

**Sonoma County Mental Health Board (MHB)**  
*(Advisory Board to the County of Sonoma Board of Supervisors)*

**Working Retreat**  
**9:00 am – 3:00 pm Saturday**  
**April 28, 2018**  
**Norton MH Center, West Wing Conference Room**

*Retreat facilitated by:*  
*Retreat documentation below compiled by:*  
*Christopher Szecsey/External Consultant*  
*Revised and updated May 8, 2018*

**Present:**

Asghar Ehsan; Bob Cobb; Peter McAweeney; Mary Ann Swanson; Dick Kirk; Patricia Gray; Kathy Smith; Diana Nelson; Matthew Jensen; Shellie Hadley; Sherry Weyers; Lyndal-Marie Armstrong; Michael Kozart, M.D., (BH Interim Director); Christopher Szecsey (Facilitator), Susan Wilson (MHB Trainer)

**Board Retreat Objectives:**

1. Provide an opportunity for board member learnings and contributions;
2. Deepen understanding of MHB roles and responsibilities through board orientation and training from an external expert;
3. Review and further develop Program Assessment Matrix;
4. Review SCBH budget crisis, implications, and responses;
5. Form two new committees, Orientation and Nominating;
6. Identify upcoming program focus and site visits;
7. Address new business items from Executive Committee; and,
8. Identify retreat follow-up next steps, and conclude with retreat check-in.

**Board Retreat Follow-Up/Next Steps:**

**Overall Board Related:**

1. Approve retreat report and distribute to all;
2. Susan Wilson will send Rhonda a brief description of the Brown Act, to be inserted as a box at the top of future MHB agendas;

3. Rhonda will send Board Ethics information to the Board re: how to go online to sign-up, participate in the 2-hour course, and finally, be certified;
4. Check-in with Dr. Michael Kozart about his proposed “dashboard” related to productivity, revenue, etc. to review during quarterly meetings;
5. Send Rhonda future topics to discuss with Dr. Michael Kozart;
6. Nominating Committee to decide on 5 Board Officer nominations at the May 15<sup>th</sup> meeting;
7. Nominating Committee to bring 5 Board Officer nominations for voting at June meeting;
8. Add to Governance Handbook “mandatory Board member attendance at retreats and meetings, unless officially excused” (Matt drafts new statement and sends to Rhonda for review and insertion.);
9. Organize presentations for Board on following: A) Foster children; B) Women’s Recovery; C) School for Boys; D) Sunny Hill Services; and E) Petaluma Peoples Services. (As criterion for presentations and site visits, select organizations/facilities receiving the greatest amount of \$ for mental health services);
10. Finalize list of external presentations for the Board at next Executive Committee Board meeting;
11. Exercise “soft approach” to attendance of independent contractors to Board meetings (instead of mandatory attendance), using following approaches: A) Send invitation letter to all contractors; B) Invite with telephone calls; C) Invite contractors in outlying areas where Board meetings held;
12. Decide at next Executive Committee Board meeting which independent contractors to invite;
13. Link “Program Focus” areas with “Data Notebook”, to be completed and submitted each year;

**Specific PAM Committee Related:**

14. Send PAM Committee feedback to Rhonda on proposed “Site Visit and Reporting Procedures”, who in turn will share back to Board and PAM Committee to revise procedures;
15. Pam Committee to use new Board “Program Focus” areas and “Site Visit” locations below in retreat notes to form 5 site assessment teams, based on proposed procedures;
16. Need to clarify to what extent MHB members might face “legal liability” during/from site assessment reviews. Check with County Counsel and other Mental Health Boards;
17. Strengthen, coordinate, and streamline review function of PAM and County’s regulatory compliance audits—need to “dovetail efforts”;
18. Set-up meeting of PAM Committee and Department Quality Management Committee to explore interface;

AGENDA TOPICS	KEY POINTS
<b>Individual Board Member Introductions &amp; Key Comments</b>	<ul style="list-style-type: none"><li>• “This Board makes a difference; but not always acknowledged.”</li><li>• “This Board has contributed to positive changes over time.”</li><li>• “What we do here fits into the bigger picture.”</li><li>• We are here to strengthen mental health services in the County.</li></ul>

AGENDA TOPICS	KEY POINTS
<p>1. <b>MHB Orientation &amp; Training</b> (Provided by Susan Wilson/External Trainer)</p>	<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Local mental health boards are part of the County health system</li> <li>• Mental health issues and the MHB need to be more “visible” to the non-mental health community</li> <li>• “People need to know who the MHB is and what it does.”</li> <li>• Need to clarify what the Quality Improvement Committee of the County does and how to better interface with MHB</li> <li>• We use the term “community” but what does it mean? Just the mental health community, or the whole community and its role in addressing mental health issues?</li> <li>• See separate Handout for list of 8 key responsibilities for mental health boards (from Welfare and Institutions Code Section 5604.2)</li> <li>• Key umbrella term these days: “Trauma Informed Care”</li> <li>• The Governance Handbook of the MHB is good to use. There are also official By-Laws in the binder, <i>Manual for Local Mental Health Boards and Commissions, May 2015</i> and <i>Best Practices for Local Mental/Behavioral Health Boards &amp; Commissions, January 2018</i>, that was handed out at an earlier date to members</li> <li>• See many separate Power Points and Handouts for additional resource information</li> </ul> <p><b>Suggestions from Susan to Board:</b></p> <ol style="list-style-type: none"> <li>1. Carry-out annual board review</li> <li>2. Develop annual Action Plan for upcoming year</li> <li>3. Move usual MHB Tuesday meetings to another day, so as not to conflict with the usual Tuesday Board of Supervisors meeting. Moving the meeting would make it possible for BOS to attend MHB meetings if they so desired. Currently, MHB members can attend BOS meetings on Tuesday mornings which is not a conflict.</li> <li>4. Strengthen relationships of MHB with Board of Supervisors as a whole as well as specific district related ones from MHB member district</li> <li>5. Strengthen relationships of MHB with County Department of Health staff</li> <li>6. Contribute to data notebook</li> <li>7. Produce an annual report</li> </ol>

AGENDA TOPICS		KEY POINTS
2.	<b>Program Assessment Matrix (PAM)</b> <i>(Presented by PAM Committee of Board)</i>	<ul style="list-style-type: none"> <li>• Presentation on proposed “Site Visit and Reporting Procedures”</li> <li>• Clarification that this review work is for Independent Contractors, County administered facilities, service clubs, and corporate sponsors</li> <li>• New in these proposed is scaling-up to conduct more site visits and interviews with clients/consumers</li> <li>• Easy to carry-out reviews of locations that have existing county contracts, places with the Department has connections</li> <li>• Proposed plan is to form 5 teams which in total carry-out about 30 site visits per year. See separate Power Points and Handouts for additional resource information</li> </ul>
3.	<b>SCBH Budgetary Crisis</b> <i>(Presented by Dr. Michael Kozart)</i>	<ul style="list-style-type: none"> <li>• Follow-up of previous meetings about the budget crisis</li> <li>• Review of past to present to proposed plans going forward</li> <li>• Priority is to “redesign existing system” to address budgetary deficit and still meet core mandate for mental health services—to serve target population with moderate to severe mental health illness</li> <li>• And at the same time, look at some services beyond core mandate</li> <li>• Now exploring complementing Crisis Stabilization Units with Clubhouse/Wellness Centers, in proximity, and with peer support component</li> <li>• Challenge of Department not having enough resources, including staff for all key functions</li> <li>• See separate Handouts for additional resource information</li> </ul>
4.	<b>Committees</b>	<p><b>Board Orientation Committee/Standing Committee:</b></p> <p><b>Mentors for new members-</b></p> <ul style="list-style-type: none"> <li>• Mary Ann</li> <li>• Kathy</li> <li>• Sherry</li> </ul> <p><b>Nominating Committee/Ad Hoc Committee:</b></p> <p><b>For 5 Board Officer positions-</b></p> <ul style="list-style-type: none"> <li>• Asghar</li> <li>• Kathy</li> <li>• Bob</li> <li>• LyndalMarie</li> </ul>

AGENDA TOPICS		KEY POINTS
5.	<b>Program Focus/Site Visits</b>	<p><b>Program Focus: Trauma-Informed Care</b> (as umbrella term) with focus on:</p> <ul style="list-style-type: none"> <li>• Foster children</li> <li>• Adults</li> <li>• Veterans</li> <li>• LGBTQ</li> <li>• Transitioning youth, 18-25 years</li> </ul> <p><b>Site Visits:</b></p> <ul style="list-style-type: none"> <li>• Crisis Stabilizations Units (CSU)</li> <li>• Foster children operations</li> </ul>
6.	<b>Business Items from Executive Committee</b>	<ul style="list-style-type: none"> <li>• Agreement reached on 2 items</li> <li>• See follow-up next steps #8 and #11 above</li> </ul>
7.	<b>Retreat Check-In</b>	<ul style="list-style-type: none"> <li>• Retreat participants indicated satisfaction with meeting content and process</li> <li>• Suggestion to review “Group Norms” at conclusion of each meeting, to assess to what extent they were followed and share feedback with each other on Board dynamics (only at Executive Committee, Board and Working Retreat meetings, not public meetings)</li> </ul>
8.	<b>Closing</b>	<ul style="list-style-type: none"> <li>• Thank you’s and appreciations by many!</li> </ul>