible).

Commissioner McKindley-Alvarez: It is an interesting piece though of how we are to see things if we weren't at the IOC meeting, how the full Commission is able to see changes that happen, because if I wasn't at most of the meetings I would be hesitant to say, 'yes, please move forward.' So it is a valid piece when changes occur, how is it that the full Commission is ensured that these changes still reflect the essence of what they were voting for initially.

Judith: Is that something you want me to put up on a parking lot?

Acting Chair: Okay we're already a little off-track a little bit here, so are there any further announcements?

Okay, I am happy to turn this over to the facilitator, Judith MacBrine... you're on!

4. BEST CASE / WORSE CASE SCENARIO for 2011 –Judith MacBrine &Commission

Judith spoke:

This exercise I have here is called best case/worse case. What it does is bring awareness because some of the things that may be in the background impacting how you behave together, that they're not out so you can actually design with them. But they're back there kind of flavoring it.

What this piece, and the consensus building and the talking about how we work together comes to how you want to be in 2011 together, how you're going to operate together as a group, how you want to operate with your partners, how you want to operate for you clients.

So in this first case in 2011 – let's start out with what are your best hopes for how you could be together in 2011 as a Commission?

Just as an example as a facilitator coming in I have best hopes on how it'll go as a facilitator, and I have my worst case scenario on how it would go. But the hopes are you'd be focused and accomplish the kinds of outcomes that you want to in the meeting. The worst fear is that everyone will go crazy and there'll be no control and everybody will be unhappy, and it'll be 'augh'! (laughter). So those are the kinds of things that operate in the background and if we know what these things are then we can design toward a best case and avoid a worse case.

Judith noted Commissioners best and worst case scenarios on butcher paper on the wall:

Commissioner Kennedy: Yes, I'd like to see us be a bit more collaborative – working toward the same goals.

Commissioner McKindley-Alvarez : Trusting and transparent.

Commissioner Yoshioka: Leadership without a personal agenda that neutrally facilitates.

Commissioner Wong: Operate within our authority.

Commissioner Centeno: Open mindedness and cooperation.

Commissioner O’Keeffe: Attention to achieving concrete goals, not just policies and statements.

Commissioner Pereyra: Adding to that, focusing on fewer goals so we can actually achieve something, and my worst case fear is that it will be as scattered as it was last year. *(Cross-talk and laughter)*

Commissioner Centeno: negativity

Acting Chair Pasquini: Are we allowed to ask what people mean? (Judith, let’s get them up and then we can go back).

Commissioner Bagarozzo: Twentieth Century mentality in the Twenty-first Century. *(Cross-talk and laughter)*... Thinking outside the box is another way of putting it.

Acting Chair: That’s your worst case?

Commissioner Bagarozzo: That’s my biggest fear.

Acting Chair: That we won’t think outside the box – got it.

Commissioner McKindley-Alvarez: Self-driven

Commissioner Centeno: Personal agenda

Commissioner McKindley-Alvarez: I want to say something around creating unhealthy alliances. Meaning, our role is to support each other so, let’s say if I disagree with something and I call up Peggy, that her role would be to not allow me to kind of persevere, and create an unhealthy alliance in that place, but to be thoughtful and encourage me to speak with that person, or to open my thought process to what’s going on.

Commissioner Centeno: I don’t know how best to describe, ‘being bogged down by the past’.

Judith: anything around how you don’t want to be (with each other, clients etc)

Commissioner Yoshioka: We’ve got quite a few new people on the Commission, in fact the majority on the Commission are fairly new. And, we have never had the chance to really get to know each other. So best case is where we take time to get to know each other so we can, from there, work together.

Commissioner O’Keeffe: The Consumer applicants – I haven’t seen any progress in interviewing them. I hope that that doesn’t continue to be stuck.

Judith: so what’s the desire underneath that?

Commissioner O’Keeffe: That the Consumers who have applied, that their application...

Judith: Remember that we’re talking about members... So, your internal processes?

Commissioner O’Keeffe: Yes, that they seem to be glued (not moving forward)

Commissioner Yoshioka: Vacant Consumer (inaudible)

Commissioner O’Keeffe: Right, and there are two applicants.

Commissioner McKindley-Alvarez: I would say in the worst case, to not want to see us be hurtful to each other, verbally, specifically... but not hurtful.

Commissioner Wong: Possible worst case – the timelines of getting things done. Seems to be such --- progress. *(cross-talk and laughter)* Slows things down.

Commissioner Kennedy: So best case would be streamline.

Acting Chair: I would like to have a ‘Truth Commission’ – I want a fair-minded and polite Commission as well. I get concerned about words like, ‘negativity’ and ‘past thinkers’, I want system thinkers, I want to assume good intentions, but I want to be able to tell the truth; we’re dealing with a system that is very fragmented and very harmful – so it is not always a picnic to talk about the MH system. And you’re going to have diverse ideas and thinkers and I think being mindful and respectful of other’s differences is extremely important but I guess I’m thinking of Martin Luther King’s Birmingham Jail letters, when he talked about positive tension and negative tension.

Commissioner Bagarozzo: Worst case is an orientation program that continues as it is, which is really lacking in information, housing procedure, inter-relationships...

Commissioner Wong: Actually the worst case is the same. *(cross-talk and laughter)*

Commissioner Bagarozzo: As for best hope, maybe this is too generic, ‘professional’. I mean, once you know the difference between being professional and the opposite.

Judith: I’m getting a temperature reading, if you had a scale from one to five with five being the best, and three being in the middle of worst case, and best case, where do you think you are now as the Commission? Closer to the worst case or closer to the best case? And what I’ll do is call out numbers and you can pop up a hand as we go through.

Commissioner Yoshioka: You should have asked us that question last month.

Judith: That is informing you, right? (woman: you weren’t here last month!)

Commissioner Yoshioka: I know (laughter)

Judith: Is there anything here that surprises you? I hear that there’s an alignment in terms of what you really want for your Commission in 2011, and what you don’t want – and no disagreement on that. Is your current reality closer to your worst case scenario or best case scenario?

Commissioner Centeno: I’m sort of new in the Commission, and I was thinking of abstaining, but I want to say I want to be in the middle. I know we’re not a perfect Commission but then there’s room for improvement, so I want to say we’re #3.

Judith plotted on the paper from worst case at 1 to best case at 5:

How many other people are in the 3 area (total of 3);

Let’s go toward the positive, more toward the 4 (0) *(laughter)*;

More toward the 2 (3);

More toward the 1 (4);

Toward the 5?

Basically this is what you want (hopes/5) this is what you don't want (fears/1) and you're seeing more of this (fears). So then as we talk about consensus building now, and as we go on to work together, to make this happen (5) will be coming up... Molly, you're next.

Acting Chair: for clarity, Dorothy, should I ask for public comment on this as well? Are there any members of the public that would like to comment on this particular item?

Ralph Hoffmann asked Teresa to read his comment: "Avoiding the use of words 'nuts, crazy' etc. even though they are part of the current vernacular." Thank you and this is for item number... this item.

5. CONSENSUS BUILDING –Molly Hamaker & Commission

A. Presentation

B. Questions and Answers

Molly Hamaker:

I'll introduce myself and tell you a little bit about why I think I'm here and how I landed here today. As I mentioned my name is Molly Hamaker and I've been a member at CPAW since it started, and I gave a similar presentation at CPAW recently and was invited to come and share the same presentation with you. In addition to being a CPAW member like many of you, I have a lot of other hats that I wear and some of them that are somewhat relevant to my presentation today in that I am also the parent of an adult with schizophrenia, and I'm a founding member and Executive Director of the Contra Costa Clubhouses which operate Putnam Clubhouse in Concord. And I'm also a credentialed school psychologist – along the way I did that too.

So before I start I want to share a little about how I became familiar with the consensus decision making process and it really starts quite a few decades ago back in the 70's when I worked in the non-profit sector, as my first career and I was part of a social change organization and we decided to do things differently like many things that were going on in the 70s. I look around the room and I bet a lot of you remember the 70s. And so we decided we were going to run our agency as a work collective – meaning we weren't going to have hierarchy, and a manager, and we were going to do everything together. So we decided to use consensus as our decision-making process. Of course, back in the Seventies we had no idea of what a consensus decision-making process even looked like, so we were kind of making this up as we went along. And once a week we would have our staff meeting and that would go on for hours and hours, into the night because we didn't have very good tools yet for how to do consensus decisions so it really meant we had to go on talking and talking, until everybody agreed, and sometimes it was 11:00 at night before this happened. So it was kind of an interesting time and I'm glad I had that in my past, it made me interested in different ways to do decision-making. Further on in my career in the 90s, I was the Associate Director of a national non-profit called, The Center for Living Democracy" and the purpose of the company was to help ordinary citizens become more effective in their public problem solving. So everything from schools to public groups like this – commissions and so on, to our politicians, to everybody about how to make ourselves more effective. So we did a lot of work on researching what tools worked, in other words, when citizens are effective in changing their communities, what do they do, how does it look, what can we learn? And so I was very involved with that for many years, and fortunately during that period, I started to study and learn about these tools that would help us be better at doing things like this, and one of the things I learned a lot more about is the consensus decision-making process. So when I got involved in CPAW, we decided as a group that we wanted to use consensus as our decision-making process, however, we never really talked about what that meant and how it would be any different than voting. Over time we gradually got to the point where consensus decision-making translated to voting with thumbs up and thumbs down – but we were still voting... and I mentioned to one of our facilitators one week, and she asked if I would give a presentation on consensus decision-making to help our CPAW group do it in a

more effective way. In other words, let's not pay lip service to saying we're doing consensus but actually have a process that we would use. Fortunately in all the decades since the 70s, collectively we developed a lot of wisdom about alternative forms of decision-making to Robert's Rules of Order. And consensus is one that I personally am really fond of for a variety of reasons. So let's first start with how Robert's Rules of Order came about and then talk about how it's different from consensus decision-making. It was founded after the civil war by a military officer named Roberts and it as most of you know has become the predominant approach, that we use in our society for decision-making in meetings such as these. On the positive side, it lays out very clear procedures for how to get from here to there: how do we raise proposals, how do we discuss them, how do we amend them, how do we vote on them and make a decision? And always a Robert's Rule of Order group will be run by a Chair person of some sort. The most distinctive difference between it and consensus is consensus is based on the belief that the majority can be counted on to make a decision for the group and that there are rules that we follow and very deliberately go through them to come to these majority rules decision. So how does this differ from consensus? One thing is that there are many forms of consensus decision-making which is why we got so tangled up in our CPAW meetings because we didn't know which one we were following and how it worked. The ones that are generally used today and are most effective are a secularized version of Quaker practice and that's what is used by most community and activist groups today that use consensus decision-making.

One of the strongest qualities of consensus is it really allows a group to explore a problem and to come up with diverse solutions, and it's very hard to do that as you all know, using Robert's Rules of Order where you kind of come in with one thing, and you end with the same thing and in the middle you have to simply give in to a majority and that means you can have 51% happy and 49% not feeling so good by the time you're done with your decision. So let's talk a little more about the consensus process and many of the hopes that you talked about here (with Judith) are really part of the consensus process. So the first is it encourages to keep the dialog open until an option emerges that earns the agreement of everyone, or at least something that everyone agrees they can live with. That really speaks to the open mindedness that was brought up with the hopes that you talked about earlier. And also that each participant is heard and helps to form the consensus and the decision to build it, by their piece of knowledge, feeling, thought, that goes into it – and that speaks to more collaboration – another one of the hopes that you talked about earlier. And also something that is unique about consensus over Robert's Rules, is that one person's input can actually influence how you end up framing the decision at all. Because you may come in thinking what you need to decide is X, Y or Z, but after you hear somebody in the group, the group can decide, 'wow, we weren't even thinking about that right, we really need to look at this entirely differently.

And let's make a decision based on that. It definitely allows for richer discussion, because you move away from the lose/win mentality. If you know that we don't just have to get to the point where the majority agrees, but you're trying to get to the point where pretty much everyone agrees, then it really lends to that open thought process, again that you talked about in your goals. In consensus you want to reach a point where each person can walk away from the meeting feeling good about the discussion and feel at least broadly in support of the group's decision. And when that happens the buy-in is so much stronger that when you go back out into the community you're going to have a much better chance of enacting the decisions that you make and that really speaks to the achievable goals that you talk about here – again, if you have a room of twenty people and only eleven of them really bought in, you know the kinds of things that happen – we've all been there. When you go back into the world and try to make things happen, you're going to have enemies within your own group because people didn't take the time to go through the process that allows them to really feel like they've come to an agreement. So what are the potential problems, because like everything it has some problems as well.

One significant problem is it takes time for a culture of a community or of a group like this to develop so if have a group where people are coming and going, sometimes it can be difficult to get everyone to be part of the same culture of a consensus process. And without a shared sensibility it can be very difficult to build consensus. And I think that really speaks to a healthy alliance versus an unhealthy alliance that you were talking about earlier. You really want to have a sense of a healthy alliance where people are on the same team, and trying to work together. Finally one of the other problems that could happen without good facilitation is that the decision making can get very bogged down, because people can bring up things that are overly personal, that are off topic, that really slow the process down and that could be very frustrating to folks so I think that's something you have to watch out for whenever you do a consensus process.

If you look to your handouts and I hope everybody has them there is the *Consensus Flow Chart*, if you want to take a peek at that, I'm just going to run you through it quickly. Does anyone have any questions so far?

Ralph Hoffmann: It's been my experience that organizations that follow Robert's Rules of Order have difficulty because the organization has not read Robert's Rules of Order.

Molly Hamaker: Well I think if you haven't read Robert's Rules of Order and you're following them you will definitely have problems. And I think equally if you're following consensus decision-making process and you don't have the group all on board about how it works and what process you're following, you will also have problems. But I'm talking more about, assuming all things are equal and you're following your process, a different process to Robert's Rules entirely that has its pros and cons.

Acting Chair Pasquini: For clarities sake, our commission does not use Robert's Rules of Order. And I don't believe most county...

Dorothy Sansoe: I don't know of a single board out of 90 some odd supervisory boards, I don't know of one that does.

Acting Chair: Right, and I know that's caused some confusion for a lot of commission members, and there's been often times when Robert's Rules of Order has been referred to and we don't actually follow Robert's Rules of Order.

Molly Hamaker: What do you follow?

Commissioner Wong: I think we follow the basic tenets of Robert's Rules of Order: how to make a motion, how to vote, those kinds of things - the more common aspects of it.

Molly Hamaker: So you kind of pick and choose.

Acting Chair: We're not following them strictly. Nor are we advised to follow them - I believe County Counsel advises us that they are too complicated.

Dorothy Sansoe: You're absolutely right, County Counsel advises that when you don't know them very well it can get very bogged down for the meeting. So we follow bits and pieces about decorum, the By-Laws of the Commission, --- and there's also in this packet... the meeting decorum policy.

Molly Hamaker: One of the things that's nice about the process in the consensus flow chart and again you can kind of pick and choose I notice even already since I've been here today that at one point today someone said, 'Do we have a consensus on this?' And then at that point the question is how do you know whether you have a consensus or not? And, again as I said in CPAW we were getting down

to pretty much a thumbs up or thumbs down which isn't a very subtle or sophisticated way to take the pulse of the room.

Commissioner Centeno: The consensus happens during voting so the majority votes and the motion passes – that's how we've been working.

Molly Hamaker: And that's majority rules. And we're really talking about consensus as separate and distinctive from a majority rules. Robert's Rules is a form of a majority rules meeting process. And Robert's Rules is beyond a decision making process. I'm really focusing on how you make a decision. Robert's Rules addresses a lot of things beyond just the decision making.

Let's walk through a possible alternate way that you can think about how to get from something that you're discussing to making a decision on it.

Step 1: introducing and clarifying the issues to be decided. So that's when you might ask what are the key questions, and again maybe doing a little more multi-step than 'here's the issue, who agrees, who doesn't, does anyone have a comment'. This goes a little broader by saying, not only is this the issue, but do people even think this is the issue? Sometimes there are key questions that didn't get asked going into creating that item. This is the opportunity in the beginning to see if there are more facets to the issue that need to be addressed rather than whether you agree with the issue or not.

Step 2: Explore the issue and look for ideas. So you're bringing up people's concerns, their ideas for solving it, this is when you have your broad ranging discussion about pros and cons and then you can start seeing in a group pretty quickly with a good facilitator which things don't seem to have much charge, and which things there is a lot of energy for – pro or con you see a lot of energy gravitating toward a concern.

Step 3: You look for emerging proposals. This is where you start weaving together what's going on in the room in terms of the different ideas that are floating around out there and you want to start looking for some kind of solution that's going to address the concerns. So the idea at this point is you might actually change the topic. And this is where it would happen at this step you would have buy-in to the room saying we're going to be deciding... finding an example ... here's an example regarding 20 Allen: we were asked at one point whether as stakeholders we wanted this or that. And we actually came back with the decision, we don't want this or that, we want both. And we were told, 'no, there's not enough money for both' and we said, 'Let's find a way to get enough money for both.' So I think that's a good example of approaching it more broadly rather than just, 'we're here to decide yes or no'; thumbs up thumbs down.

Step 4: Is discussing, clarifying and amending your proposal. This is where you get into what I just said as an example instead of just voting yes or now about this one or that one, maybe we want to find a way to do both. And then the idea when you're making the amendment is to come up with something that addresses the concerns that people have raised or came up during the discussion so ideally you're coming to something that is closer to a consensus rather than moving you away from a consensus.

Step 5 is the test for agreement and this spells out some language that this group uses – in our CPAW (meetings) our facilitator has her own language:

- **Blocking** would be anyone in the room feeling like there is absolutely no way I can live with this – I couldn't accept this at all.
- **Stand Aside** which is somebody who says, I don't really go with it that much but I'm okay with it, I don't really feel like walking; I can live with it and want to move on from topic.
- **Reservations** is similar to *Stand Aside*.
- **Agreement** is that people are supporting it, and they're willing to implement it.

- **Consensus** is that you don't want to go forward with any blocks. You don't want any *Reservations* or *Stand Asides*, you want everyone to be gung ho about it.

I know at CPAW there is a recent example when someone who is actually sitting at this table who is actually on CPAW had a block, they said, 'hey, I can't live with that!' and they (CPAW) came back and discussed for another 20 minutes and came up with something much better than anyone had even realized was a possibility going into it. So that's an example of how blocks, especially with a group that has established trust, can be a benefit.

Don't block just to block, you need to believe strongly that the decision isn't on course and that it really won't work for the group.

Then once the decision is made you are back to the place of how to implement it: who, what, when, where, action steps and all of that and that's into the realm of other things.

I included a sheet called *Characteristics of Consensus Process* in case you're interested in reading more on the pros and cons and the strengths... for example under the role of individual voices and decision making it talks about an important note, 'A block is not a veto nor is it properly undertaken to aggrandize an individual's views or powers. In most cases it's only allowed when someone feels that the proposed decision would be disastrous for the group. Groups that allow casual blocking find that they cannot function with consensus. Thus the importance of shared values and sensibilities.'

So if you're interested in using consensus for this group or another group, you might want to read it through on your own and get a little more insight into the consensus process.

So, short, sweet, that's kind of it. Since we've had the presentation awhile ago at CPAW I think that we have had much more depth to our discussions in terms of being able to bring in the different perspectives of each person who walks into the room. And I think when we walk out of the room, that we have everyone more on board and something interesting that happened in our last CPAW meeting is our facilitator said that every month after CPAW she sends an email out asking us to give feedback about how the meeting went and last month I think for the first time ever, nobody gave any feedback. And, usually I think the feedback is negative. (laughter) so I'd like to think that some of that might be due to the fact that we have had a more conscious process that we've been using that makes people feel heard and able to affect and impact what's going on in the room.

So any thoughts, questions, do you want to talk to each other ? (cross-talk)

Discussion

Acting Chair: I would just like to mirror as a Commission liaison to CPAW, we actually have four Commissioners currently, two who represent the Commission there, and we are the ones who said, 'we have to do this as a Commission' as it was kind of an 'aha' moment. Not that we don't have a consensus building process here – but it's definitely felt like some win or lose situations over the last several months that I think have led to... we haven't left the meetings feeling like a team, I think. So, I've personally been pleased with the outcome – not only after your presentation (Molly's) but all the other facilitation that's taken place.

Molly Hamaker: I think it's one of those things that we all just take for granted and we think we know what we mean when we say we're going to use consensus, but it's really important to have a common understanding about why you're doing it and what the point is and a process for doing it, whatever language you choose it ends up being really helpful to have everyone on the same page; to know what 'block' means for example, and to know not to do it lightly, and those sorts of things I think are helpful for the group to have that share sensibility. As you try to move toward your best case hopes, and away from the worst case fears, it could be helpful.

Brenda Crawford: I have also been a part of collectives in the Seventies – that's part of my history as well. One of the things I've found with the consensus model is the first thing before you implement any model is it has to be built on a foundation of trust and relationships. And I think one of the reasons it's been effective in CPAW is that we've been meeting for a long time together, we've been through the wars, we've bumped heads up against each other and there have been some fairly contentious meetings as there have been within the Commission as well. I think one of the reasons it may be effective in CPAW is because that relational work has gone on, there's a higher degree of trust, people sort of know the players and I don't think that it can be implemented without that first step.

Molly Hamaker: I agree; in my presentation just now I said one of the potential problems of consensus is that it does require that trust and that shared sensibility for it to be effective. However I would like to think that any group, such as this, needs that shared sensibility of trust to be effective using any decision-making process. So it sounds from the little bit I've heard today that that is what you all are working on, to come to that sense of trust by having this meeting.

Acting Chair: I want to do a time check, how are we on time?

Commissioner Centeno: In organizations they use consensus building, like the CEO or whoever has an idea, a project, there's no Robert's Rule, for the voting, and so the whole organization should buy-in. And if they buy-in is a half, or three fourths, then it won't be successful, so that's what I know about consensus building. In the government, in the Commission, it's going to be difficult to see how it is going to work, with the trust building – that's very important, having shared trust because if not we can't build consensus outside the meeting because of the Brown Act. We're not allowed to talk about this and consensus building- it happens when the promoter of that project would be going around the organization getting consensus from the members and we cannot do that because of the Brown Act. So I just want to say that.

Molly Hamaker: I think the kind of consensus process that I'm talking about happens here in the group and it's a little bit different than a boss having a vision or a plan for a company and then building consensus. It's like 'love'; I love my dog I love my husband, I love my daughter – different kinds of love there and I think consensus is a lot that way too, I mean that is a form of consensus building but it's not consensus decision-making, the way that we're talking about it here, as a process that a community group would use to build a common decision together about an issue.

Commissioner Yoshioka: In terms of trust, I think we need to invest some time to understand not only the issue but each other and thereby increasing the trust, and dealing with the issues; it takes time to understand each other.

Molly Hamaker: And as we all know, it takes even more time if we don't.

Commissioner Kennedy: I was just going to say with Evelyn's example, I think you're working from the top down and I think we're probably looking for --- from the bottom up. We need to first of all decide what we want to do as a group and then focus on it.

Commissioner Bagarozzo:

The consensus building I see right below is implied as collaboration. And I don't see it because we have these workgroups, and we elect or appoint individuals from the Commission on the workgroups, and the rest of us are not on that workgroup so our intention is not focused on every piece of this process. And in a collaborative sense we should be aware of everything that goes on in the Commission. Maybe not literally, but pretty close to literal. So in the consensus building we need buy-in to the collaboration aspect of it, so that when we're talking about the various workgroups we

should have some input, some buy-in to all the workgroups even though we're not a member of every single workgroup. So that even though we read the report once a month there should be more to the report that basically allows us as original members to be much more engaged with, not just the report itself, but what it's going at. I can see sometimes that we just kind of sit back when the reports are read and nothing happens other than a vote or some equivalent. If we all have this down to consensus, then the collaboration where we're all working together for one particular goal or issue or what-have-you, ---- compartmentalize the issues along with the workgroups.

Molly Hamaker: I think you're right, absolutely and I can't even believe I'm using CPAW as some kind of model example given our own checkered past, but I know over time as we've been talking as a group that we want to respect the work that goes into those subcommittees and workgroups, because people put a lot of work in... and then if we have to revisit it entirely again, at our general meeting it not only disrespects that work but then also we don't have time. So I think it's important to find a way you can balance out having time to really understand what went on but also not to re-do the work in the group at these Commission meetings.

I think my time is up.

Commissioner Wong: what other process options are there besides majority rules?

Dorothy Sansoe: dictatorship (*laughter*)

Commissioner Wong: Which is really out of the question here. We see turnover quite often as a group. Majority rules doesn't make everybody happy.

Molly Hamaker: If you do majority rules over consensus building, you pay the price in time in other ways. Because then you have a lot of in-fighting, you can go home and disagree behind the scenes, even though it might take more up front, I think it saves a lot of time on the back end. And it doesn't have to be the steps that I propose, but some version of those steps if you sign on to some version of steps you follow, it really doesn't have to be that cumbersome or time consuming. The trust is the part that takes time, and that's a cultural shift in your group that you're working on.

Acting Chair: Thank you very much! (*applause*)

Public comments from Ralph Hoffmann: 'Molly, have you considered lecturing Congress, the State Legislature and Corporate --- hearing on Gay marriage?' (*laughter*)

Molly Hamaker: I'm flattered.

6. CONSIDER AND AGREE HOW WILL WE WORK TOGETHER IN 2011 – Judith MacBrine & Commission

A. What atmosphere do we want to create?

Judith MacBrine: Now we know what you're looking for and we've given a little bit of background building consensus, so with your agenda there are a couple of questions for us to go through in terms of how do you want to be together – what are the key things that you'll know you're a healthy organization? So the first question I have is what atmosphere do you want to create, knowing that this is where you feel you mostly are (*pointing to list of fears*), and this is where you want to be (*pointing at hopes*). What's the atmosphere and by atmosphere it's kind of like, it's the general sense. There are moments when there is lightness in this room, and then there's moments when you tighten up – those are different kinds of atmospheres. So, what kind of atmosphere do you think would be helpful for you to achieve the goals of the Commission?

Commissioner McKindley-Alvarez: A safe atmosphere, recognizing the difference between feeling safe and feeling uncomfortable. There are times when we may feel uncomfortable but we should never feel as if our safety is threatened in any way and I don't mean that necessarily in a physical sense – just a safe environment to be heard.

Judith: So, safe to be heard and I am hearing physical and emotional.

There were no further responses from the Commission so Judith prompted again.

If this were present, would you guys be humm'n?

Here's another question, if this were happening, would trust start to develop? (*nod of heads*)

Okay. We'll let this sit for a moment and sink in, now let's go on to the next question.

B. What will have us flourish?

Commissioner Wong: For me, understanding our authority and mission.

Commissioner McKindley-Alvarez: Could I add to that piece a little? Not only knowing it, but staying inside those parameters – staying in our lane.

Judith: If you could tell what your authority and mission were could you tell when you stepped outside it? Would somebody be able to say 'whoa, we're outside here!'

Commissioner Wong: It's not so much about written authority of the Commission it's about discussing and understanding it. You know, the consensus here of what that authority is.

Commissioner Kennedy: I would like to see us focus more on why we're really here, and that is to make the best possible world for consumers and families; I don't know how to say that in a way that fits within the parameters - versus getting caught up in procedures and details.

Judith: So procedures could take you away from the real work?

Commissioner McKindley-Alvarez: To answer your question, just because we may know our authority and mission, because of the things that may come across the Commission's attention, I don't think that guarantees that we would know to stay in our lane - to stay within our parameters, because certain things can look like we need to be there, but in all actuality, I don't know, it may be an HR issue, or it may be an agency specific issue... so how do we know what's ours and what's theirs?

Judith: You're swimming along in your lane and suddenly you find yourself over here. What do you do as a Commission?

Commissioner Kennedy: We need a traffic cop! You know, 'you're in the wrong lane,' I don't get a sense that we really have that.

Commissioner Pereyra: you're having a discussion about authority and one of the things you need to know about authority is that you have no authority. And that goes back to what our mission and purpose is, is to influence, to make sure that Consumers and family members are taken care of in this environment as well as they can possibly be. But we serve at the whim... the Supervisor members that appoint us, and they authorize us, no authority

Judith: I think somewhere here I saw your mission statement and basically you're advisory and...

Commissioner Pereyra: Bringing things to people's attention.

Judith: Advocating, that's the word I was looking for. So that is your authority – to advocate and advise. So what I'm hearing is knowing your authority and being agreed on that. Staying inside the

parameter when you find yourself outside the parameter, having some kind of traffic cop to bring you back, and being focused as much as possible on Consumer and family rather than on a lot of procedures. Anything else that would have you flourish?

Anything from this list here? There are a lot of things here in terms of transparency, neutral, open minded,...

Commissioner Wong: --- safe environment, but I like the one about a smaller number of goals. I'm going to propose that you --- effectively implement it. Quite often we do too much --- staff, that's not us --- staff--- but sometimes with finances as it is now, it may be impossible to make major changes.

Judith: We'll let that sink in a little. So, how do you want to be together when things get hard? From what I heard it was hard last meeting.

Commissioner Kennedy: Respectful.

Judith: What does that look like?

Commissioner Kennedy: listening; considering what the other person is saying before commenting. Acting in a respectful manner, being professional.

Judith: I know you all are passionate people, so is passion okay to show here? So that's not a hard thing to be with when people are passionate? Where does the line trip over?

Commissioner Kennedy: When it becomes disrespectful toward another person.

Judith: So it gets personal. So you want to be on topic not on person.

Acting Chair Pasquini: I'd like to throw my partnership word in at some point because that's been a big, transformative process for me, and it gets away from that advisory only kind of process that I struggled with coming onto the Commission. Which was, you know, even though I understand that is our authority – our authority is that we are advisory only. That tends to diminish or demean our impact on the system. And so, I have often found the word, 'collaborative' overused in the last five years, going through the stakeholder process with MHSA and then in many, many meetings and even though I like the word, and I believe in it, it's kind of buzzed around a lot and so... the partnership experience that has been demonstrated...it's been demonstrated in many places, unfortunately I haven't experienced as much on the Commission – in the Commission process.

Judith: So how do you know partnership is present, it sounds like it's something that would help you flourish, and standing inside 'partnership' when things get hard might be...

Acting Chair: The partnership experience allows me to feel safe, it allows me to offer my opinion, without the fear of... it definitely is based on respect. So it's not personal. It doesn't mean that it's all happy and that there aren't some tough discussions, or some disagreements, but they are worked through and there's an equity. I haven't felt an equity at all times, for a long time in this room – that there's an equity of voice and an ability for all to be heard.

Judith: There's a phrase that we have that sums that up: 'everybody's right only partially' and the other part is looking for the 2% truth when someone speaks.

Acting Chair: Right, and another thing is, 'Grace is the deep democracy philosophy' and that's what I'm getting at, you know there's a sense of deep democracy in our process.

Judith: Do folks know what that means? It's like, you want to hear all voices, even the ones that are really peripheral, it doesn't mean you have to act on them but there's some kind of information to it.

Commissioner Bagarozzo: I have a couple of words rolling around in my brain right now. One is empathy, to have an acceptance or tolerance – empathy, walking in other person's shoes kind of approach. And to me there's also a universality to this process. We're all here for basically the same reasoning. And if we continue to accept the concept of universality, that should transcend when things get hard. So whether we're here with our own agenda, our own personal situations or what have you, there's a universality. I walk away every meeting saying, 'wow' in terms of this group. And I'm extremely impressed with this group in the context of the individuals within.

Judith: So Universality has meaning to this group then.

You had this presentation on consensus as a way to operate, is that something that would help you flourish?

Commissioner Wong: In terms of the notion of partnership that Teresa spoke to, tied into the notion of authority and mission, are you going to lead us through building a consensus through that, or do we stop here and work on our workplan? Because we're having the meeting to discuss that. And develop that trust and cohesive understanding of where we are going as a group. Are we going to come back to that and work on it?

Judith: That's a great question. We were going to talk about the goals for the next year, and that's all under your mission, right? So shall we try to hit on mission and authority as part of going through the goals?

Commissioner Wong: personally I think we need to know that. That's the exercise when we begin framing the ability to feel safe – framing the energy to feel neutral, accepting the differences of opinion – that's something we can use to build consensus before we look at goals. Because if we can't even so that, then we're going to have a hard time doing anything else.

Judith: that's a great point.

Acting Chair: I think it's really important. I agree, it's really important for everybody to understand our authority and our mission. For instance, I wasn't aware that there were Commissioners there weren't content with the orientation process until today. I've heard a couple of comments that the orientation process wasn't – so I didn't know that. So, I think that's real important, and it's definitely something I had on my mind when I became a Commissioner as well. I wanted to know what my authority was, and going into WI code, going into the By-Laws that for me is very fundamental in terms of as a guide for our authority. But then you have all the different interpretations.

Judith: The By-Laws themselves, that identifies the sum of your authority and that's in transit right now.

Acting Chair: That's caused a lot of problem too – the confusion on our By-Laws, I think.

Judith: But there is a mission statement in your document. Why don't we hit on that and then go from there? And hopefully there won't be anything controversial in it.

Commissioner McKindley-Alvarez: I just want to add one more thing, when things get hard an ability to step back and be self-reflective.

Judith: That's great. Is there sometimes a need to just follow with a break? Is that something that would help you? Or is that included in this?

Commissioner McKindley-Alvarez: I would be open to that being added there as well – I was thinking more in the moment to kind of take a step back inside yourself. So maybe we need to have within the process an ability to take a break.

Acting Chair: That's important because I don't think everybody individually has that ability to do that on their own.

Judith: There's actually something called being, 'emotionally flooded' where you've got things, it's not hormones but it's, yeah, whatever that is that's running through you and you can't operate when you're emotionally flooded, so it's very important in these situations to do that.

I just want to wrap this up then. If thinking about all of this stuff, 'cause this is what you want, atmosphere, focus on a safe atmosphere that lets you be heard, safe both physical and emotional, and if you knew your authority and mission, you build a consensus so you're all supporting that, you stayed inside the --- traffic cop to bring you back if you got off, and you focused on consumers and families and had a smaller number of implementable goals, would this be more likely to happen? (pointing to butcher paper notes)

Is there anyone who is blocked?

And if this is a good process for you when things get hard do you actually call each other to listen before you speak? You'll stay on topic rather than letting it get personal? You'll hang in there and work it through? You'll actually allow the different voices to be heard? You'll try to get into the other person's shoes and have empathy? You'll look at the universal aspect of it? You'll step back and be self-reflective of it, and then if you're flooded you'll take a break. Would that then help you? Anyone want to block that?

Brenda Crawford: I don't want to block it but I want, in terms of the Commission developing rules of the road, operating guidelines, that deep democracy also includes looking at the total picture. There's a saying in 12 step programs, 'contemporized investigation is bound to leave everyone in everlasting ignorance.' That's what they say in 12 steps, you know?

I want the Commission to be aware whether you are advisors or not, you have incredible impact and power on agencies, and you should handle that power in a responsible way, in ways that do not bring great harm to agencies.

Judith: In light of that, is that part of 'know authority, mission and impact?'

Commissioner McKindley-Alvarez: That's what I was trying to allude to with us staying within our parameters, but it does sound like it's an additional piece of us recognizing the impact of our authority inside the communities that we are here to serve.

Judith: even though you are advisory, you have a big impact.

Commissioner Wong: I was wondering if you could print that up and attach to every agenda item to remind us that we came up with these things.

Judith: Is that a request? (yes)

Commissioner Yoshioka: I want to have something a lot more concrete, can anyone give me an incidence of contract last year that you can say this fulfilled a process within the Commission, asking, partnering or partnership, whatever, to get something done. Did we accomplish something last year in partnership with someone else?

Judith: there's two people who say, 'yes.' We're behind now (*in time*), so do you need to have an example?

Commissioner Yoshioka: Yeah, it would be helpful.

Acting Chair: We were successfully able to stop diverting 600 consumers through the emergency department of the hospital, by opening up the psychiatric emergency door. That was done as a direct result of all stakeholder partnerships: members of MHC and CPAW joined, but I think the healthcare partnership was mostly responsible for pushing that so...

Commissioner McKindley-Alvarez: We were able to complete the State Outcome Report for feedback from the MHC in deep collaboration with MHA, so that was another thing we were able to do.

Judith: So it can happen! Which is a really nice segue into our next item – which is your successes. Before we leave this though there was a request that this be present in the Commission. Do you need some kind of action or can it be that...

Acting Chair: What I would like to recommend is that we capture everything on the board, in writing and that we present, that it be part of our workplan that's accepted. I know that we have, like the list of decorum, we can have a list of agreement when we come to every meeting – that we can refer to, and use as a reminder.

I don't know if we officially have to approve of that? I think we can come up with a motion to capture...

Judith: Can I just give a suggestion? So this is your big deal here, 'it's safe to be heard.' At the end of each meeting, or during, like 'where are you' are you like, 'it's not safe to be heard' or 'it's really safe to be heard'? You could actually start using that kind of thing to get a sense of your environment here. (motioning with a thumbs up or thumbs down).
(*cross-talk about if a motion is required*)

EA: Can we define core terms so everyone understands? (*using thumbs up/down in a meeting.*)

Judith: Are the consensus words like 'block' 'stand aside' etc.

Commissioner Kennedy: I'm not sure how those would be used. Are you talking about in a meeting? (yeah).

Commissioner Centeno: We're not there yet. (*agreement in the room*)

Judith: Anything here or here that is a core word that helps things stand out. Is there anything here that is not clear?

Commissioner Wong: It's clear in that order that we have a context as it was developed.

D. Operating Agreements

7. REVIEW AND DISCUSS 2010 WORKPLAN – Judith MacBrine & Commission A. Accomplishments

Judith introduced Item 7. There's not an action item on this I believe, is that correct, Teresa?

Acting Chair Pasquini: No, there's only action on 8 and 13 actually.

Judith: Okay, great. So the question is what are the accomplishments in 2010 that you want to celebrate? Like, let's say something great about the Commission.

Commissioner O'Keeffe: As a representative to the County Connection in operations and scheduling we managed to stop them from getting rid of the 98th exline which was a major access to the hospital, they realized it was access to the hospital and I've never seen politicians do such a quick u-turn with such grace. We got the transfers extended from 2 to 3 hours on the weekend and from 1 to 2 hours during the week because of the cuts in schedules, making it really hard to get from point a to point b without risk of your transfer expiring. And right now, I'm working on getting the busses, their arrival time coordinated, with other buses... not with Amtrak. So three important issues with consumer access to public transportation. And also there has been one more consumer who's now attending the operations and scheduling committee, and I'm really happy to have a Consumer there. So we're doing concrete activism.

Judith: Is it okay if I combine them – improved Consumer public transportation access.
(cross talk establishing 3 successes, plus new consumer for committee)

Commissioner Pereyra: Moving toward CRF and ARC with 20 Allen project.

Acting Chair Pasquini: Can I ask a process question? Are we going through our actual workplan and deciding what that we have focused on our workplan, that we were successful at? Is that what we're supposed to be doing here? Or are we just generally saying when we were successful?

Judith: I was just going for general, since in my understanding no action has to happen here right? But if you want to shift it...

Acting Chair: No I just wanted to understand what our comment was supposed to be framing. Whether we were supposed to be stating whether our workplan was successful? Which I think is something that is important...

Judith: So are there specific things in the workplan that were successful, because we will have an opportunity to talk about what wasn't successful.

Acting Chair: So we're just talking about general successes? Or successes specific to the workplan?

Judith: Let me just do a process thing: The first thing was have you identify what your accomplishments were. They can be from the workplan, they can be other.. but it's to get a sense that there is success. That's the first piece I'm looking for. And the second is once we've seen what you've done that's successful, you can actually look at this and say, 'gosh, what did we do that had this work?' So what is it that you guys are really good at, cause we're going to want to bring more of that together. And then the next piece is what's not working, so then those are things to address.

Commissioner McKindley-Alvarez: I was actually just going to say, when we had a dialog about this, Teresa, Peggy and, myself, we were talking and I believe you two can correct me, specifically to what had worked or didn't work inside the workplan. So that's the context, not to say we need to do that, but that's the context Teresa to what I think you're thinking.

Judith: It's your meeting so you get to say...

Commissioner Kennedy: I think this is less tedious, frankly, I like this much better because we're putting things out there that are important to us, that we know that we've accomplished as opposed to going through line by line. I do think that we need to address those things. But at the same time I kind

of like this process. So I was going to ask something, with the Diversity and Recruitment workgroup, thanks to all the members we put together a PowerPoint that will go out to groups to help build our diversity within the Commission, so, we're finishing it up – we're starting to make contacts with groups in the community that we're going to be making presentation to.

Commissioner McKindley-Alvarez: In the Quality of Care Workgroup we were able to increase collaboration and deepen our relationships with MHA and through that there was an invitation to participate in the Quality Assurance.

Acting Chair: We conducted our first site visit in two years.

Commissioner Kennedy: The By-Laws, I'd say we're 99% there (*Acting Chair noted since December 2008*)

Commissioner McKindley-Alvarez: And in doing the site visit selected a tool to use. That was one of the tasks on 2010 list. (Commissioner Pereyra: that's still a work in progress) So the beginning process has begun.

Judith repeated all the accomplishments.

Commissioner Pereyra: You didn't get the PES, psych emergency doors open up there (*on the paper*).

B. What's working? (that allowed the accomplishments to happen?)

Commissioner Centeno: I think it's the passion of people who lead the accomplishments.

Commissioner Pereyra: I think the 20 Allen project, part of it came together because of the outreach to be more inclusive of Consumer stakeholders so that they brought a very powerful voice into the picture. (Judith: so you got the Consumers involved?) I think that was the turning point, I think that's what made the difference, and that was Miss Brenda over here and, and also Crestwood.

Brenda Crawford: And the pizza and the coke. (*laughter*)

Acting Chair Pasquini: I think partnership comes to my mind in a lot of this as well. So again, going back to the PES door opening, going back to the 20 Allen town hall meeting that culminated with the story that Molly shared. And I think it was very much Consumer participation but more importantly it was partnership participation of a united voice which was one of our strategies and activities. She read, 'strong, active, united voice in development of new facilities to collaborate with MHA.'

Commissioner Centeno: You stole it from me (*said to Acting Chair*). Knowing that we have partners out there in the administration who are willing to listen, and consider the recommendations.

Judith: So it's not only having partnerships but using them.

Commissioner Centeno: Yes.

Acting Chair: Certainly the administration is a key partner but we have to consider all system partners that touch the MH system. So, it's not just MHA, we have...

Judith: Just like these Consumers are through your partnership.

Commissioner McKindley-Alvarez: I think the working environment that's created by the workgroups, and this is not a vote for the workgroups, because I agree we need to have better transparency. etc. but specifically, in looking at the Quality of Care, having a less threatening

workgroup allowed us to have a bit more flexibility, allowed us to invite more people in so we could get a better understanding of what was or was not happening inside the county but more importantly those presentations were designed to enhance relationships. We're not talking about relationships that are necessarily well established yet but definitely the beginning of establishing relationships that came from the structure of the workgroup.

Judith: You said less threatening, which is what it wasn't. What was the positive that it was?

Commissioner McKindley-Alvarez: An inviting environment.

Commissioner Kennedy: I would add from our workgroup experience that I think we wanted to get things done and I think when we got together we didn't want to waste time. So we streamlined the process, and kind of did away with those things that were stumbling blocks for us in the beginning. By doing so, we were able to move forward a lot quicker.

Commissioner Wong: As a fairly new Commission member, the comments imply to me that a lot of the words in best case/worst case scenario not only means this Commission, it means staff and agencies – in terms of trusting, transparent, all of those things. So we're not just talking about the Commission itself.

Judith: And just to clarify, I was asking how you want to be as a Commission and you guy just broadened that out.

Commissioner Bagarozzo: Persistence. Hanging in there whether it is the By-Laws or something else.

Sherry Bradley: As an observer of the workgroups that you have, what I observed was a very clear purpose, a very purposeful approach which I think is very positive in what you all wanted to accomplish, and that's a change (*from the past*).

Acting Chair: Can I ask... So, then you have attended a Quality of Care and Diversity, is that... (*cross talk inaudible*)

Sherry Bradley: Yes Quality of Care, not Diversity.

Acting Chair: Okay.

Deputy MH Director: I'm just going to suggest of your accomplishments something we really appreciated was the Commission's support in getting a new information system which we've been working on for over a decade. That was very big. (*cross talk*)

Judith: Before we go to the dark side, when you guys have leader passion, when you recognize your partners whether they're consumers or the MHA or other ones that actually use them and get them involved, when you have a united voice you use your partnerships to streamline your process, you're flexible and inviting in your workgroups, you're persistent and you have a clear purpose, you all win. So you want more of that.

C. What's not working?

Judith: What is it that has you not working? What are things that are not working? We don't have to be on the dark side for very long but it's great to know.

Commissioner Pereyra: One of the things that I found working on the 20 Allen project, is a group of us working with Donna were doing a tremendous amount of research to what we thought we were getting ourselves into but there were other groups of people that didn't have the information behind them that we had obtained from doing the research and there was almost a reluctance and resistance to allow us to impart our knowledge to them. They thought that they were doing the right thing but hadn't done the homework and I know it was offensive to some of us who had put in the time and energy to be informed.

Judith: So something like 'not honoring the cool stuff you got.'

Acting Chair Pasquini: I heard 'disrespect' coming from you, is what I'm hearing. It sounds like you don't feel respected.

Commissioner Pereyra: I didn't feel disrespected, I felt like people were jumping on what they thought it was without knowing what it actually was – jumping out of the frying pan into the fire.

Commissioner Kennedy: Were they reluctant to accept that knowledge from you?

Judith: So was it they weren't open to learning?

Commissioner Pereyra: That's part of it. It's not only the openness, it's taking the time – I'm not sure anyone was questioning our credibility, they were looking for the pie in the sky which didn't have quite the silver lining if they looked at all the details.

Like the fixed vision of what it should be without it being real.

Commissioner Kennedy: I think it goes back to Willie's point of knowing your authority.

Commissioner Wong: I'm not certain, I wasn't there... are you talking about other Commission meetings?

Commissioner Pereyra: No, even members of the public *cross talk*... other people who had a vested interest but weren't willing to do the legwork. People had a self-interest, or a single interest that they were pursuing without considering something else.

Part of the problem, I understand, stems from not knowing that reopening the PES door was really what they were talking about – they were willing to jump ship and try something without trying to accomplish another change that would have meant what they got that was new, was better.

Brenda Crawford: I have a clarification from own perspective. My agency spent a little bit of our money trying to make sure the consumer voice was heard in the process. I think that it had a lot to do with a fundamental lack of trust about what was being proposed. It also had to do with feeling like it was a package deal presented without any input for change.

Actually, it ended up exactly where we wanted it originally. There were lots of twists and turns that we went through dancing this trust and power game, in the long run it added value to the process, but it was painful dance.

Commissioner Centeno: I thought I heard that the main problem you saw at that time was information was too slow in getting down to the people who were doing the research and recommendation. No?

Commissioner Kennedy: People wanted to feel like it was their idea. Or they wanted to sort of take a sense of ownership.

Brenda Crawford: I think that it was during the time when there was lots of suspicion about motives in this county, and there were... there wasn't a lot of trust, There wasn't what I now think of as a

partnership between stakeholders that's based on common interests and families and Consumers, and looking at the system... and being partners with the system. I just think that it was basically a model that was presented where folks had a lot of questions around trust and around not feeling like they were involved in the original design.

Commissioner Overby: Since I've been on this Commission, we've never had a full complement of Commissioners, it's an awful turnover and it gives the meeting consensus – you never get to know anybody long enough before they leave for what reason, I'm not certain. I have some ideas. I think we need to work on retaining people so they become knowledgeable. For all this time I've been on – about 18 months, I've finally learned some people are with administration. If you're on it (*the Commission*) for 3-4 months, the other thing with as much turnover, you don't know what's going on, you're not—to, there have been accomplishments and things going on, but I hear today too much negativism of what's gone on in the past. There has been some obstructions, and there have been some cliques, but we've got to get over that.

Commissioner Kennedy: I was just going to go back to when you asked what didn't work. I think when we originally started off, and I'm just going to give this example, we have been handed a mission statement and areas of interest that a prior group had developed which was all good information, but we kept stumbling on mission statement. And finally realized that the Mission Statement and Areas of Interest were one and the same. But the Areas of Interest were better spelled out and actually laid out plan of action for us, whereas the Mission Statement was creating all this angst. And so we finally got rid of the Mission Statement and started to move forward, and that was a big step for our little group – our Diversity and Recruitment group – it was like, 'okay, we have the power to do this and we can move forward' and look at what it does, something so simple, but looking at the big picture, it's like, 'we can do this' and, it made a big difference.

Acting Chair: I briefly want to acknowledge what Floyd said, and say that, yeah, I think there's been a culture shift on this Commission, in the County, across the system really, and if we are feeling the benefits of the Mental Health Service Act of the process. And I think the Commission has benefitted. I think several of us commissioners started asking...questioning the perceived idea of what our authority was, and what our mission was, and what we were kind of being told it was. You know, repeating "advisory only" to becoming more... recognizing we do have some power even though we are advisory only – 'yeah, we're advisory only you can ignore our recommendation, but this is our recommendation.' So that comment didn't... the last comment I have about the workgroups, what isn't working for me – It's no secret that a year ago at the Planning Meeting, I requested a conversation about what I thought was or was not working with the workgroups in 2009, and I repeat that this year, and hopefully I will be able to speak to it – last year I wasn't. And that is that I love the fact that your group was able to accomplish what you accomplished (*looking at Commissioner Kennedy*), And I love the fact that your group was able to accomplish what you accomplished (*looking at Commissioner McKindley-Alvarez*), however I don't like the fact that I can't as a Commissioner go to your workgroup and participate in that process. And I can only get a summary statement that is just little bits and pieces – when I first became a Commissioner I attended every single standing committee to find out... there was a Justice System Committee, there was Children's Adult, you know, Older Adult, etc. I went to all of them to find out what my niche was, and what I wanted my niche to be on the Commission. I don't like the fact that I'm not able to do that. I don't know where the transportation work was done. I know what a transportation advocate you are (*speaking to Commissioner O'Keeffe*) and I think that's fabulous. I don't remember the Commission providing direction around advocacy on transportation. So I think that's a great, very necessary thing to work on, I don't remember the process that we as a Commission decided to work in that. I know it's listed in our workplan,

Commissioner O'Keeffe: I was specifically appointed... to do it.

Acting Chair: I remember that. I remember that, I'm just saying, I don't remember it ever coming back to the Commission and have us participate in ongoing direction around that and hearing updates.

Commissioner O'Keeffe: I may not have been heard.

Judith: Let's not get into the specifics of this issue – so what I'm hearing is there is silo'd workgroups, and it's like I can only be in this thing.

Commissioner Bagarozzo: I have two points on this point, back to best case worst case scenarios. And something that has always been bothering me here is the fact that we have issues that transcend all the workgroups. And when we get the reports as I said earlier, they just are reports and they're compartmentalized ----workgroup. There are issues that I think transcend all workgroups and everybody to the extent possible should be involved; in the empowerment sense, everybody should have a buy-in dealing with issues, whether it's orientation as one example, or whatever else might be an issue, or what might be again, something where there should be more Commission members involved – even though there are standing committees, or workgroups. Somehow, if that can be dealt with for future consideration so that more of the Commission membership is involved with these issues that are much, much more broad in the sense of workgroups, or standing committees even.

Judith: So it's kind of this question of how do we get transcending issues across workgroups?

Commissioner Yoshioka: I confirm what Teresa said – what she felt. I spent some time on another board within the county; it was a lot more open than what I have experienced here on this Commission. We, as a member on the Board, and as the area agency on, advising counsel on aging, we had some sub-committees. You were not prohibited from going to any of the committees. You went to every committee and then decided which committee you wanted to be a member of. That doesn't seem to work here, under the workgroup. And I think this is one of the problems, I think, in terms of transparency, it's a problem of trust, because you don't have information, and you have a small group of people making decisions, and just doing what they want to do without coming to the full Commission for any kind of vote and support. And I hope that things can be changed, and I hope By-Laws will allow an open workgroup attendance, and also, whatever you took down in the minutes at the workgroup – those minutes must be available to everyone. These are public documents. It's not to be just for the people in the workgroup – it should be available to every member on the Commission. And it should have an agenda, ahead of time, letting everyone know where and when you are meeting.

Judith: Good, I've got that and we're about a half hour behind, so (*looking at Commissioner Centeno*) bottom line!

Commissioner Centeno: I only have one thing negative to say... The openness comes when we need a --- meeting and each work group brings their work. What I see is like, if the workgroup becomes large, it's not going to be able to move.

That's the reason why our tasks are divided into like committees and different workgroups. Now for instance, if our workgroup is composed of four people, if we make that ten people, oh my gosh! I don't think we'd be able to do anything, because like an elephant, compare how an elephant and a mouse move.

Judith: I'm afraid we are getting into solving the workgroup issue which is not on the topic, But I'm hearing that there is value to small and also value to transparency. So those are the two pieces.

BREAK

8. **DISCUSS AND CONSIDER APPROVING STATE OUTCOME REPORT – Carole McKindley-Alvarez**
Prepared by Quality of Care Workgroup
A. Summary

Judith: Carole's going to present the State Outcome Report, we want to get to the legislative platform and then move to goals, so we have a lot to do in an hour and a half assuming that we stay to our quitting time. This is what I propose for the process: You provide a quick summary (*McKindley-Alvarez*) then I'll ask if there are any issues that people would block approval of the summary and if there are no issues that will block approval, then we could approve it, and if there are issues that would block approval, then we could have a discussion. Does that sound like an efficient way to do this?

Commissioner McKindley-Alvarez: First I want to say that this is not my State Outcome Report, this is the Quality of Care State Outcome report, and the members that participated in creating it, I do want to open this up to be a collaborative presentation which would be Peggy, Floyd and our guest which is Colette, and she's actually a member now of the Quality of Care Workgroup. Sam was not available to participate and though he's a member of our Quality of care Workgroup, he did not participate in the development of the State Outcome Report. So the three of you who were here, please feel free to chime in at any time, help, help, help.

What we have in front of us, you received it in the last meeting and it was tabled for time to review, and it is in fulfillment of the state requirement for us to complete the outcome report. One of the things that the Quality of Care Workgroup recommended, and it was approved by the full Commission, was not only did we want to answer the questions that were put before us, regarding retention and penetration which is the information you see in this report, but we also wanted to address the difference between quantity and quality of care. And so in the latter part where we addressed concerns that where we really addressed quality issues, that we felt the State Outcome Report was not allowing us to really speak to. The process was done in a way which we received information and you should have all of the data which we used to complete the report in your packet. We initially received information from Steve and his team regarding their projected information for 2010, we use that information and in looking at that information, we recognize that we needed Juvenile Hall Information, we needed better retention information and we needed cultural relevance questions answered. And from that we invited both Steve's team, Planning and Evaluation, we invited the team for Cultural Competency Plan and we got information from Suzanne... I was trying to remember who else we got information from, in order to complete this report. So that's the just of what I can give - the information is clearly outlined. We really struggled with being able to speak to retention because that's not the way the data is collected at this time within the county – the county must collect data based on the reports that they have to give out, and the way in which this particular report was requesting retention information that had not been gathered, so Erin did the best she could at giving us information regarding retention.

Which if you notice is inside the data you received, it really looked at whether a person received one to two days of service, four to five days of service, that that spoke to retention, when in all actuality that doesn't necessarily speak to retention. It may speak more so to severity at that time as opposed to retention. That is outlined within the concerns that is listed in the report.
Colette, Peggy, Floyd?

Commissioner Kennedy: I wanted to add, and I'm sure all of you that were there at the July 24th meeting with the state group... they gave us data that they said we could use to create the Outcome Report; they gave us data from Contra Costa County but it was from 2007 and 2008. There was a question as to whether this was simply an exercise for us to show the State whether we understood how

to read the data and interpret the data, or if we wanted to take it to the next level and actually see how we are performing – see what is working and what’s not working – to the extent that we could read that from the data. So we asked our county people to do that and they were terrific in bringing it back but there were many limitations within the framework that was laid out for us. So we did try to stay within the framework, we did try to get everything we could possibly get out of it, with the updated information, but there were some definite obstacles that were inherent within the system that we didn’t feel we could overcome.

Commissioner O’Keeffe: I had some problem with the whole evaluation tool. Raw data is raw data and I have every confidence that it’s correct – no problem. However, what it is compared to is something called ‘holzer’ projections. You know ‘holzer’ is a very interesting tool, the most recent replication if I understood correctly from my travels through literature in 2004 – from a national survey and they created what they called, ‘estimates’ and there was absolutely no statement of what the uncertainties were in an estimate. What use is an estimate if you don’t know how much you can rely on it? So I find that very distressing, and since you have no feeling as to the holzer as to what the uncertainties were, and the raw data being compared to it, if you want to do statistical significance does it still mean very much? It would have been nice to have had some statistical significance, and I feel the basis for comparison for what we should have done was very shaky.

Commissioner McKindley-Alvarez: Which was captured on page 8 in your packet on ‘concerns’ - under Item number 1.

Commissioner Overby: I want to compliment you on the perfect job you did of putting this all together – a bunch of very confusing data, which as Colette said was just a bunch of guestimates on updated stuff from several years ago. I just wonder what the state will gain from this information? Also what benefit will it be to the Consumers in this county, as far as judging what the quality here is.

Commissioner Kennedy: And they didn’t address the success rate. They never addressed how someone who had been through the system, no matter how many days they were in, what happened to them afterward? I think that was a recurring problem – what use is this if you don’t see what the end result is?

Commissioner McKindley-Alvarez: So that’s the summary for us and this is a draft and hopefully everyone had a chance to review it, so I will take notes as people give their feedback and as I see your hands up.. so Annis...

B. Discussion

Commissioner Pereyra: I just have a question for you in terms of some of the comments that were made back when we were at that meeting when all of this was presented. And my question is, was there anything of substance that was different from what you reported that MHA reports to the state anyway; is there a lot of over-layering between the two processes that were having another watchdog with oversight generating another report when MHA is already submitting a report. You know sometimes the state gives feedback to say ‘why are you doing this’, you’re growing government, you’re not actually capturing any significant information by doing it – and that’s my question.

Deputy MH Director: basically, the only information the state has is what they get through our claiming. We submit claiming information through Medi-Cal claims etc. And then, that’s what they have to work with, so you’re right they don’t have anything different than what they are getting from our claiming data.

Commissioner Pereyra: Yes that’s what prompted my comment after listening (*to the report*).

Commissioner Yoshioka: I have a suggestion. Having come from an administrative background, in a health services department, and also being from a books point of view, and also a concern as a family member, I like to present a perspective which may be quite different from yours, Carole; I did look up our mandated responsibilities for the MHC, and it's in our Commission Handbook.

Item 7 says to review and comment on the county's performance and outcome data, and communicate its findings to the California MH counsel. The way I look at this mandate – this is what struck me, the word 'review' which is behind 'as' – to view and see again. To examine and study again. In this light I would like to propose that in the future we collaborate with the MHA Director, and the staff there to produce the required data and findings so the responsibilities of review and comment by the Commission may be fulfilled and communicated to the California Mental Health Planning Commission, which is quite different. And I believe in the past the MH Division has produced their analysis and findings, brought to the Commission for review and comments – in the past, right? So I'm pointing out that there is a difference in what happened and what I am proposing, and what's happened in the past.

Commissioner McKindley-Alvarez: So, can I make clarification real quick to make sure I understand - so instead of us viewing the data and doing the data analysis and all of that, the county would do that and then we would review the analysis.

Commissioner Yoshioka: Right. I'd like to point out something that is very unique to us, and I point it out here that it is a rare coincidence to have a PhD, two MDs, and a writer, on the Quality of Care workgroup, let alone on the Commission. What about the other boards and commissions in the state? They don't have the benefit of these qualified people – and how do they do it?

For our future commission, I think we would be in a better position to --- the staff of MH Division, pull the data and findings, analyze the findings, and bring it to us for our review and comments so we can pass it on to the state – that's my proposal.

The other thing I find is that we as Commissioners should be a lot more acquainted with what's going on in the world. I like to point out that this is the mental health, okay, report to the Surgeon General. It's the product of the first white house conference on mental health that came out in 1999. It's a great book – great reference. I'll pass this around. Following the White House conference and the Surgeon General's report on mental health – and it's a fairly thick book, by the way, it's free! Ask Linda or Donna to order it from the Federal government – it's free!

The other one is called the Mental Health Culture, Race and Ethnicity. It's the supplement to the Mental Health Report by the Surgeon General. I think we need to be acquainted with that, and that's available online – you just go online and that's available. The other piece of information I have, and I have no idea where it came from, you got that – Navigating the Currents, it's a great resource book for people like us and California.

Judith: Are you proposing that this be part of the report?

Commissioner Yoshioka: Well, these are comments for the report, and for the future. The other thing I found out is this Latino access study – a report that came out in June 2009, from the report I found out that Contra Costa County participated in it. The unique thing about Contra Costa County's report is that they not only looked at the Latino ethnicity, but they covered all the races: White, Black, Asian, and Latino population and, they come up with great recommendations addressing the disparity gap in the utilization of the mental health services. This is something that would have been great, if we had it in the beginning – because this is what we are doing. And I just found that out so I bring this and make input...

Commissioner Kennedy: I was going to say, what was tremendously helpful for me trying to address the issues in the Outcome Report, was the plan that you put together (*speaking to ----*) the cultural competency plan to see how the MHSA money was used, and all of the outreach programs that are in place and that plan to be in place for the next three years. And that answered, since I was in charge of answering the questions for reaching out to the ethnic communities.

Commissioner McKindley-Alvarez: Does anyone have direct comments?

Commissioner Wong: Would it be fair to conclude that what needs to be done first is a better type of data collection system?

Commissioner McKindley-Alvarez: That's something that we actually did talk to the MHA about, is that what these questions are requiring, doesn't match the way in which the data is collected in the first place. So it took a lot of time because they were trying to then recapture data to fulfill something that wasn't created in the first place.

Commissioner Wong: But if we identified the information we want beforehand, that could be placed in the system, so is that the conclusion of this workgroup? Is that what your recommendation would be?

Commissioner McKindley-Alvarez: I can't say that for the workgroup because we didn't talk about that as a group. I can say it came out of our conversation with the MHA, and they did agree in that meeting that this was something that we wanted to continue to talk about, to look at how they design collected data outside of, what they already have to collect data for – so it would be completely different and take a lot of work, but it's necessary.

Deputy MH Director: We are limited by our information system; all it is, is a billing system. So now we have access to the data warehouse, which we didn't use to have before, so now we can go in and mine that data – but that's the only data we can mine. So then it's a matter of setting the parameters of the question, like, what is it you want to know – explain to us what you want to know we can see if we can set the parameters to go in and pull out whatever ---.

Commissioner Wong: --- to be able to capture data, so you may not be able to answer all the questions you want to ask.

Judith: I've heard three different things that are kind of out floating around in terms of action: One is approval to finish the report, the other is, I've heard two things along the line of streamlining, one is questioning the state, 'why are you asking this?' and the other is making sure in the future that the county does it and it just comes back to you to review. So those are the three things that I've heard.

Commissioner O'Keeffe: I'd like to add to review the quality of our tools to evaluate effectiveness. I have severe reservations about our use of the holzer estimates.

Judith: Okay, that's then the fourth one.

Commissioner Kennedy: I'd like to add one other that we talked about as a group and that was ultimately what we would like to do, if this is something that we need to continue doing as a Commission, is that we would like to be at the forefront of creating a system that actually evaluates those things that are really important in terms of the actual quality of care not just with the numbers of days, but actually seeing what the success rates are. So seeing a patient from the beginning of their stay all the way until the end and see how they fare through it.

Commissioner McKindley-Alvarez: Inclusive of the voice of consumer, family, community.

Judith: Please help me in process here, that's five things. Can you as a group approve those five things? Is that what you want to do as a process?

Commissioner McKindley-Alvarez: The first thing that we do need to do is to approve so that we could send this and if anyone has something they would like us to recommend to change on this report, or can we approve the report? That's the reason it's on the agenda.

Sherry Bradley: I have a question. I just want to make sure what you mean by 'in language materials' I'm assuming that you mean having materials available in the language of the individual or the group that has to have a look and a face made for it.

Commissioner McKindley-Alvarez: That's correct.

Judith: Will anyone block the approval of moving this report forward – is that the correct language? I see no blocks. Do we need any comment from the public?

Acting Chair: Is there any public comment?

C. Commission Action

- **ACTION: Motion to approve State Outcome report (M-Wong /S-Kennedy /Passed, 11-0-0, unanimous)**

Judith: the other four items, are those things that we can hold? Or do we want to do something with those?

Commissioner McKindley-Alvarez: I would imagine that this is something that would come up in our workplan as we move forward. So I'm okay leaving it here and having those come up as we do our workplan for 2011.

Judith: so we'll capture that in the notes and just to recap:

- It's the questioning of the holzer and wanting better evaluation tools,
- It's using MHA to develop so that you guys can review
- It's questioning why the state wants this anyway
- And it's being in the forefront to use evaluation of quality of care services

9. HEAR 2011 MH DIVISION VISION AND OBJECTIVES – Donna Wigand

A. Presentation

MH Director: So you can find this (*2011 MH Division Vision and Objectives*), it's Item 9 on page 93, right next to workgroup proposed goals 2011.

Let me go ahead and start, I'm conscious that we are an hour behind. I want to start by thanking Suzanne for putting this together in email. This is a good compilation and I want to have Suzanne talk about some of these, but I also want to paint a picture for you all since some of you have not been on the Commission as long as others.

In terms of my role and Suzanne's role, what the similarities and differences are because I think there does get to be some confusion; I'm very fortunate to have a deputy director, not all MH systems do but certainly the top twenty or thirty do. So I was very lucky to have this position created five years ago.

There is a division of labor that has to be done. Not to sound too parochial, but it's like having a single parent in the ninth largest county MH system out of fifty-eight in the state, was not always a healthy

thing. So having two primary ‘parents’ allows one of those individuals to go and fight the political battles that need to be fought politically, quite frankly, with the state, with the legislature, with the state administration, with local political powers that be; and basically that energy that has to constantly be put out there in the political arenas whether it’s local, or state, or including now in the courts, since we are 1 of 24 counties that have filed a legal action.

That is time consuming and takes energy and it is impossible to do that and be here and be involved in all the operations of this very large county mental health program.

It’s good, I think Suzanne and I have a good ebb and flow, I go up to Sacramento multiple times a month but so does Suzanne. Suzanne is certainly very active at that level as well. And I do not completely relinquish all operational opportunities. I have remained very involved from the beginning and will until inception with the program that we refer to as 20 Allen, which of course is not 20 Allen anymore (*the address*) but insist on being up close and personal with the operations and all of that. SO what I’m trying to say in a long way is Suzanne and I are able to share some division of labor. And the reason I say that is I wanted you to know what those two major roles are: going out and fighting those external battles to protect our assets, okay, literally. (*laughter*) and also to keep things on a day to day basis, knowing what’s going on and keeping them running and moving forward. So I say all that because I just got an email from Pat Ryan the Executive Director of California MH Directors Association (CMHDA) about Arnold Governor Schwarzenegger’s declaring a fiscal emergency and calling a special session of the Legislature. And he has now let it be known tonight, that in the package he is going to propose \$7.4M in reductions, including a redirection of over \$300M in 10-11 and \$602M in 11-12 over \$3M in 10-11 and \$6.2M in 2012 in realignment of our realignment. (*gasps*) for it to be moved from Mental Health to go to Social Services.

Willie: explain that to me.

MH Director: Realignment is \$30M dollars of our funding – it’s huge, and we use it for match, to --- Medi-Cal and to draw down another \$30M and more.

We all know the drill – this is not the first time nor the last that the mental health pot is trying to be raided. So that is a lot of what our job is to go and do whatever we need to do to protect that money, including talking to the Legislature etc.

I just wanted to mention one of my roles and responsibilities right now in 2011 and through 2011 is dealing with AB3632 crisis. And again without going into a lot of detail that basically that funding and that mandate has been vetoed by the governor so it’s now my responsibility to figure out how we manage those kids that are still receiving our care and to, absent any source of money and absent any mandate to transition the care of those kids and their families in as thoughtful a way as possible given the constraints.

I went to the Family Human Services Committee of the Board of Supervisors today and reported that basically we’re dealing now with a January 1, time frame – which is chaotic at minimum, in terms of transitioning the care of those kids. I’m talking about the non Medi-Cal kids which are about 40% of the total.

So, meeting tomorrow with Joe Ovick and company and trying to see... Education remains, I think, more optimistic than we are, that the new legislation January 1 and the new governor will be willing to listen and put the money back in. I hope they’re right.

Back into the care of these non-Medi-Cal kids for mental health treatment that come up through the school system. I hope they’re right. Or, at least what I’m hoping is that there can be agreement to fund a transition period through July 1 of 2011. And to basically not jerk children and their families around in the middle of the year – to at least buy us another six months and we can sit down and transition this in a more thoughtful, planned way. So that’s number two.

On this list as I said before is the planning and implementation of the two programs that were previously mentioned, the assessment center, urgent care clinic, and also the residential treatment facility for adults, which we should probably start calling something other than 20 Allen, involving Commissioners, CPAW folks, Consumers, family members in that process as we move down that road in 2011.

And, number 9, if we can jump to that, in fact, one of the reasons I was late for this meeting is because I was in a meeting previous to this meeting, about looking at the Health Services Department which we are just one part of, in terms of redesign. To be better configured to meet the demands that the federal Government is going to insist upon for, if you want to become a recipient of health care reform dollars. And there are some ways in which we are pretty well positioned, and there are some ways in which we are not.

So, part of #9 is looking at healthcare reform but it's also looking internally as to what do we do and more importantly what do we not do very well, to ease continuity of care for the residents of this county who need access to multiple kinds of care, whether you want to call it mental health treatment, alcohol and drug treatment, or physical health care... How do we block access for one individual to be able to get to any kind of health or behavioral health service that they need. And what are some of the ways that we can redesign our existing system to make it easier for the residents of this county no matter what door they come into. You know if they come into a mental health door, then there needs to be physical health care access very quickly and immediately. If they come into a physical healthcare door and there's a bigger healthcare issue going on, there needs to be a rapid response for that individual who's in that health clinic to be able to get mental health or alcohol and drug treatments. So that's going to be a big portion of work that you as a body need to be intricately involved in. This planning should not go on behind closed doors with this little group of administrators. It should be open, public, transparent – it should involve consumers in the system and their family members. Those are some big ticket items I want you to be aware of that you are going to need to be involved with.

Judith checked in on focus for Commissioners: Is it Item 4 on here, dealing with the AB3632 crisis? Planning for the implementation of urgent care for adults and the ARC?

MH Director: The urgent care and then the residential facility for adults – urgent care for all ages.

Judith: And then position Contra Costa County to ease continuity of care with multiple needs, and especially looking to use the Health Care Reform Act. Of this (*pointing to the written list on wall*) these are your top three.

Deputy MH Director: Those are the things that are going to be very time consuming, and the first one is protecting the current system of care from being pillaged and plundered.

MH Deputy Director: We basically reviewed all of our different quality improvement projects and work plans etc. and we have many that have measurements attached but just picked these nine plus the additional one that Donna added about the two facilities, so there are actually 10 including that. The first one is we will hopefully be signing a contract for the new information system in the near future, so we're expecting as soon as that happens there's already been a great deal of work done on that by a group of people so it's moving forward with actually signing the contract and implementing the new system.

Then also what we've been struggling with for about a year now is the state instituted a new claiming system, and when they did that they put in a bunch of edits that made it next to impossible for committee of mental health to function in terms of getting the --- from the state. They're building edits about third party payers, in that third party payer pot they pay everyone who is a dual eligible such as Medi-Cal and Medi-Care, and then children that are privately insured in Medi-Cal, and so we've spent

the last year going back and forth with them and clearing those edits as much as possible. But the bottom line is our billing for the dual eligible is predominantly to Medi-Medi beneficiaries. What's put on hold since last January is we knew it wouldn't make it through the system, and now we're just starting to release those claims. Along with that, we're realizing that there are going to be some medication support services that no matter how successful we are in negotiating with the state department of Health Care Services, and the State department of mental health, to clear the great majority of mental health services from mandatory claiming for Medicare, in the end medication support services, particularly by doctors is going to be very difficult to clear. So in preparation for all of that we've got all our Adult clinics Medicare certified and are in the process of enrolling our physicians, LCSWs and PhDs as Medicare providers but that's a big project that's carried forward.

We are involved in two formal mental health integration projects which tie together with what Donna was talking about, health reform and the direction the system is moving, so we wanted to start practicing how we might do that, so we have two different pilot projects that are planned. One has been initiated the other we're waiting for a physical remodel. One you've heard about from Dr. Ferman I believe, it's the establishment of, and Colette's been part of the workgroup on this, so can attest to the amount of planning going on about this, but at the Willow Pass Central County Adult Clinic on the first floor where MHCC used to reside, the plan is to put a primary care clinic there that would serve predominantly the people who receive mental health services in that building and the intent is for it to not just be co-located but to be integrated with the care providers from upstairs and downstairs, moving back and forth and coordinating care.

The other pilot project for integration is a bit different. Rather than basing it on a co-location model, we're actually developing an extended, heightened care coordination model, so that people who are seen at a free-standing Mental Health clinic at El Portal, and are receiving their primary care at either ProPhysicians at the 38th street clinic or from Brookside, or from CCHD private provider network, we're doing a collaborative with CCHD and hospital clinics, to improve coordination of care for people who have in addition to mental health, co-occurring cardiovascular, and/or metabolic disorders. This is a Cal-Med project. When you see a small grant to do as part of a learning collaborative statewide, I think we're one of six counties participating in this so there's a lot of attention on it, and it's very outcome oriented. As Donna was mentioning part of mental health -- is that you need evidence based practices, and are using outcome measures so this pilot at El Portal is combining all of that and we're really learning a lot just from preparing for it.

In addition we're doing a performance improvement project, we have been for the last year regarding children in day treatment, and also our county in EL Portal Cal-Med project -- a performance improvement project, but in addition we're working collaboratively with the leadership of Contra Costa Regional Medical Center and also our full service partnership contract providers Fred Finch and Rubicon. We were previously looking a lot at people that were going in and out of 4C -- hospital recidivism, and we tried some interventions there; we were not particularly happy with what we saw, so we decided to back it up and really look at people that are going in and out of crisis stabilization unit. Particularly those people that are not already part of the county mental health system -- so who are getting lost between the cracks as soon as they leave the crisis stabilization unit. So we just got that started and we're starting to see some good outcomes. The full service partnership providers are... there's a lot of communication and then they're the ones that are really out on the streets trying to outreach and engage the folks that we've not been able to do ordinary methodologies so that's what that's about.

Part of Mental Health Services Act, was a development of Contra Costa Suicide Prevention Plan. Mary Roy and John Bateson, from the Contra Costa Crisis sent-line are co-chairs of the suicide prevention committee, and that committee is responsible for planning suicide prevention conferences, but also

putting together the suicide prevention plan for the county, which there is none to date. In doing that we already started looking a little more in depth at people who had successful suicide over the past year. So there will be more to come on that I know some of you had a rumor working on that project as well. And that's it.

Judith: Now can we shift over to hear the workgroup priority goals? Who will be doing those?

Acting Chair: We have to open public comment on this. Ralph, do you want me to read this?

She read Ralph Hoffmann's written public comment: "What are the percentage of the public in Contra Costa that have been diagnosed with a mental illness in 1980, 1990, 2000, and 2010?"

MH Director: We won't be able to find 1980. I also think that one of the sad things is we're not going to be able to tell you how many people in the entire county were diagnosed. What we can tell you is how many individuals were in our system of care in those years. And as you know, you don't get into our system of care unless you really need to be. And I think to extrapolate, it is a well known and documented fact that of those who are in the public mental health system in any county in California, multiply that times two and that's the real number that needs to be in there, so in other words, only 50% of the counties residents are receiving public mental health services that actually should be.

Ralph Hoffmann: I've made an extrapolation myself. There is no such thing as perfect mental health. By 2050 we will have ---% resident mental --- diagnosis

B. Question and Answer

10. Postponed - **CONSIDER PROPOSED BOS LEGISLATIVE PLATFORM – Dorothy Sansoe** since the platform was not yet available.

11. **HEAR WORKGROUP PRIORITY GOALS**

Commissioner McKindley-Alvarez: The Quality of Care Workgroup chose not to give any goals for this year. We felt based on what type of work we produce out of the Quality of Care Workgroup we really needed to bring that to the full Commission and we needed direction from the full Commission. So that was unanimously decided - minus Sam. Sam wasn't there with everyone else who was present.

Commissioner Kennedy: Diversity and Recruitment Workgroup priorities:

I mentioned that we got our PowerPoint done so we will be doing outreach to underrepresented groups to talk about the Commission and what we do. So it's not only time to get new members in our case at this point, we're looking for Consumers and also Hispanic and African Americans and also to educate the public about what the Commission does and outreach. *(there was discussion with Judith about naming the first goal)*

1. Outreach efforts to designated groups
2. Dealing with workgroup stated areas of interest: which includes recruitment, selection, orientation, and retention of Commissioners. We will be addressing those issues, hopefully in the coming year.
3. We would like to discuss possibility of changing the name of the workgroup to the 'Outreach and Recruitment Workgroup' to better reflect its purpose.

Judith: is the latter one considered a focus area? Should I add to the list? (no)

Acting Chair Pasquini: The Capital/Facilities Workgroup briefly discussed the current workgroup process and its effectiveness and efficiency and that was everybody with the exception of Evelyn who wasn't present at that meeting; so that was Annis, Peter and Colette and myself.

We discussed the pros and cons of the current process, along with the possibility of returning to standing committees or system of care committees: Children, Adult, Transitional Age, Youth, Older Adult, and Justice System. We also considered needing a conversation around organizing a new process rather than returning to what we've done before – considering what's working, what isn't working with the workgroup process that we have. The workgroup members present agreed to the following priority goals:

1. Housing
2. Transportation to facilities
3. Access to facilities, along those lines is a current motion on the table to discuss the Crestwood Pleasant Hill use permit restrictions which would fall under that
4. Out of county placements in both inpatient facilities and board of care facilities
5. Site visits: we talked about going to Our House in Vallejo and Angwin and I would also be recommending add the jail and juvenile hall to that list but we didn't agree to that

12. HEAR COMMISSIONER'S PERSONAL GOAL FOR 2011

Judith asked that they go around the room and get each Commissioner's focus area/personal goal.

Commissioner Kennedy: I would like to work toward making information about services available within the county, and also making facilities more turn-key and accessible to the public and consumers.

I'd like to look at the website information that we have available. I have some experience with this in my marketing background, and I would love to work with whoever else is interested. Colette and I have had some discussions about this, for instance having on the website for a particular facility, exactly which buses to take for public transportation. Because Colette as a consumer has said, it's difficult to get to some of these facilities.

Trying to make the information as easily accessible and turn-key as possible. I'd also like to help with search engine optimization for some of the key words that would lead people to the correct places on your website. So in other words, if someone types in, 'mental health Contra Costa County' that they will go directly to a site that is going to help them take one less step to get to the information that they really need. That's my goal - more turn-key.

Commissioner Pereyra: The first thing I want to focus on is preparing some kind of report or presentation to get people to understand the human logjam that relates back to lack of housing. People get hospitalized and how encumbered the process is from moving from one level of care to the next: Some form of board and care placement to independent living. My focus is housing because that's at the base of it all.

Commissioner Centeno: I'm so glad that Suzanne included suicide prevention plan in the initiatives because that is my goal... I am saddened every time I read in the paper a teen that commits suicide. We should do something in terms of prevention and education. I would like to see Mental Health Administration to have a group that would go into the community, especially in the schools; bringing educating regarding depression and prevention of depression and suicide because depression sets in first before suicide. I would like to work with the Commission and with Suzanne and MHA to develop a group that could go out into the community.

Commissioner Overby: I'm the same as Annis, I think we need to get in-county housing. As far as suggestions, I don't know if there is a possibility of using all those vacant beds at Crestwood, Pleasant Hill. There is a nice facility there. We can investigate that and take some of the rules off and get more people in there. The other possibility is I know we have an empty ward at the county hospital.

Every hospital I've worked in that said 'we're downsizing patient care' I wonder if we can get the county licensed for less care than the general population, so it would be feasible to put patients back there for long term care.

Judith summarized as: 'More beds in other facilities'.

Commissioner Overby: I'd like to see them closer - sending people to Sacramento, and Angwin and Fremont and everywhere else.

Judith: Reduce out of county placements.

Commissioner Overby: I don't know how many millions are spent for sending them out of county but I understand it's quite a high figure.

Commissioner Bagarozzo: I would look at developing county wide 24/7 transportation services. That would basically be a fleet of vans that would be available on a 24/7 basis, to take them to Dr. appointments and wherever else they need to go as part of their overall life needs. You ask how do we fund it? Basically I would utilize all the brains of county, in the context of: MHD, ---, ---, department of --- county. And then write a gazillion grants, to foundations like Bill and Melinda Gates, Warren Buffett, Carnegie, Ford, and Rockefeller. I would contact private donors who have a concept of social justice, civil rights, who help individuals who in fact need help. And I would look at it from the standpoint in a practical sense- the federal government has a 1.4 trillion dollar deficit. The state of California has a 20 billion dollar deficit. There is no money. so in living as we are now, for every six month period, or any issue that is politically motivated, there is no money. So in the context of not relying on Sacramento or even Washington per se to fund something like this, I would suggest to try to fund it through other sources, The money's out there. And we could partner with current transit agencies, county transit and so on. They're out there, I think if you can create some motivation and interest, you can create some means to support this in a whole sense.

Commissioner McKindley-Alvarez: Mine is to focus on the quality of care that we provide across systems. And not just the MH system. I was very appreciative that Donna talked about looking at the collaboration across other systems that the consumers and their family members may utilize. So, medical, substance, drugs and Alcohol or dual diagnoses stuff to really address how we provide care in a multidimensional perspective. And for me that also includes consumer employment.

Acting Chair Pasquini: I was going to say 'Housing', which has been said. I have an article, *The Business Case for Bi-directional Integrated Care* – that's been mentioned so that's on the table. I think that's a great idea since consumers are dying 25 years younger than everyone else. I was going to mention Laura's Law because it's something that is dear to my heart and I've wanted to have this conversation in this county for several years. However, I don't think I have the stomach to throw that one on the table tonight because it's not the one I'm going to pick. Even though it's in San Francisco and Marin and the conversation is going up and down the state, I think it's an important conversation to have. I'm going to pull something out, until I had this conversation, and I thought...

I need a data driven system, I need a gap analysis, I need to know where all these ideas that we're throwing on the table tonight, how we are going to prioritize them, and how we are going to determine what's the greatest need. I agree with Peter, that there is money there. There's also a lot of waste. I think integration will help a lot if we take a look at the system and look at where that waste is.

Certainly that happened last year at the hospital; Floyd will be happy to know that the Joint Commission questioned why that ward is empty over there when there's obviously such a great need. And by the way I want to mention that our county hospital received the highest commodiations last

week from the Joint Commission and I was privileged to sit and hear all the internal meetings that took place. So I'm going to say data driven system and gap analysis

Commissioner Yoshioka: How about adding an education component in each Commission meeting. Have some experts come and discuss their field of expertise and educate us from time to time. The other is I think we need to find projects where we do work together in collaboration with the Administration, MH Division and staff, and to have practical work projects would certainly bring us together rather than to divide us.

Judith defined that as a method not a focus area.

Commissioner O'Keeffe: One – one philosophical. Like Annis, housing, housing, housing! You've got to have that. If only one, shed the clear but not blinding light of statistical analysis of data presented to and by us!

Commissioner Kahler: We need a family education center like Alameda County got with four or five different locations funded by MHSA!

Commissioner Wong: I'd like to assist in the transition of AB 3632 – services to schools. Also let me make a comment: It's a natural reaction that when somebody proposes less money, or shift that money to another agency, we tend to believe that all hell will break loose. I want to see what services will be changed and how they will be affected – it's not always the money – it's the services. Let's not just react saying it's not going to happen. It can happen but we've got to make sure the services are ---

Judith: Assist in transition of AB3632: know which services change – that's a delta... (Wong – 'the second one is just a comment.')

Judith: We will just get to Item 13A – Select the goals.

She explained how she was writing the MH goals, then the workgroup goals, then the individual goals

Brenda Crawford asked for an opportunity for public comment.

Acting Chair confirmed there was an opportunity.

Brenda Crawford: Just a couple of things – an expansion of the Outreach and Recruitment committee. I don't know if the Commission wants to get into, 'define groups'. But it addresses something that Evelyn said about youth suicide. The largest group that commits suicide are LGBT folks and I read somewhere that Contra Costa County has either the second or third largest LGBT community in the Bay Area. And that community is not represented in an outward way. --- knowledge, LGBT activist, on the Commission and we all know LGBT mental health issues are often not met and folks go underrepresented in our county.

The other thing I just want to comment that I want to speak to Peter and Carole because I've spoken to Sherry about a project that would employ consumers, and also it's a consumer run shuttle agency that I've talked to Sherry about- so that's my own little plug.

But really I think that we do need to look at expanding our diversity, and look at folks who are sexual minorities in the county.

Marianna Moore: (3:35:44) When I read the ----goals very practical and measurable --- of course I have a --- process oriented sort of wish or goal throughout the year. And you're --- spend so much time with CPAW and MHS Act, and what I was going to say is --- manage in many ways, so I guess I'd like

to see it formalized. Something about the transformation of the system, overarching goal of MHSA, and to have a stated goal and intention, not just for the division specially, but for all of us. I'm not very articulate in saying this in words that might fit out there – I want to put that out there. I think it does a lot of power in saying we consciously commit to this goal. In the coming year we're going to set some sub-goals and then measure progress and results. There are a lot of ways to do that – to be defined tonight I'm sure, but I just want to put that out for consideration.

Ralph Hoffmann: This is a collaborative statement: Senior citizens over 60 years old have the highest suicide rates in the world, higher than adolescents. And, over 85 is very high, and over the next 25 days it may become murder because of how the inheritance law changes after Dec 31st. (*cross talk about inheritance going down after December 31st*)

Helen Geddes: I appreciate all the committees and task forces, it's really enlightening. I've seen how things are really working. Being part of Contra Costa County all my life, working full-time, going to school, taking care of loved ones, being a consumer, I think my biggest priority that I'd like to see for my age group is employment retention, support, recruitment and that kind of thing because a lot of times if you are in mental hospital and you finally are able to work in a higher capacity there isn't support in the workplace. I think all the areas you've talked about are extremely important but that for me would be one of the biggest issues.

As process, Judith added in the public comment goals where they aligned with Commissioner goals. They agreed Mariana Moore's statement about transforming the system needed to be noted.

"Transform MH System" Discussion about having it be an overarching goal/agreement in all of their processes. Perhaps it should be included in the mission statement, but was kept as an overview statement.

Sherry Bradley asked that it be considered a key value (that drives the organization).

13. **CONSIDER FOCUS AREA ACTION PLAN**

- A. Select goals (dot method)
- B. Identify deliverables
- C. Identify Responsibilities
- D. What structures support achievement?
- E. What needs to be recommended to BOS Legislative Platform?

Judith: asked each Commissioner to choose their top 3 goals and mark the listed goals on butcher paper for a 'dot survey' of top 5 goals.

The Commissioners went up to the butcher paper and marked the topics they consider are top priority for the Commission, keeping in the MHC Mission statement.

Mission Statement

The Contra Costa County Mental Health Commission has a dual mission:

- 1. To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and*
- 2. To be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.*

Established Top Goals:

1. **Housing**
2. **Transportation to facilities,**
3. **Outreach to underrepresented groups about MHC**
4. **Data driven systems with Gap Analysis**

Judith: During 2011 these 4 top goals are your focus – those are your lanes that you swim in.

- **ACTION: Motion to adopt four areas of focus: Housing, Transportation to facilities, Outreach to underrepresented groups about MHC & Data driven systems with gap analysis (M-Wong /S-Pasquini /Passed, 11-0-0, unanimous)**

Judith took an unofficial poll: Do you want to do this through workgroups versus standing committees which would be less silo'd.

Commissioner Kennedy: if it's true what Supervisor Piepho said that workgroups actually do have to be agendaized, which is one of the reasons why we decided to do the workgroup, then they don't have much difference from standing committees, right?

Poll:

Workgroups – 2 (Kahler and O'Keeffe)

Standing committees - 7

Abstain – 1 (Wong)

No Preference – (Overby) but preference for smaller groups than large.

Commissioner Wong: Are we talking about our current focus which may not fit that focus. I'm not sure what we're asking.

Commissioner McKindley-Alvarez: Comment – we did refer an item to the Quality of Care workgroup that we will then have to bring back up to the full Commission regarding Consumer workforce support, is what I'm going to call it. So that means it needs to be brought back up because we will no longer have a Quality of Care workgroup so we need to figure out what to do with that since we agreed to it initially it was referred as a taskforce.

Acting Chair: My recommendation is that that is going to be an outstanding task that will go on that task list that we're going to talk about on Thursday and it's not completely up to date. So we have to think about what motions have been added in the last couple of months. And then we're going to discuss how to use that. There will be other items outstanding from other workgroups.

Commissioner Kennedy: I'm curious how and at what point we will transition from workgroup into Standing Committees and how we're going to determine what the standing committees are.

Acting Chair: For process purposes, what Carole and I briefly discussed is after Thursday's meeting which will be an additional conversation around governance issues and helping us formulate our ideas, Judith will provide a document which captures what we've done here tonight, and I think, we talked about it and we'll have everybody and see if we can get a motion to accept this process.

Then we will put workgroups in abeyance for the month, come back to our January meeting, whenever that's going to be, that'll be determined on Thursday. In the meantime, the three workgroup chairs can formulate a plan, written document with Judith's help, that we will then present to the full Commission at the January meeting for discussion. And I believe that's pretty much what we did last year. So we'll

have some form of a recommendation going forward. Tonight we're accepting this process in concept, and what I just described as a plan of action.

Judith: I just want to reflect back that you have good consensus but have two issues that you need to see what they are so you can bring them into consensus, and make sure those aren't blocks.

14. **EVALUATION**
 A. What worked?

Judith: I'd like to do a 'Popcorn' of what worked and what didn't work.
Please say what worked about tonight's meeting.

Commissioner McKindley-Alvarez: Your facilitation style

Commissioner Centeno: the organization

Commissioner Wong: Going through the best and worst case first, set the stage for the rest of the meeting.

Commissioner Kennedy I think the casual atmosphere with food.

Commissioner Wong: Yes, the desserts.

Commissioner McKindley-Alvarez: What appeared to be us moving toward best case felt safe and open minded and people felt present.

Chair Pasquini: I loved Molly's consensus building process and I like the fact that you just reminded us that we do have to consider what concerns Dave and Colette have about abandoning the workgroup process. It may not be an option because it may be procedurally put upon us anyway, but I think it's really important for us not to forget the dissenting votes and considerations.

B. What would you change?

Judith: Okay, now we go to the dark side; anything that you would like to change from what we did today?

Commissioner McKindley-Alvarez: I don't know if we can do this but the planning meeting may have needed to be broken down into one, maybe it goes back to Sam's comment earlier about us getting to know each other and allowing the stuff on the best case to develop and then moving into the planning where we could have walked away with concrete goals and have a more solidified plan.

Commissioner Wong: I still need to have consensus on the mission statement

MH Director: It's not a dark-side comment. It's a moving towards the light comment.

I want to congratulate the Commission, not just for the work that you did tonight, I just wanted to make some observations. I really sense a different environment, and I sense this whole thing about looking towards 2011 and identifying the work that needs to be done together. And saying, 'we've got to move forward and we've got to do it in partnership'.

If we don't stay partners in this we can't get these very important things done. I want to congratulate you individually and also as a body. I didn't see anybody shutting down, or backing away from a discussion that could've gotten dicey. I saw everybody staying engaged and involved in the discussion which tells me there is a level of trust. There was no shaming or blaming, and it felt really positive. I'm excited about working with you all this year.

(Applause)

C. Three word wrap up

Judith asked that they go around the table and three words or less on how they leave the meeting:

Brenda: Encouraged, hopeful, inspired, (3:59:54)

Wong: Focused, hopeful and ---

Kennedy: Happy, full of cookies

Pereyra: More optimism

Sherry: Best meeting ever!

Suzanne: Enthusiastic and relaxed, no knots in my stomach

Dorothy: Surprised, hopeful, and very encouraged

Centeno: Excited, enlightened, and grateful everyone's there

MH Director: Excited, feel positive, reenergized

Overby: Hopeful and encouraged

Bagarozzo: Satisfied

McKindley-Alvarez: Relieved, grateful

EA: Happy for you, but exhausted

Pasquini: Very happy

Yoshioka: Relieved, recovered

O'Keeffe: Quizzical possibly optimistic

Kahler: Inspired (*applause*)

Geddes: More integrated seeing this process

Hoffmann: Nothing about us without us

Moore: Hopeful and positive

Thigpen: Impressed with everybody

D. Evaluation form provided

Evaluations for the meeting/facilitator were passed out and collected.

Announcement: Dorothy Sansoe:

1. Reminder about the Advisory Body Training
2. Got a call from County Counsel about releasing the By-Laws before (approved) and there is no legal problem against it. So I'm going to clear it through the supervisor, and if she doesn't have a problem with it I will give you all drafts of the revised By-Laws

15. ADJOURN MEETING

The next scheduled meeting will be Thursday, December 9, 2010 from 4:30 - 6:30 pm at the John Muir Behavioral Health Center, 2730 Grant Ave., Classroom A, Concord.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.

Respectfully submitted,
Linda Cipolla
Executive Assistant

2011 PLANNING MEETING

December 6, 2010

Background references you might be interested in:

**MENTAL HEALTH – A Report of the Surgeon General
Department of Health and Human Services
U.S. Public Health Service
1999**

**MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY
A Supplement to Mental Health and Human Services,
Office of the Surgeon General, SAMSHA
2001**

**NAVIGATING THE CURRENTS: A Guide to California's Public Health
System
California Associations of Local Mental Health, Boards and Commissions
2008**

**LATINO ACCESS STUDY: FINAL REPORT
California Department of Mental Health, Office of Multicultural Services
June 2009**

Mental Health

A Report of the Surgeon General

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. Public Health Service



- ▶ [News Release](#)
- ▶ [Fact Sheets](#)
- ▶ [Culturally Specific Mental Health Resources](#)
- ▶ [Related Annotated Bibliography](#)
- ▶ [Culture, Race, and Ethnicity Homepage](#)
- ▶ [Mental Health Report](#)
- ▶ [Other Surgeon General's Reports](#)

Culture, Race, Ethnicity Homepage

Executive Summary:

Mental Health: Culture, Race, and Ethnicity
A Supplement to Mental Health: A Report of the Surgeon General

Full Report:

Mental Health: Culture, Race, and Ethnicity [PDF]
A Supplement to Mental Health: A Report of the Surgeon General

Resources

For more information and resources on mental health, please visit:

- www.healthfinder.gov (en español)
- mentalhealth.samhsa.gov
- [culturally specific resources on this site](#)

Accessibility

The Executive Summary is in HTML format. The full report is in both HTML and Adobe® Acrobat® formats; to view the PDF version, you must have the Adobe® Acrobat® Reader.



U.S. Department of
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If you have comments or questions regarding this report, please send an email to ken@mentalhealth.org.

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Navigating the Currents:

A Guide to California's Public Mental Health System

Center for the Study of
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LATINO ACCESS STUDY: FINAL REPORT

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