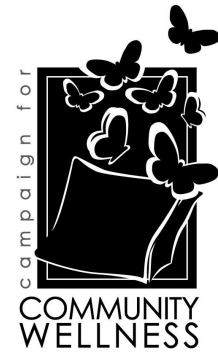


Campaign for Community Wellness

Strategy Team Meeting

Meeting Minutes, 12/21/07



Attendees:

Cindy Brundage, Lynne Distler, Elisa Herrera, Anno Nakai, Lynn Tarrant, Kathie Denton, Richard Knecht, Cheryl Trenwith, Debbie Keeler, Maureen Bauman, Anne Staines, Diane Shively

Theme for today: Celebration!!

Opening, Overview of Campaign

The Implementation Journey – We are currently re-maneuvering and making adjustments, what to change for 2008.

Maureen: We each have a role and we shouldn't overlap – unified vision – “we are one campaign”

Rich: We are weaving and learning how to make linkages and better coordinate – are all the threads where we want them to be?

What are you hoping to get out of today?

- SAMHSA site visit – how does Placer, Streamline, and others coordinate their efforts, efficiently, without overlapping?
- Updates, better coordination
- Mechanism for a next step – how do we stay updated and coordinated?

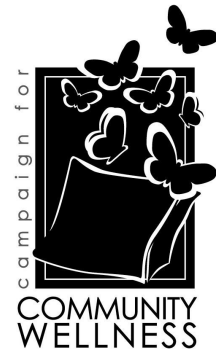
Seana: all of us are doing key parts of MHSA and SAMHSA, strategy team needs to be the fulcrum.

4 Councils: Youth, Adult Consumer (“client”), Latino, Native American

What IS the campaign? What is “it”?

- Blending of MHSA and SAMHSA, one effort to tackle both programs, together
- Future goal/vision: Community based mental health
 - Maureen: community must own responsibility for mental health, public owns a part of the responsibility, community owns other responsibilities
 - Rich: it's a new way of doing and being, we will eventually see emergence of increased family-run health
 - Maureen: I see more of an urgency, let's put some energy into it, we can potentially “launch” the campaign into the community
 - Lynn: we are really in the business of mental illness, not mental health – it's a wellness model, outcomes will be community health, i.e. Less drugs and alcohol use, etc.
 - Rich: I see the Campaign as a cover to a book, each chapter deals with something – prevention, identification, analyses, role of family, etc. This is our tax dollars. We might also control how it is delivered

- Cheryl: when you say “mental health,” the focus is still narrowed. When we say “wellness...”
- Rich: Every family team meeting will be led by a family member, not by a professional. This is where it becomes family driven
- Lynne: Take mental wellness back into campaign
- Cheryl: No wrong door, it needs to be mental health, prevention, wellness, walk in one door



Vision:

Family centered

Ideas:

- Link – community health
- Link to private sector
- Improve mental wellness
- Donors
- Outreach

Why are we excited?

Maureen: we have to do this, and we have to do it together

Lynne: the richness that will result in our community

How will this impact your particular work?

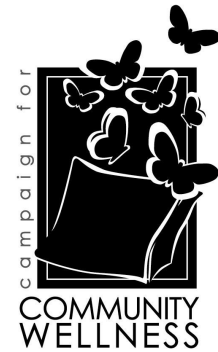
- Cheryl: I’m glad we’re back together, I’m back in the loop, re-visioning together again

Input:

Standouts for 2007:

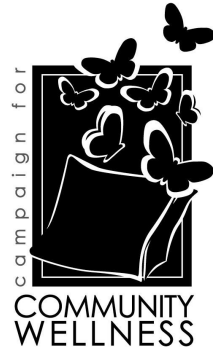
- Startup of Latino leadership council, consumer council, youth council
- Excited for more and more community voice at committee mtgs.
- Identified tremendous resources, and now roles are coming into focus
- Excited that Emilio attended last meeting
- Behind the scenes, systems development and improvement
- Visible increase and awareness of the movement, and the effect it’s having on the community
- Yeah newsletter!!
- Development and submission of CSS planning expansion
- Impressed that planning process is identifying and prioritizing disparities
- Consumer involvement
- Maureen: Partnership teams are blossoming!
- Services are working
- If you don’t go to meetings, without the newsletter, you don’t know how things are going (other than the newsletter, there are no updates, making it difficult to know what’s going on) – newsletter helps to stay connected
- Great prevention training
- Potential for community and policy participation at steering committee meetings

- I'm getting feedback that SC meeting process is not real, "canned," not as effective
- The Steering Committee meeting format does feel stilted at times, but there's so many people at the table that it will anyway
- Small group meetings might be the answer then – feel heard, get more voices.
- When work is done outside and brought in, it looks like its supposed to be "blessed," like all 40 people should feel ownership for the work
- All the councils are contributing great work, we couldn't address disparity if we didn't have creativity or this contribution
- I like Lynn Marcenich, she helps steering committee to understand better, informing them, bringing in experts, knowledge is power! Education forum w/ Lynn
- Our message is becoming a steering committee for community wellness – beyond planning for PEI, there is a long-term role here for me, much bigger than just MHSA
- I am committed to helping MHSA, different funding stream, but not that different – except I need different outcomes to meet goals of my grant – but when I am at these meetings, I feel like it is not campaign, it's a MHSA planning meeting (too MHSA focused)



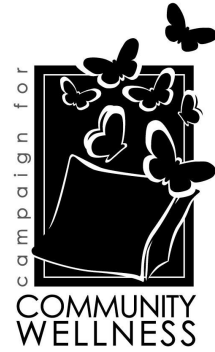
Team updates:

- Elisa: Latino Leadership Council
 - Is currently relationship building
 - We are invited to talk about what is important to us, give a presentation at PCN
 - Starting to be recognized as a group that really advocates for the needs of the Latino community
- Maureen:
 - CSS components are flourishing, community involvement is growing
 - Better coordination w/ Drug Board
 - Consumer council is giving great feedback
 - Housing is starting, PEI is starting, workforce is starting
- Cheryl:
 - Trainings planned
 - Change agents are taking off, created a charter
 - Kicking off the work force component of MHSA that will help clients and consumer get into mental health field and develop skills
- Kathy: Housing
 - I'm trying to see how everything fits together, getting ready to release Housing MHSA funds – two sets: full service partnership, and MHSA overall, hope to get it out in Jan.
 - Working with AMIH in a partnership. Contribute to project by guaranteeing beds
 - Taking lead on PCOH project, small group of community individuals
 - PCN housing: developing (hopefully) a land trust to set aside affordable land, agencies can use the development for housing, making it affordable for our folks
- Anne Staines:



- Created brochure w/ required consent form which explains the evaluation process
- Released the butterflies, ran \$3,400 in free ads for mental health
- Events: Kids Day in Tahoe, participated in Recovering Happens rally, Mental Health Awareness day, pics with Senator Steinberg
- Social marketing and program development: started development of a youth council in Kings Beach, brings youth voice to the area, in the past we have asked, but not satisfied requests, ones exist (Emilio), but as for the needs of the community, they need to be met - we can help to empower them
- Cheryl idea: I need to know ahead of time what updates are, and then after, how everyone else can help.
- Diane:
 - Family Advocates are hiring new staff, referrals are pouring in
 - Everyone sees the value of bringing a family advocate to the family team meeting, shaved some family teams down
 - Started a new non-profit, pro-family and youth, approved tax-exempt status, B&D in infrastructure, staffing issues, concerns about job security, is it fluff on the side? Not required by state, but SAMHSA will last a few years
- Anno: Native American council
 - Goal is to bring people together. Hosted a bunch of trainings, core group training from Placer Co. to deliver training on cultural competence in 2008
 - Supported community and cultural events (Indigenous People's Day, pow-wow planned for June), plan some smaller events throughout the year.
 - Needs of community members and families are for services beyond CSOC, i.e. cultural brokering; need family/intergenerational healing model, wrap-around for families, communities. cultural brokering is working with a team to create cultural ideas, and a cultural care plan
- Cindy:
 - Trainings (110 people in 2), Matthew Moch, capture ASOC, CSOC, and community partner line staff, seems big, but we have done everything we need to do with IRB approval, National Longitudinal Evaluation, 7 children/youth participating, low #, but future looks good. Ixel Morell, completed evaluating 5 proposals for THPP+, youth 18-24, 20 housing slots
- Lynne:
 - Full service partnership (the services part of MHSA enrollees), in the last 6 or 8 months, started 27 capacity, (24/7 crisis phone# - hoping to increase bilingual employees)
 - Goal: reach 25 older adult FSP, age 60-85, large segment of population in 55-60, marketing tools: letters, brochure, and flyer to orgs, 111 potential clients contacted, serving combined group of 89 folks
- Rich/Debbie:
 - MHSA children's side, "high fidelity wraparound"

- Increased bilingual capacity, more staff who are bicultural/bilingual
- Clarify mission of MHSA and SAMHSA, fewer kids detained, removed from families, in receding home, etc. trying to keep kids safe and in a therapeutic environment
- Training plan, policies and procedures, published in a book - Parent guide



Threads that stood out in updates:

- Outreach
- Workforce and cultural competency
- Housing
- Workforce development
- Referrals
- Marketing
- Overlap in populations
- Participation (community, etc.)

Goals for 2008 – See accompanied Excel spreadsheet