

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

**Thursday, October 10, 2010, 3:00 PM – 5:30 PM
2425 Bisso Lane, Suite 100, Concord**

CPAW Members: Brenda Crawford, John Gagnani, Steven Grolnic-McClurg, Molly Hamaker, Peggy Harris, Ralph Hoffman, Dave Kahler, Lori Larks, Kathi McLaughlin, Mariana Moore, Ryan Nestman, Teresa Pasquini, Tony Sanders, Sam Yoshioka

Members of the Public: Ted Rodgers

Staff: Hillary Bowers, Sherry Bradley, Cesar Court, Cindy Downing, Erin McCarty, Laura Balon-Keletti, Suzanne Tavano, Imo Momoh

Excused: Courtney Cummings, Peggy Harris, Candace Kunz-Tao, Beatrice Lee, Susan Medlin, Annis Pereyra, Wayne Thurston,

Absent: Rhonda Haney, John Hollender, Anna Lubarov

Facilitator: Leigh Marz

Leigh Marz opened the meeting at 3:00 PM.

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| 1)Opening | The meeting was opened at 3:00 p.m. Introductions of participants were made. | | Leigh Marz |
| 2) Feedback from Last Meeting | Feedback from the last meeting included: <ul style="list-style-type: none"> • Consensus building process – commended Molly’s presentation. • Appreciated starting with appreciation(s). | | |
| 3) Special Item – Mental Health Stigma and Discrimination in West County Mayoral Election | <p>Given the importance of engaging in dialogue around opportunities for advocacy involving mental health, it was announced that a special agenda item was included at the beginning of today’s meeting.</p> <p>There has been a variety of reactions to the matter involving mental health stigma and discrimination involving the Mayor of Richmond. Through a series of media releases, it has been revealed that the Mayor of Richmond has struggled with mental health issues in the past. Unfortunately, this has been the basis of attacks on the Mayor’s qualifications to serve, but most importantly, an attack on her character. This incident brings to light how the mental health community must address this, in a strong light.</p> <p>Subsequent the introduction to the special agenda item, CPAW members then provided comments and engaged in dialogue about what had occurred, and how it could be responded to. <i>(see attachments which contain all comments and letters submitted).</i></p> <p>It was recommended that the response be positive, in the form of an opportunity to teach/train the</p> | <p>The Mental Health Director and the Vice Chair of the Mental Health Commission will be in the Board of Supervisor Chambers on Tuesday, October 12, 2010, at 10:30 a.m., to receive a proclamation that it’s Mental Illness Awareness Week. This can also be a “teachable moment”.</p> <p>The Mental Health Commission also meets on Thursday, October 14th, and the Item will be on their agenda for discussion. The</p> | Everyone |

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| | <p>community more about the impact of mental health stigma and discrimination on the mental health community.</p> <p>There were several suggestions about how to go forward positively:</p> <ul style="list-style-type: none"> • The Board of Supervisors is meeting on Tuesday, October 12, 2010, and during the meeting, will be presenting the Mental Illness Awareness Week Proclamation to both the Mental Health Director and to the Mental Health Commission Vice Chair. • The Mental Health Commission meets on Thursday, October 14, 2010, and the item will be on their agenda. The Mental Health Commission can only take action if there's an item on the agenda. This is an opportunity to provide comment as well. | <p>Mental Health Commission can only take action if there's an item on the agenda.</p> | |
| <p>4)Clarification of New Consensus Building Process</p> | <p>In order to improve CPAW's understand, the new consensus building process was reviewed. By way of reminder, the new consensus building process was made last time.</p> <p>After some discussion, however, it was agreed to <u>change</u> the last bulleted item from "Hate it" to "Don't Like, WILL Block it". Therefore, the agreed upon shades of agreement are:</p> <p>Shades of Agreement:</p> <ul style="list-style-type: none"> • I love it • I like it • I am neutral • Don't like it, but won't block it • Don't like, WILL block it. <p>CPAW members were reminded that the first four bulleted items would signify consensus. However, if someone responded as per the last bulleted item, that would signify that there is not consensus on the item under discussion.</p> <p>Additionally, there was discussion when there was one (or more) persons responding as per the last bulleted item (i.e., "Don't Like, WILL block it"). In other words, when to move on? The following agreements were</p> | <p>CONSENSUS WAS TO ACCEPT THE SHADES OF AGREEMENT, AS REVISED:</p> <ul style="list-style-type: none"> • I love it • I like it • I am neutral • Don't like it, but won't block it • Don't like, WILL block it <p>AGREEMENT WAS ALSO REACHED ABOUT WHEN TO "MOVE ON" IN THE CONSENSUS BUILDING PROCESS</p> <p>ALL AGREEMENTS WILL BE ADDED TO THE AGREEMENT SECTION OF THE CPAW BINDER</p> | <p>All CPAW Members</p> <p>Elvira Sarlis: to add Shades of Agreement document to CPAW Binders</p> |

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| | <p>made as to when to “move on” in the consensus building process:</p> <ul style="list-style-type: none"> • When there’s been a reasonable amount of time hearing objections; • When the dialogue is no longer productive; • When CPAW is required to make a decision by _____. <p>Both agreements will be added to the CPAW Binder under the “Agreements” section.</p> | | |
| <p>5) Approval of Minutes of CPAW Meeting of 9/2/2010</p> | <p>Because there were no revisions or corrections to the CPAW Minutes of 9/2/2010, they were approved by consensus.</p> | <p>MINUTES OF 9/2/2010 WERE APPROVED BY CONSENSUS</p> | |
| <p>6) Planning Committee Action Items</p> | <p>The Planning Committee presented three action items:</p> <ol style="list-style-type: none"> 1. Leadership Committee Size 2. Term of Membership 3. Plan for Succession from Current to New Members <p><u>Background:</u> Leigh explained that for CPAW, If things are going well, it’s because of the CPAW Planning Committee “members” working with the staff that attend. Appreciation was given to the committee: Mariana Moore, Brenda Crawford, Kathi McLaughlin, Teresa Pasquini, and John Gragnani. Staff participants are Sherry Bradley and Mary Roy.</p> <p>Leigh explained that she and Grace have also referred to the committee as a “Leadership Committee”, because they have been thought partners to prioritize planning, helping the facilitators to understand the issues, acting as liaisons, systems thinkers and change agents, and helping CPAW to process recommendations. They have also helped with the “greater environment” because of workflow improvements and fine-tuning the agenda.</p> <p><u>CPAW Levels of Engagement:</u> It was also restated that CPAW itself practices the following Levels of Engagement:</p> <ul style="list-style-type: none"> • Receive – increases understanding • Future approval – informational • Approval • Reality check – like a tuning fork | <p>ACTION: CONSENSUS WAS REACHED AS FOLLOWS:</p> <p>TAKE THE NAME “OUT” (REMAINS A PLANNING COMMITTEE) AS CURRENTLY IN EXISTANCE AND THAT DURING THE NEXT COUPLE OF MONTHS, OTHERS SIT IN, IF INTERESTED (POSSIBLE SUCCESSION), AND IN JANUARY 2011, FORMALIZE IT AND “CLOSE” THE MEMBERSHIP FOR ONE YEAR. THOSE INDIVIDUALS WOULD THEN CONTINUE SIMILARLY, AND THERE WOULD BE SOME PROCESS AT SIX MONTHS (JUNE 2011) FOR A CHECK-IN WITH CPAW TO MAKE SURE THE</p> | <p>Sherry Bradley</p> |

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| | <ul style="list-style-type: none"> • Advising- pros/cons for deeper discussion • Planning – roll up our sleeves and work. <p>The “Leadership Committee” has helped in agenda planning by encouraging each of the CPAW Committees to determine what level of engagement they are seeking from CPAW when an “action item” is forwarded to CPAW from one of it’s committees.</p> <p><u>Considerations for the Discussion of the Recommended Action Items:</u> For background, the following is recommended to CPAW when considering the Planning Committee recommendations:</p> <ol style="list-style-type: none"> 1. It’s desirable to strive for diverse representation for the Leadership/Planning Committee, including representatives from: children, families, Local One, a CBO (Community Based Organization) and someone with a broader system awareness (i.e., a MH Commissioner). 2. It’s also recommended that the qualities of the members include: being collaborative; having a sense of humor; able to persevere; being a good listener, and a demonstrated service to CPAW (at least one committee) 3. A “Closed committee” of 5-6 people for efficiency. 4. It’s really continuing the current leadership/structure, because it was successful. It’s a workable number, a balance from this committee, and ensuring that all the committees are represented. (It just so happened that we had that). <p><u>Additional Clarifications:</u> Some additional clarifications were provided:</p> <ol style="list-style-type: none"> 1. Leadership committee has been in place one year. 2. CPAW is the approval workgroup. 3. Decided as a group, it was necessary to “hone the agenda” so that everything in the world wasn’t on the agenda. 4. The Leadership/Planning Committee is not intended to take the place of CPAW. 5. The committee is helping to streamline the process, helping to make it easier to make decisions, and to put some structure around the process of CPAW. 6. When CPAW talked about a potential more role for advocacy for MH, it was recognized that is a common ground for all. In the past, advocacy has occurred from reactivity, but where CPAW wants to | <p>PLANNING COMMITTEE PROCESS IS STILL WORKING.</p> <p>ADDITIONAL ACTION: THE FACILITATOR WILL EMAIL THE FUTURE MEETING DATES/TIMES TO ALL CPAW MEMBERS.</p> | |

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| | <p>be is advocacy from a proactive stance.</p> <p><u>Recommendation One:</u> Leadership Committee Size be kept at between 5-7 members, and be “closed”.</p> <p><u>Recommendation Two:</u> One year term for each individual (i.e., at least a one year commitment), with the term started January 2011, with built in six month review/approval and re-endorsement by CPAW as a course of operating.</p> <p><u>Recommendation Three:</u> Want to ensure that there’s continuity of leadership, and how to step into the role. That is summarized as follows:</p> <ol style="list-style-type: none"> 1) Existing leadership remain until December 2010; 2) Meanwhile, put in place some practices around recruiting and supporting those coming into the leadership team. Actively develop new members, and invite potential leaders to come and observe. <p><u>Discussion:</u></p> <p>CPAW members agreed that it makes sense to have a “cap” for how long someone can serve, and it might make sense to have some process in place if more people wanted that role. There was also a need to clarify that the “Leadership/Planning Committee” is not a “board” of CPAW; it doesn’t set policy and make decisions at a global level. The committee consists of CPAW members who try to represent the roles of the group, in the context of what’s happening, acting as “thought partners” so that everyone can come together and be effective.</p> <p>There was also some discussion on the title of the committee, i.e. “Leadership” versus “Planning Committee”. There was some thought that it implies a hierarchical structure. CPAW members asked why change the name, if it’s more consensus driven? It makes sense to continue to call it a Planning Committee, more consistent with language used elsewhere; the terminology is important. CPAW generally didn’t want to formalize it so much, but rather, every six months, the committee does a “check in” with CPAW. CPAW could always make changes in and/or about the committee, and reopen discussion about it.</p> <p>The Facilitator will put out dates/times of the meetings.</p> | | |

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| <p>7)Innovation Committee Action Item re: INN02 – Addressing Child Custody Issues for Parents/Guardians Experiencing Episodes of Mental Illness</p> | <p>The following recommendation was forwarded by the Innovation Committee to CPAW:</p> <p><u>Recommendation:</u> Create and send out a request for expression for interest (RFI) for Theme INN02 : Addressing Child Custody Issues for Parents/Guardians Experiencing Episodes of Mental Illness.</p> <p>The Background/History for this theme was described, the revised key concepts of the Workplan and the RFI, as well as the goal of the RFI.</p> <p>The project under the theme is intended to provide parenting, recovery based peer supports, to parents who had lost custody of their children, or are in danger of losing custody, in all three regions of the county, out of someone’s experience who lost custody of their child because of a chronic and persistent mental illness.</p> <p>Children are removed from parents, and the issues is mental health stigma versus active mental illness, and substance abuse in the child welfare system; children are removed due to stigma in the family court system. It’s a complicated situation, in that there are two systems afoot that involve child custody. It was explained that further that In the private, family court, there are issues between legal counsels, and that’s where you see “less oversight” about the issues of mental illness; although it was pointed out that it’s not to say it doesn’t occur in the foster care system, and there are a lot of issues there too.</p> <p>While this theme has previously been presented, and the Mental Health Director approved going forward with development of this theme, the committee is seeking approval of the theme in a revised format. It was explained that during the past six months, development of the previous project became bogged down with discussions with other agency. The project really has been intended to be about peer support, and there may be other reasons for a parent losing custody as well. The committee wants to do an expression of interest in order to get a sense of whats going on and define any possible RFP.</p> <p>The emphasis, however, will be on peer support across systems, and if developed into an RFP, perhaps it can launch a movement much like “MADD” (Mothers</p> | <p>RECOMMEND APPROVAL TO THE MENTAL HEALTH DIRECTOR FOR THEME INN02 – ADDRESSING CHILD CUSTODY ISSUES FOR PARENTS/GUARDIANS EXPERIENCING EPISODES OF MENTAL ILLNESS - TO CREATE, AND SEND OUT, A REQUEST FOR EXPRESSION FOR INTEREST FOR PARENTS/GUARDIANS EXPERIENCING EPISODES OF MENTAL ILLNESS</p> <p>IT IS RECOMMENDED THAT THE FUNDING BE FOR \$500,000 TOTAL FOR UP TO THREE YEARS.</p> | <p>Sherry Bradley, Erin McCarty</p> |

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| | <p>Against Drunk Driving), including recovery based services support for loss and the impact of it.</p> <p><u>Discussion:</u> There was discussion about recommending possible approval, but some members were not comfortable making a recommendation without approving a cap (for spending).</p> <p>This project will likely require more than “fast track”, which is capped at “up to \$250,000”.</p> <p>There were concerns about what the county would be looking at in terms of staffing, connections to people, how the project would be coordinated, etc. Staff clarified that by doing an expression of interest, the idea is to get back from possible interested parties what they believe it would “look like”, and that may evolve into a broader RFP process. It was also clarified that, because it’s an Innovation Project, we don’t ask for that level of detail, the county is just trying to see if anyone is interested.</p> <p>It was also clarified that the Innovation Committee is seeking approval to that the RFI development can go to staff, to develop the RFI, but not design the program.</p> <p>Lori Larks mentioned there is possibly something similar called a “parent partner program” in CFS in scope and intent.</p> <p>Suzanne Tavano explained that the county has, in the past, used the RFI process to see how creative the ideas are that come in.</p> <p>There was a question about whether or not “deciding on this theme” would “knock” some other theme/project out of the running? There are some similarities between this project and the last one (the last Fast Track project which included peer support), i.e., an emphasis on use of using consumer employees .</p> <p>It was also clarified that the Innovation Committee had recommended funding of \$500,000, for up to three years.</p> | | |
| 8) CPAW Member Nomination Process | <p>The Nominating Committee:</p> <ol style="list-style-type: none"> 1. Recommends to the Director of Mental Health the implementation of the proposed CPAW | ACTION: THERE WAS CONSENSUS TO RECOMMEND TO THE MENTAL | Sherry Bradley |

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| | <p>Member Nomination Process, and</p> <p>2. Establish an Ad Hoc Evaluation Committee.</p> <p>The mission of the Ad Hoc Nomination Committee was to deliver a process to seek appropriate applicants to effectively serve on CPAW. Participants should represent the diversities of the County and the people being served by the MHSA programs.</p> <p><u>Discussion:</u></p> <p>It was clarified that the Ad Hoc Evaluation Committee is a revolving committee. Once it has completed the nominating/recommending CPAW member process, it “goes away”. It may be different each subsequent time.</p> <p>There was some discussion about the number of applications which would “trigger” the creation of the Ad Hoc Evaluation Committee. Staff clarified that there are applications pending now, and the need for the committee meeting would be when there are several applications pending.</p> <p>It was also clarified that the Ad Hoc Evaluation Committee will need to meet soon to come up with the questions to be asked of applicants, and to do the analysis of where the gaps in representation on CPAW are.</p> <p>There was also discussion about some requirements for minimum attendance at CPAW meetings. Lori Hefner added that the Advisory Council on Aging set policy for any more than three unexcused absences in a year, no longer a member of the Advisory Council on Aging.</p> <p>Since the Ad Hoc Nomination Committee’s mission did not involve attendance requirements, discussion on this matter will have to occur separately.</p> | <p>HEALTH DIRECTOR TO IMPLEMENT THE CPAW MEMBER NOMINATION PROCESS FOR MEMBER SELECTION.</p> <p>ACTION: THERE WAS CONSENSUS TO ESTABLISH AN AD HOC EVALUATION COMMITTEE (AS PER THE CPAW MEMBER NOMINATION PROCESS)</p> <p>THE FOLLOWING CPAW MEMBERS EXPRESSED INTEREST IN SERVING ON THE AD HOC EVALUATION COMMITTEE:</p> <p>Ryan Nestman, Steve Grolnic-McClurg, and Lori Larks</p> | |
| <p>9) Data Committee Action Item</p> | <p>The Data Committee recommended that CPAW be informed about progress with Prevention and Early Intervention output and activity summary, and that an outcome measures document for one PEI program, be presented to CPAW to serve as a sample of how outcomes for the remaining 22 projects will be presented.</p> <p><u>Comments/Discussion:</u></p> | <p>ACTION: CONSENSUS TO PRESENT (IN THE FUTURE) AND AS PER THE EXAMPLE PRESENTED AT TODAY’S MEETING, A ONE PAGE PEI OUTPUT/ACTIVITY</p> | <p>Laura Balon-Keletti, Mary Roy</p> |

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| | <ul style="list-style-type: none"> • It's good to emphasize services happening in East and West compared to Central county; • More pie charts with the bar graph information would be helpful; • Laura and the planner/evaluator staff have been acknowledged for doing a "phenomenal job" with work plan development, but as a Provider, it would take a year to get it set up and have a process to collect that data and be outcomes based. • Observation when EQRO comes – the number of unknowns for age and gender may "stand out" and require explanation. • Lori Hefner added that, out of older adult work, the population comes with a range of additional complicating matters, such as health, elder abuse, bill paying, etc. Lesson learned: caring for this population is not like caring for other populations. How to portray that? • This year in The Clubhouse monthly report, reporting has been more about quantitative output, but it's not just a matter of how many are served, but the impact of the services. <p><u>Conclusions:</u> The report was well received. The example of measures of success progress for the Jewish Family & Children's Services of the East Bay, Project 1: Community Bridges, was well presented. Members liked seeing the goals laid out, with the percentage of target met per outcome measure.</p> <p>The consensus was to present future information for each of the remaining agencies in the same format as presented today, with additional pie charts with the bar graph information, if it's possible to include it all on one page. It was suggested that perhaps it could be printed on 8-1/2 by 13 size paper (to accommodate pie charts for all of the other bar graphs.</p> | <p>SUMMARY AND AN OUTCOME MEASURES DOCUMENT TO BE PRESENTED TO CPAW FOR THE REMAINING 22 PROJECTS.</p> <p>REMINDER: MHSA 2009-2010 OUTCOMES PRESENTATION – PREPARING FOR INPUT INTO FY 2011/2012 MHSA PLAN UPDATE: Improving Continuum of Care through Integrated Outcomes-Informed Practice and Services – Wednesday, November 3, 2010, 8:15 a.m. to 4:30 p.m., Crowne Plaza, Concord.</p> | |
| <p>10) Aging and Older Adult Committee Action Items</p> | <p>Older Adult Committee Recommendations:</p> <ol style="list-style-type: none"> 1. Recommend additional funds under PEI, to reduce isolation in the Aging and Older Adult Population through PEI Project 5, Supporting Older Adults; 2. Recommend consumer run dispatch service to transport Mental Health Older Adult clients to their appointments, increase funding under CSS and/or | <p>ACTION:</p> <p>THE CONSENSUS WAS THAT IN THE SPIRIT OF NOT RUSHING TO AGREE TO SOMETHING, THE RECOMMENDATION</p> | <p>Sherry Bradley, Planning Committee</p> |

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| | <p>PEI at next Annual MHSA Update;</p> <ol style="list-style-type: none"> 3. Recommend training for providers on Mental Illness in Older Adults, funded under the PEI Training, Technical Assistance, and Capacity Building Funds; 4. Request PEI funding for ways to support in-home supportive type services for isolated older adults with psychiatric and physical impairments. 5. Recommend to add to the SPIRIT Curriculum the following: a recovery component, that looks at the psychological and emotional needs of Aging and Older Adult population with specific goals for this age group. 6. Transform the existing CPAW Aging and Older Adult Committee by transforming it to a broader committee with agency partners and community members, for the purpose of creating a Mental Health Older Adult System of Care Committee. <p><u>Discussion:</u></p> <p>Workgroup members were uncomfortable with several of the recommendations because they don't have "dollars connected" to the recommendation. There was also discomfort with expansion of CSS, when there has been no expansion of the children's FSP program in west county, no adult FSP program in east county, and no adult FSP program in central county.</p> <p>There was also further discussion that if any (additional) money is to be spent in the CSS component, there needs to be an identification of the highest needs in the county. There was agreement that there needs to be a process to say what we didn't get to in the first round, and identify whether we can use the funds more widely. There must be a gap analysis before going back and "tinkering" with CSS. It's not that the needs aren't known, but rather, the decision making process for prioritizing the funds is needed. It was agreed that there needs to be a report to everyone on how much MHSA funding may be "left", and how are we all looking at those funds collectively, and for the most needs/greatest needs. There is also a social justice matter, for example, in terms of peer support, and prevention and early intervention, and the county has folks going to out of county placements (with no peers visiting them); they are in the most restrictive care.</p> | <p>S BE TABLED FOR DISCUSSION AT THE NEXT MEETING.</p> <p>THERE WAS ALSO CONSENSUS THAT A PROCESS IS NEEDED TO HANDLE FUNDING REQUESTS, AND PERHAPS THE PLANNING COMMITTEE COULD TAKE THIS UP AT THEIR NEXT MEETING</p> | |

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| | <p>Additionally, for the seriously and persistently mentally ill, who are out of county, and in locked facilities, no one is reaching out to this population, other than a random visit from a patient's rights advocate from time to time. Staff agreed that these consumers are very isolated, and "out of site".</p> <p>It was also suggested that perhaps some of the recommendations be handled similarly to RFI? For example, AAA funds Senior health client Services (transportation, NTC grants, older Americans,) but maybe if one contractor could apply to do the service, there are some existing providers out there. Perhaps there were some specifications, in an RFI. The same holds for other similar services, such as home visitors, Meals on Wheels, etc. Engage those who are already engaged in it.</p> <p>Have Planning Committee address the matter of how to establish funding process.</p> <p>It was also suggested that CPAW have available to it something that would identify the following: what current fund is; what's available; what the current proposal is; what the other priorities are; and if there had been assigned any dollar amounts as tentative place holders; and what's the timing, i.e., when is the last "drop dead" date to access the funds.</p> | | |
| 10) PEI Recommendation | Approval is being sought for adding an activity to PEI Project 1, "Intensive Early Intervention for Psychosis". However, due to Mary's illness, the presentation is being postponed to next month's meeting. | TABLED TO NEXT MEETING | Mary Roy |
| 11) Leadership Development as System Transformation | <p>The Planning Committee would like to gauge interest and seek input on the possibility of Leadership Development as System Transformation.</p> <p>However, due to the length of the meeting, this item was not discussed, and tabled to next month's meeting</p> | TABLED TO NEXT MONTH'S MEETING | Planning Committee |
| 12) Next Meeting | The next meeting of the Consolidated Planning Advisory Workgroup is Thursday, November 4, 2010. | | |
| 13) Public Comment | There was no public comment. | | |
| 14) Adjourn | The meeting adjourned at 6:00 p.m. | | |