

Governing Council Minutes  
 January 11, 2008  
 9:00-11:00  
 Central Maine Medical Center  
**Conference Room I**

**Attendees: Arabella Perez, Peter Wigley, Cindy Pooler, Janice LeChance, Jay Yoe, Doug Patrick, Helaine Hornby, Sharon Cater, Luc Nya, Andy Cook, Bart Beatie, Brianne Masselli, Felicia Brown, Melanie Swift, Kris McClure, Brenda Bennett**

**Facilitator/Minutes: Arabella Perez**  
**Time Keeper: Felicia Brown**

Item: Discussion: Time:

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1. Introductions/Check In <ul style="list-style-type: none"> <li>• New Family Coordinator, Alice Preble, starts 1/14/08</li> <li>• Sharon Carter has begun part time employment as the Time Dollar Coordinator</li> </ul>	All	5 mins.
2. Review of Last Meeting & today's agenda	Arabella handed out updated agendas and made hard copies of the minutes available to those who did not receive the minutes electronically. Minutes accepted no changes.	10 mins.
3. Review of Clinical Committee	Judith presented clinical committee update and requested the GC provide recommendation for future goals.  The following were recommended: <ol style="list-style-type: none"> <li>1. Define the purpose of the committee</li> <li>2. Develop a universal trauma screening tool</li> <li>3. Support Implementation of EBPs (evaluate the process/experience/outcome of the process)</li> </ol>	20 mins.

	<ol style="list-style-type: none"> <li>4. Develop tools and processes to monitor fidelity of EBPs</li> <li>5. Work with youth and families in understanding evidence and how to choose therapies</li> <li>6. Assess current use of EBPs by agencies in the area</li> </ol> <p>Of the above the evaluation committee chair (Jay) recommended that some of the above items be planned together with the evaluation committee.</p> <p>Due to time constraints Judith and Andy will ask the clinical committee to meet and make recommendations on the above and e-mail the list to members of the GC to prioritize. If possible Judith and Andy will present again at the next GC.</p>	
<p>4. Trauma Informed Assessment Tool</p>	<p>Comments:</p> <ol style="list-style-type: none"> <li>1. How do you define some of the items: safety plan means different things depending on who you ask,</li> <li>2. The interviewers would be well trained on the “standards” and how to rate responses. This would address some of the concerns raised about</li> <li>3. What are you trying to measure and how do you go about it? Measuring to what extent have the agencies in the SOC are becoming more trauma informed.</li> <li>4. Do you need parent consent depending on the age of the youth selected for the interview?</li> <li>5. Several questions about procedure of interviews and response that the procedure will be developed by the evaluation committee (next phase)</li> </ol> <p>Closed comments with a request to e-mail comments to Helaine and/or Jay by the 14<sup>th</sup>.</p> <p>Providence will be the first pilot followed by Tri County. Helaine and Jay will</p>	<p>30 mins.</p>

	<p>connect with Bart Beattie to discuss how to go about conducting the agency assessment interviews with Providence.</p> <p><i>Special thanks to Melanie who ran out during GC to make copies of the agency assessment tool for all and had to contend with an uncooperative copier.</i></p>	
<p>5. Review of Interagency Committee &amp; Future Search collaboration.</p>	<p>Arabella asked if all GC members received the powerpoint and narrative created by the Penobscot Valley Collaborative. Hard copies were also distributed. Doug did an abbreviated presentation on the Penobscot Valley Collaborative. GC agreed that this was an interesting model that could potentially be a bridge to sustainability.</p> <p>Arabella and Doug requested that the GC consider dedicating funds to a facilitator towards the creation of a local collaborative. This request is in keeping with the work done by the Penobscot Valley Collaborative. GC members unanimously agreed that Arabella will do research on facilitators and costs associated with a facilitator. Arabella will present this information at the next GC with associated costs to put to a vote.</p>	<p>30 mins.</p>
<p>6. Day and Time of Governing Council and future of Governing Council</p>	<p>GC members unanimously agreed to extend GC meeting from 2 to 3 hours after discussing pros and cons.</p> <p>After discussion of changing time and day (convenience) it was agreed not to make changes at this time since interested youth who may join the council are not currently attending school and afternoon hours would interfere with potential new family members.</p> <p>Arabella currently revising Bylaws based on discussions held at the Sept. retreat and the followup GC meeting in November. These</p>	<p>15 mins.</p>

	<p>Bylaws will be sent out to members prior to the next GC meeting for comments and reviewed at the GC meeting of Feb. 9<sup>th</sup>.</p> <p>Janice and Brenda recommend that since GC is now extended to 3 hours that a portion of each governing council meeting be dedicated to a discussion of service delivery. All members agreed. Will also consider how each committee chair will report to the GC.</p> <p>Arabella handed out hard copies of the GC schedule for 2008. This was also sent out electronically in December. Arabella will update this list to reflect the change from 2 to 3 hours.</p> <p>* Arabella to review the monthly “constant contact” that is going out to all Governing Council members at next meeting. This update is a byproduct of the GC retreat and a request to keep updates to a minimum at the GC meeting.</p>	
<p>7. Wrap up</p> <ul style="list-style-type: none"> <li>➤ Review of meeting and assigned tasks,</li> <li>➤ Set next meeting agenda</li> </ul>	<p>Next meeting 3 hours. Agenda:</p> <ol style="list-style-type: none"> <li>1. Review service delivery referral/enrollment numbers. Review the “constant contact” update.</li> <li>2. Bylaws</li> <li>3. Clinical Committee update on task prioritization</li> </ol>	<p>5 mins.</p>
<p>8. How was today’s meeting?</p> <ul style="list-style-type: none"> <li>➤ Was it family driven</li> <li>➤ Youth guided</li> <li>➤ Culturally Competent</li> <li>➤ Trauma Informed</li> </ul>	<p>Generally fine. Meeting felt rushed by some members because of the time constraints of 2 hours, the number of important topics and the “richness” of the conversations which had to be cut short due to time constraints.</p> <p>Recommendation made by one of the GC members that it may be advisable to check with the council if the group wants to</p>	<p>5 mins.</p>

	continue conversation beyond the allotted time rather than end conversation prematurely.	
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Parking Lot Items: Issues to be addressed at a later time if not at the next meeting.

Each committee may want to start with a brief review of System of Care Committee principles:

- Each voice is valid and respected
- Each person's reality is unique and valuable
- Expertise comes from many sources
- Process is the foundation for decision-making: To identify where authority is and why, and how power is defined and shared.
- Information flows in and out
- Meetings are focused and productive with a shared vision
- Transparency builds trust
- Trust builds relationships
- Leadership encourages collaborative strategies
- Participation is meaningful