



West Virginia Mental Health Planning Council (WVMHPC)
November 17-18, 2011
Blessed John XXIII Pastoral Center • Charleston, WV
Meeting Notes

The mission of the WVMHPC is to improve the mental health system and function as a catalyst of change in that system. (2008)

Results:

Council Members:

- Reviewed the composition, role, purpose, mission and responsibilities of the West Virginia Mental Health Planning Council (WVMHPC) based on current law.
- Explored and documented the history of the WVMHPC.
- Developed an agreed-upon common vision for the work of WVMHPC.
- Identified WVMHPC's customers and their relationships within the context of federal law.
- Assessed the performance of WVMHPC as an entity in accordance with national best practice standards.
- Began the development of an action plan for WVMHPC.
- Received brief committee and state agency status update reports.
- Identified next steps for continued planning and action.

November 17th 11:30 am – 5:00 pm

Participants:

Dianna Bailey-Miller, FAST - LAWV
Jennifer Ballard, WV Div. of Corrections
Elliott Birckhead, BHFF
Lori Byhanna
Francie Clark, WVDE
Carla Cleek, WV Div. of Rehab Services
Mary Aldred-Crouch, BHFF
Rhonda Cooper, BHFF
Ardella Cottrill, WVMHPC Member/Chair
Joe Cunningham, WV Mental Health Consumers Assoc.
Nancy Deming, Valley Health Care
Crystal Dugan
Angie Ferrari, Executive Comm Member
Debi Gillespie, Div. of Juvenile Services
Bob Hansen, Pretera Center
Jackie Hensley, MHPC Secretary
Rita Herrod
Heather Hoelscher, Legal Aid of WV
Ernie Jarrell, Christian Resource Center
Ted Johnson, WV MHPC Chair

Steve Mason
Jim Matney, BHFF
J.K. McAtee, Peer
Jane McCallister, Children & Adult Services
Bob McConnell
Merritt Moore, BHFF
Beth Morrison, BHFF
Peg Moss, BHFF
Cynthia Parsons
Linda Pauley, WVMHPC Executive Committee
Kathy Paxton, BHFF
Jackie Payne, BHFF
Cathy Reed, WVMHPC Member/Housing Chair
Phil Reed, WVMHPC Member
James Ruckle
David Sanders, BHFF
Nancy Schmitt
Margaret Taylor, YWCA of Charleston
Patrick Tenney, Valley Health Care
Kim Walsh, BHFF
Susie Wilson, BHFF

Facilitators: Leslie Stone, Stone Strategies, LLC and Rebecca Roth

Staff: Martha Minter, Community Access, Inc. and Jenny Lancaster, Terzetto Creative, LLC

Welcome, Introductions, Decision-Making, Ground Rules, and Review of Agenda: Participants were welcomed. Participants were reminded that their current bylaws call for the use of Robert's Rules of Order for all decision making. Ground Rules for the meeting were introduced and modified by participants and approved for use by the Council in all meetings. A list of approved ground rules appear below.

Ground Rules

- Speak from your heart
- Listen with your heart
- Challenge one another with respect
- Focus on the needs of WV's children, families and individuals with mental health challenges
- Take turns
- Do what you say you'll do
- Look for positive, innovative solutions
- Have fun!!
- Silence phones
- There is no such thing as a wrong question

Council participants and took part in an introductory exercise. In random pairs they were asked to share the single most important thing the WVMHPC delivers. Below is the group's collective response.

- Bringing the Council to the State
- Bridges between families, state, and services
- Consumer issues are represented in the larger scheme of things
- Peer involvement and peer focus
- Evaluation of services and measures of effectiveness
- Plan review – everyone on the same page
- Families have voice and there is common ground with state, providers, and families
- Opportunity for dialogue between state, communities, providers and families
- Active in promoting children and family services
- Renewing the Council's focus on monitoring
- Consumer voices
- De-centralize services statewide
- The Council will fill the bridge between consumers and providers
- Get to know entities in the communities personally to build relationships
- Develop the plan with consumer voice represented
- Break down barriers between departments for consumers
- Is the conscience of the mental health system, especially about advocacy
- Support to provide folks with mental health issues
- Fair and equitable delivery of services to the people
- More consistent learning voice for consumers, providers, and families
- Meaningful (constructive dialogue) between consumers and providers
- Consumers, youth, family members involved in whole system, delivery, evaluation, monitoring, etc.

Opening Remarks – Kim Walsh, Deputy Commissioner, BBHFF

Kim Walsh welcomed participants and reviewed the following key points. She provided an opportunity for Council members to ask questions.

🌿 **Re-organization update**

- **Staffing**
- **Commissioner's Advisory Panel** – ready panel of individuals to listen to – what is working well and what need attention
- **Clinical Advisory Panel** – Facilities clinical staff, Comprehensive BH providers and clinical representatives to discuss clinical issues statewide
- **Providers Advisory Committee** – BH service providers – address topics re: BH system to gain provider perspective

🌿 **Bureau planning initiatives overview**

- SA Technical Assistance
- Completion of SA Strategic Action Plan process and documents
- Launch of MH and I/DD system TA
- Goal of completing a Strategic Action Plan document that will compliment the work on SA that has been completed

🌿 **WVMHPC Role**

- To review the Mental Health Block Grant Plan and to make recommendations.
- To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.
- To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

🌿 **Governor's Advisory Council on Substance Abuse evolution** – purpose

🌿 **Governor's Substance Abuse Taskforces** – six regions

🌿 **Elevated emphasis on MH Planning Council role and function**

- Provision of support for facilitation, logistics to assist membership to carry out role
- Increased BBHF involvement and collaboration

🌿 **Federal Integrated Block Grant submission** – 1st time this year

🌿 **Development of a Cross planning council** over time that will bridge the work of the WVMHPC and the SA Advisory body

🌿 **Partnership and collaboration key to our collective success**

- Shared facilitators will lend support for thinking holistically about work being completed
- Sharing resources which will impact how we meet – lean times
- Outcomes will be the result of collective partnering and support across systems –

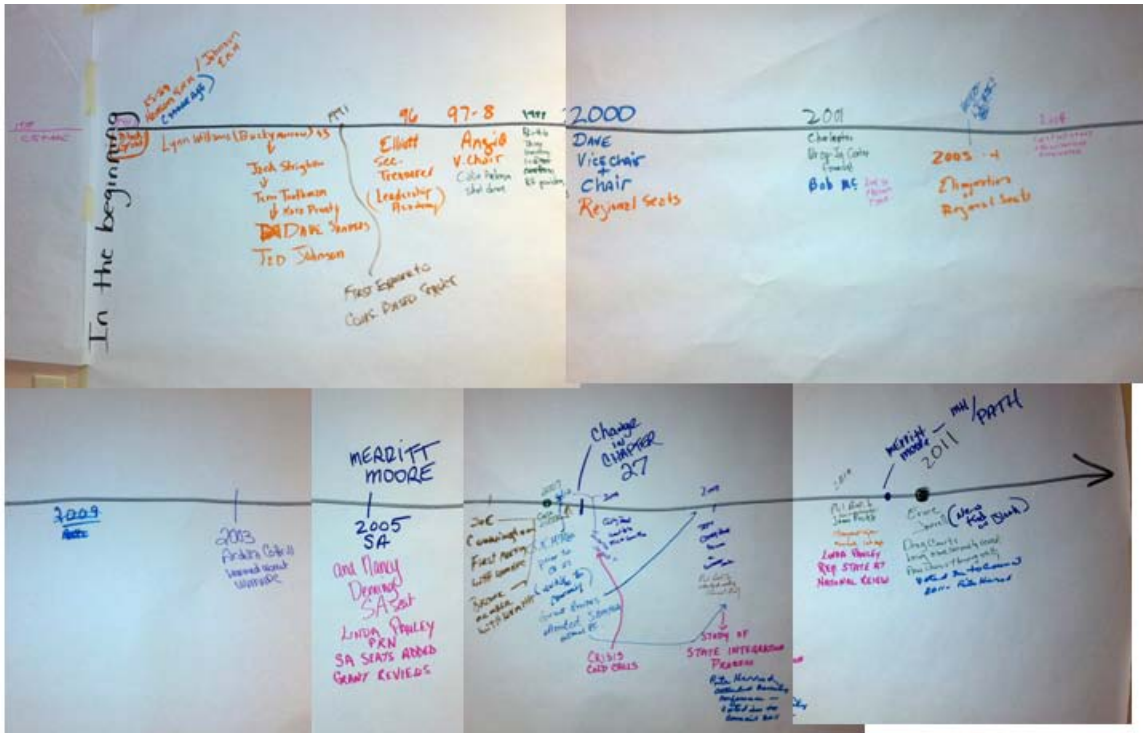
West Virginia's Substance Abuse Planning Process - Kathy Paxton, Director of the Division of Alcohol and Drug Abuse

Kathy reviewed the first two rounds of Regional Substance Abuse Task Force Meetings held in the six identified regions around the state in August and October. Priorities for action were selected in each region. Meetings will continue monthly and Council members were encouraged to attend Task Force Meetings in their area and to encourage the attendance of others. Information about upcoming meetings can be found at

[www._____](#)

WVMHPC Historical Timeline: Participants were asked to complete a timeline of WVMHPC using each other's memories and knowledge of local, state, regional and national events relating to mental health. Below is a

photograph of the timeline. Participants were encouraged to use the information generated by the timeline exercise as they begin the development of a current plan to guide the Council. Photographs that represent the full timeline appear below.



Review of Federal Law Governing Mental Health Planning and Advisory Councils: Council members were placed in random small groups. They were asked to review the current federal law and a list of duties and stakeholders. The purpose of this review was to: clarify the responsibilities of the WVMHPC; spur discussion on which stakeholder groups the Council might want to recruit as future members, as well as which tasks the Council might want to focus on for the coming year. Participants made the following comments, observations and suggestions based on a review of the legislation.

(1) Duties & Stakeholders

- Address Co-Occurring **Disorders**
 - Amount
 - Quality
 - People do not present in silos
- Advocate – increased funding
- Maintain ratios
- Do parents represent the interests of youth as well as children?
- Stakeholders – faith-based, more-diverse
- Membership of WVMHPC is currently at 51% family

(2) Duties & Stakeholders

- Children and adults with Substance Abuse
- Children and adults with “dual diagnoses” of Mental Health/Substance Abuse
Mental Health/Intellectual/Developmental Disabilities

(3) Duties & Stakeholders

Stakeholders:

- Individuals with mental illness, emotional problems, and/or substance abuse
- Governor
- Higher Education
- Veterans
- Criminal Justice
- Consumer Operated Services
- Faith-Based
- Military
- Medical Community
- DD Council
- Legal Council
- Advocacy Groups

Duties:

- Address Co-Occurring
- Facilitator Notes: WVMHPC wishes to extend plan review beyond block grant plans

(4) Duties & Stakeholders

- Youth w/serious emotional disturbance and/or SA
- Developmental Disabilities (DD) Council/Cross-disability member
- Residents of mental hospitals
- Forensic Director – periodic attendance

(5) Duties & Stakeholders

Duties

- Include “At Risk” in population
- Comprehensive/all BH Plans
Individuals

Stakeholders

- Add data/**EPI** *What does this acronym mean?*
- Add monitoring unit
- Add adolescents to children
- Not “teachers” – education
- NASMHPD – National Association of State Mental Health Program Directors
- National Council
- DBSA (Depression and Bipolar Support Alliance)/other consumer national
- MHA (Mental Health America)
- NASADAD (National Association of State Alcohol/Drug Abuse Directors)
- WV Bureau for Children and Families, Public Health
- **SIT** *What does this acronym mean?*
- West Virginia Childcare Association
- Alliance for Children
- CADCA – Community Anti-Drug Coalitions of America
- FRNs – Family Resource Networks
- Faith

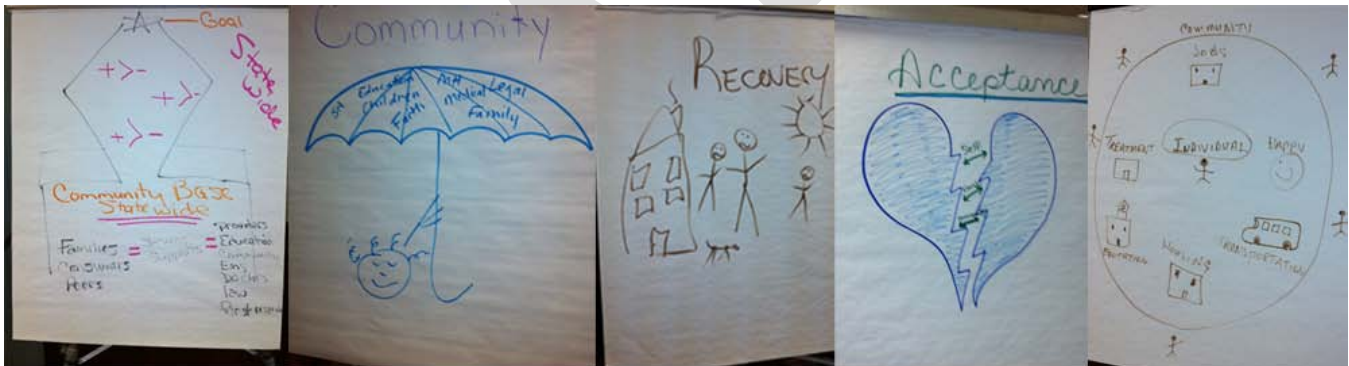
- Law Enforcement
- Juvenile Services

Our Vision: A visioning exercise was conducted with participants. Participants worked as individuals and then in small groups to share their individual visions and to identify common elements among those in the small groups. Each small group then drew a picture to represent their collective vision. Each small group selected one word that captured the essence of their collective vision. The group discussed the importance of having a common vision and checking in with one another so that everyone is on “the same page”. When there is a clear vision, individuals are free to act using their skills to move toward the common goal.

A vision statement is:

- Brief – one sentence or phrase
- Expresses an end result that may never quite be attained
- Is broad enough for other organizations and groups to ‘buy-into’ and see a role for themselves

Three volunteers; Ardella, JK, and James were approved by the group to draft vision statement for WVMHPC using the common elements from each of the final vision drawings. See ‘next steps’ section of these notes for the due date of the final statement and how it will be reviewed and approved. Below is the result of the group’s work.



Assessment of Council Performance: WVMHPC members were divided into random small groups to assess the performance of the WVMHPC in accordance with national best practices, rating the Council performance in various areas. The purpose of this exercise was to assist the Council in examining itself and its practices and to identify content for a strategic plan that focuses on the Council’s most pressing needs while celebrating and preserving its strengths.

Groups were asked to:

- Identify the Council’s strengths related to the questions they covered
- Identify 1-3 areas for improvement
- Recommend 1-3 next steps for action in the next 12 months

Random teams reviewed the following questions to complete the assessment.

- Team 1: Questions 1-5
- Team 2: Questions 6-10
- Team 3: Questions 11-15

- Team 4: Questions 16-20
- Team 5: Questions 21-25

The results of this assessment provide content for the MHPC’s strategic plan for the coming 12 month period. Below are the results of the assessment as recorded on flip charts.

Team 1A Questions 1-5

Strengths

- Autonomy
- Collaboration
- National Recognition

Improvements

- Stronger Voice
- Playing with BBHFF
- Support/Improve recognition of BBHFF roles

Next Steps

- Re-establish communication – BBHFF / MHPC / Stakeholders
- Set Agenda (Membership)

Team 2B Questions 6-10

Strengths

- #6 (The position of the Council Chair) 4.5 Strength for Council if followed
- #10 (Risk-taking) – 4 Have jumped out in things like monitoring, Blues Fest, etc.

Improvements

- #7 (Clearly articulated mission guides all Council work) – 3
The mission statement needs to be strengthened. A solid mission based on current needs.
- #8 (Strategic planning process) – 2
Needs to be done actively and regularly and repeated as needed
- #9 (Council is up on trends) – 2
Needs to have a good process for information dissemination

Next Steps

- Do a strategic plan
- Build a working website

Team 3C Questions 11-15

<u>Question</u>	<u>Consensus</u>	
11	3.6	(Council’s vision informs issues and policy)
12	4	(Vision and strategies are updated and reviewed continually)
13	2	(Council can respond rapidly to changing conditions)
14	2.6	(Council is biased in favor of forward thinking)
15	3.3	(Council separates large issues from small issues)

Strengths

- All-inclusive
- Makes decisions, recommends policy
- Networking between customers and providers

Improvements

- Faster response

- More forward thinking

Next Steps

- None listed

Team 4D Questions 16-20

Strengths

- Geographical representation/balance
- Orientation / training packet
- Policies in place for recruitment

Improvements

- Need to develop a schedule for orientation training

Next Steps

- Schedule orientation training

Team 5E Questions 21-24

- #21 – 4.5 Strength – Open Minded
 Improve – Innovative ideas without stipulations i.e. leave door open for undiagnosed
- #22 – 3 Strength – Encouraging the use of evidence based practice/ Best Practice
 Improve –
- Use standardized measurements for evaluation
 - Develop a process of accountability
 1. Discovery
 2. Training
- #23 – 5 Strength – Promote choice
 Improve – Access to Care
 1. Educate
 2. Support
- #24 – 2 Strength – Relationships
 Improve – Outreach
 Next Steps - Website

Check Out: Participants were asked to share what went well with the day’s retreat and what they recommended changing in order to improve future retreats. Participants used individual index cards to share their thoughts. Following is the group’s collective response. This information can be used to guide participants in helping to shape the direction and tone of their retreats, meetings and relationships.

Plus +	Delta Δ
What went well with the meeting?	What would you change to improve the meeting?
Small group work	First half of meeting room very warm
Good lunch	Meeting room crowded
Good place	Venue hard to find
Good fac. crew	First hour should have been spent orienting council membership to new changes w/fiscal agent, facilitation, etc
Interaction	Too hot
Presenters	Need to keep up with water, coffee

Wealth of new information	Retreats need to be somewhere other than Charleston
Well planned	Get the coffee earlier
Enthusiasm	Not as many interaction as today
Fruit	What changes are coming
Communication?	Pastoral Center makes me feel uncomfortable
Count off so could meet others get other opinions	Room arrangements
Lunch	Not so much movement
The open discussion	Tight quarters
Looking at what we need to improve	Forgot breaks
Listing evaluations of our work	Ability to see who is talking / flip charts, etc.
Liked changing groups = different perspectives	Due to too many topics on agenda, lack of enough time to fully explain answers!
Facilitators kept us on task and were open to feedback	More liquid refreshments such as water No water. Need water.
Lunch was good	Room was cramped.
Plenty of parking	More accessible location
Strengths-based	Time table not kept
Mingling/cross-pollination	Ran out of drinks
White pads	No more card games
Focus maintained through the day	Check your language (look up person first language)
Variety of thoughts/opinions	More breaks?
Nice to move around - get better acquainted with more members	Room could be bigger
Well prepared materials	Moved groups around 2-3 times Too
Pleasant facilitators	Too long getting to the important stuff
Nice facilitators	Need more members to come
Presenters	Corrected member list and emails and phone numbers
Flow of information	Time management of agenda. Felt rushed at times due to this.
Facilitation	"Presentations" not helpful
Good involvement of group and participation	Missed/delayed presentations which might have tied things together and been helpful
Liked the lunch and food	
Liked the facilitation for the retreat /	
Facilitators did well	
Facilitators	
Good participation	
Facilitators very nice and kept us moving	
Changing tables for conversation	
Moving from table to table	
Good facilitating	
Display of ideas	
Flexible	
Good involvement	
Nice "tools"	

November 18th 8:00 am – 5:00 pm

Breakfast and Networking

Announcements:

Cathy Reed about upcoming meetings

- December 13th at the Waterfront in Morgantown, Lawyer Training about Employment Rights *Can someone double check date? These notes need to be filled out to represent complete thoughts*
 - WVA's website has info
 - Objectives – March – May
 - Want stakeholders and consumers to add input
 - December 9, 2011 –Meeting
-
- Jenny Lancaster provided information on join.me - a source for free online meetings

Welcome, Review of Agenda and Reflections on Yesterday - Facilitated by Rebecca Roth

WVMHPC members discussed what stood out or stayed with them from yesterday's discussions.

- Renewed Spirit
- Core players – History
- Need for diversity – recovery and faith-based representation at Governor's Advisory Council on Substance Abuse
- Exercises were positive
- The use of small groups allowed us to meet more people
- Strategic planning –it is important to stay with it (communicating progress /budget)
- Networking and expertise in the room

Brief review of Bureau for Behavioral Health and Health Facilities' (BBHFF) Block Grant priorities and strategic planning elements by BBHFF Staff

- Rhonda Cooper, Director of the Division of Adult Behavioral Health
- Jackie Payne, Director of the Division of Child and Adolescent Behavioral Health
 - Data Informed Decisions
 - Statewide Infrastructure Development
 - Building a Comprehensive and Competent Continuum of Care
 - Fiscal Accountability and Program Sustainability
- Beth Morrison, Director of Intellectual and Developmental Disabilities
 - New responsibilities and interest in working together between IDD and Mental Health *what are the new responsibilities and in what ways are the groups envisioned working together?*

Refine Action Plan Framework – Facilitated by Rebecca Roth and Martha Minter

Participants were given a handout that outlined potential goal areas for a strategic plan. Those areas included: organizational development; plan review and advice; program monitoring; advocacy; and program evaluation. These elements are those that are required by federal law and were offered as a framework for organizing the content generated by the Council's Performance Assessment on Day 1.

Participant were asked to think about the work on Day 1 which included the following:

- Collective vision (as drawn/discussed on day one)

- Our mission as directed by the US law
- Stakeholders and duties (as discussed on day one)
- Substance Abuse planning efforts (as discussed on day one)
- Mental Health planning efforts (as discussed on day one and in morning's BBHF presentation)
- Strengths and needed improvements as a council (as discussed on day one)

What to Focus on to make Council Strong and Effective:

- Web page development / Facebook page
- Regular meetings
- Fill vacancies – esp. youth area, ethnic, regional diversity, LGBTQ, culturally competent
- Maintain/accept collaborative efforts w/ BHFF while retaining independence
- Develop plan of communication – internal/external – two-way coordination with BHFF around policy/programs and changes
- Communication between meetings via conference calls, toll-free conference
- Enhanced orientation for new members including mentorship; ongoing training

To Fulfill WVMHPC's Duty to Review and Provide Recommendations for Plan (comprehensive block grant)

- Develop ongoing process-working plan
- Council members review existing block-grant application – break into more manageable sections (work groups)
- Follow up on the “green sheet” recommendations for Council to be strong and effective as possible, Council's duty as an effective advocate, Council's duty to review and provide recommendations for the state plan, and Council's duty to monitor, review, and evaluate services, and focus on a 12-month action plan for the Council *Is this clear – if not, suggestions on how to clarify?*
- Active development in planning and writing providing input into 4/2013 application
- Quarterly updates from BHFF on block grant
- Coordinate with SA/BH councils
- Designate meeting for small groups reviewing different parts of the plan to merge work and recommendations

WVMHPC's Duty as an Effective Advocate:

- Development of referral list/hotline/warm line/web links, peer & CMHC state
- David Sanders – clone him, i.e., need someone in role of providing legislative updates
- Legislative updates (Fair Shake Network, WVCIL, WVA etc) – recruit council members to provide updates
- Elliott to send Ted updates
- Multiple advocate strategies that the WVMHPC can pursue in order to effectively advocate for mental health issues
 - Strategy for voting members *do we need to clarify these further? If so, how?*
 - Strategy for Interested parties
 - Strategy for Executive Committee
- Statewide coverage
- Newsletter, phone tree, brochures
- Blues Fest
- Council Plus – w/ children
- Some members attend 6 events to represent council around the state – Develop a strategy for effect coverage of the state
- Engage with health care reform efforts/meetings and issues – i.e. electronic health records, and health home

For WVMHPC's Duty to Monitor, Review and Evaluate Services:

- Allocation Adequacy should be a focus to be monitored and evaluated
- Onsite peer / state funded evaluation
- Block grant reviews – programs funded by, e.g., PATH
- Crisis line reviews
- Consumer satisfaction (MHSIP) survey
- Face to face / peer voice review model

Discussion of Roles and Responsibilities of BBHFF, Community Access, and WVMHPC:

Add the discussion points and questions that surfaced during this discussion.

Agency and Committee Reports: The following describes the person providing the report to the MHPC and a summary of the content of their report.

[NEED NOTES FROM COMMITTEE REPORTS]

Cynthia Parsons, Bureau for Medical Services

- 4 Therapy sessions per month Suboxone
- 2 Urine drug screens per month (opiates, benz, methamphetamines,
- No cutoff on Suboxone
- Will stay for therapy
- Only MA, not BA (with 2 years experience substance abuse)
- Methadone Clinics must have MA level staff for
- Vivitrol – and Suboxone policy are the same
- Medicaid got CIV grant; work w/ live scan technology (no more sending fingerprints off)
- MFP (Money Follows the Person) Grant – approved; housing coordinator to be hired to focus on housing for mental health issues;

Debi Gillespie, Division of Juvenile Services

- Mental health and IDD need to get out of institutions and figure out where they need to go; cross-training

Jennifer Ballard, Division of Corrections

- Commissioner – brought community together at Roosevelt High
- They are moving; increase number of community beds v. lockup beds
- Put in female/substance abuse beds; increasing release programs
- Renovations at Parkersburg location, increasing beds as well
- 384 beds, but need to be incarcerated to received treatment

Ardella, Report from Membership Committee

- 5 interest indicators
- 10 seats open
- Family seat, 2 consumers, 2 youth, 1 family member w/ adult, and 4 providers

- Vanessa VanGilder *is last name correct?*– Fair Shake Network - provider
- Mary – has disability and daughter w/ disabilities, coordinator for Family Leadership First
- Joyce Floyd – Advocates for Family Leadership First – provider
- Martha Poore – provider, care coordinator
- Susan Ricks Charleston - consumer
- James Ruckle – peer support specialist – consumer survivor
- Bob makes a motion for Joyce Floyd; Cathy seconds motion – Ayes have it
- Bob makes a motion for Vanessa; discussion; - Ayes, 2 Nays
- Bob makes a motion for Martha; Angie motion to table; Aye, 1 Ney
- Bob makes a motion for James; Angie seconds; Ayes, 0 Nays
- Susan Ricks, Cathy Reed second,
- Membership List to be distributed to network

Were Council membership decisions made and new members voted in? If so, this needs to appear as a separate section of the notes. The details can remain here.

Dianna Bailey-Miller, Children’s Committee

- Conference call / discussion; about Rap for Youth
- Mary Ellen has a free webinar on it
- Legal Aid of WV FAST Program

Cathy Reed, Housing Committee

- Phil / Cathy went to Stonewall in August – National Housing Conference
- 4 Conference Calls – need housing coordinator (MFP?)
- Checked out a house; looked at 2 houses that are available for shared living

Ted Johnson, Chairman Report

- Nov. 29 – WV Silk sponsoring Disability Caucus in Charleston – limited seating; contact Ted if you want to attend
- Statewide Independent Living Council; Julie Pratt, facilitating
- Nov. 29 – Substance Abuse RTF meeting in Charleston
- SAMSHA – Catherine Powler was director for Center for Mental Health Services; Catherine transferred to head up Region 1; position w/ CMHS is open; Paulo DeVecchio – CMHS acting director; Jean Bennett

Election of Council Members: *Please list newly voted council members here and any information about when they will be joining the MHPC*

- Bob makes a motion for Joyce Floyd; Cathy seconds motion – Ayes have it
- Bob makes a motion for Vanessa; discussion; - Ayes, 2 Nays
- Bob makes a motion for Martha; Angie motion to table; Aye, 1 Ney
- Bob makes a motion for James; Angie seconds; Ayes, 0 Nays
- Susan Ricks, Cathy Reed second,

Next Steps

- Discussion of standing meeting schedule – *may need to be adjusted depending on budget when will this decision be made and by whom?*
- **Next WVMHPC meeting:** January 19th – Charleston, WV; location Blessed John XXIII Pastoral Center

- It was discussed that the executive meeting would start at 9 am, with Council meeting to start at 10 am *Please confirm.*
- Notes ready from Community Access by Dec. 9th for distribution to Ted as Chair for the MHPC
- Mileage reimbursement forms were distributed onsite and collected for processing and payment by Community Access.
- Ardella, JK, and James will draft vision statement [completed] *Has the statement been reviewed and accepted by a vote of the Council? Are there plans to do this?*
- BHHF will send websites to Council members for reference, e.g., system of care (BCF), expanded school mental health, service array info, ASPEN, FAST, pictorial for system of care *who at BBHH, by when?*

Check Out: Participants were asked to share what went well with the day’s retreat and what they recommended changing in order to improve future retreats. Participants used individual index cards to share their thoughts. Following is the group’s collective response. This information can be used to guide participants in helping to shape the direction and tone of their retreats, meetings and relationships.

Plus + What went well with the meeting?	Delta Δ What would you change to improve the meeting?
Professionalism	Know your customer
Food	Educate prior to meeting next. i.e. Person first language
Lodging	Was a very tiresome meeting. Lots of confusion.
Location	More time for networking
It is good to have finally resolved some issues	Notebook paper in folder
Shelf paper	Need more water
Mixing groups	Allowed some members of the group to redirect your agenda
Room had good temp	\$ became the topic that took up a great deal of time
Good place	Would be nice to know budget
Good food	Confusing. Need more info
Good work	No flexibility
Good facilitation	Took care of Neg
The presentation and information was great!	Morning not good
I like the interaction and process. Learned a lot	That it may only be quarterly meetings
You and your staff were great regardless of what was said	That we had to change Jan’s date and possible others
Great handouts	Dislike not being listened to at first

Would attend sessions under your direction again	If stay here, need full breakfast (continental not sufficient for all)
Martha, Rebecca, Jenny thank you for all the work and patience.	Stronger control for sessions. Felt like kids on a playground.
Gave us a good look at what needs to be done.	Morning session deteriorated with cross talk and overtalk
New ideas	Very disappointing. Get back to MHPC basics
New direction	Meeting - executive
Good collaboration	Maybe shorten lunch to 45 minutes
Good job	Replace the words "those with" to "individuals with"
Handouts	
Badges	
To: Martha, Rebecca and Jenny - Thank you for all your hard work and dedication. Your professionalism is outstanding. The accommodations were wonderful. WHEW!!! Great job! Angie Ferrari	
Location was nice	
Love networking is good	
Finally listened	
Liked name tags and folders	
Finally heard from Cynthia, Debbie, Jennifer	
Willingness of facilitators to change agenda	
Logistics support: - facility - name tags - folders - food	
Food great	
Flexibility in changing the agenda as needed	

Opened to debate/discussion/disagreement	
Good development of council input	
Kept to the time frames	
Conduct periodic self-assessment	
Good to work with all different council members	

Parking Lot: A Parking Lot is used as a place to collect important information that is not within the purview of the days' meeting. The content of the Parking Lot should be reviewed and addressed by meeting planners at the Council's next meeting. Following is a list of those things identified by Council members and placed on the Parking Lot during this two day meeting.

- When building a plan for Council membership recruitment, seek the following:
 - Youth seats to the Council - ages 14-25
 - Individuals with co-occurring disorders as team members
 - Veterans and family members
 - Public Health
- Do parents represent the interests of youth as well as children on the Council?
- Cross Planning Council is an important agenda item for future meeting(s)
- Add SOC (System of Care) principles *to what?*
- A conference call number is needed for MHPC committee work and other business
- Karen Ruddle, Office of Special Programs for the WV Dept of Education is a good reference and possible speaker to Council
- Important to come back to Sustainability & Autonomy of planning council