

## ACCR Quality Improvement Committee Minutes

Friday, March 5, 2010

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<b>Co-Chair(s)</b>	Victoria Livingstone	James Kindler			
<b>Note Taker:</b>	Marilyn Micknowski				
<b>Attendees:</b>	Kathleen Papaleo	Traci Cain	Victoria Livingstone	Bridgette McNamee	James Kindler
	Elizabeth McElhone	Meg Park	Harold Hartger	Marilyn Micknowski	Robin Orlando
	Sheila Bell				

**WELCOME/INTRODUCTIONS:** Robin Orlando, Sheila Bell and their guest from DHS/OBH.

**REVIEW OF AGENDA:** Item 2 of the Agenda for today, the update from February's ACCR Steering Committee meeting is not being discussed due to it being cancelled because of inclement weather.

### ANNOUNCEMENTS

Joan Erney, Deputy Secretary of the Office of Mental Health and Substance Abuse Services, announced at the OMHSAS Advisory Committee meeting on Thursday, February 4, 2010, that she would be leaving her position as of mid-May. She will be joining Community Care Behavioral Health Organization (CCBH) as Chief Business Development Officer and will be a senior lead on Public Policy.

### DISCUSSION ITEMS

**Agenda Item:** SPA update/Presentation of ANSA 2.0

**Committee Spokes Person:** Robin Orlando with Sheila Bell

**Committee Goal Being Addressed:** Well-discussed changes to some of the language of the ANSA tool

#### Discussion:

- The strengths, resiliency and wellness section has been enhanced to include this committee's suggested changes.
- Family involvement was a very delicate subject to be discussed. It was suggested by this committee that it be eliminated from the ANSA tool, however, consistency is very important in keeping with the CANS version of this tool. If a person does not have family involvement, it would not be discussed further with them, but if the individual has this as one of their strengths, it would be in their best interest to continue on with that aspect of their support.
- Robin asked to discuss further the suggestion of replacing "*managing*" with "*active participation in*" (under strengths, resiliency, and wellness). Elizabeth pointed out that if someone is actively engaged in their own recovery, health, and wellness, and that person is just being prescribed medication but it is not working for them, or that they don't feel that it's effective – that is not the idea of managing their personal health and wellness. A person's readiness is an integral part of their active participation in their recovery. Sheila points out that it is also a matter of properly training the people who will be using this tool to assess their client, because the word *managing* or *management* may make the person feel as though they someone else is controlling (*managing*) their recovery instead of themselves personally. Also "managing other *addiction(s)*" should be distinguished as being drug and alcohol or substance.
- Under the domain Emotional Health Needs; psychosis/thought disturbance was hotly as discussed item. The committee suggested "breakdown." Robin points out that the term "psychosis" need not be mentioned or discussed by SC unless the individual refers to it themselves. Victoria reiterated that this tool is going to be used as an *assessment*, hence, the last "A" in ANSA, for the person to receive service.

- “Antisocial Behavior/Compliance” was discussed next. Much to Robin’s delight, Traci Cain came up with the perfect replacement suggestion of “does not engage in pro-social behaviors.”
- The committee left Robin with one last term for her to research; under “Risk Behaviors” is the term *Exploitation*. The committee asked Robin to check and see if this term covers “bullying” (a term which was discussed as possibly being added to the Trauma module). The committee’s concern that the term and idea of “bullying” is not just a concern in Trauma to children (as covered in CANS). The idea that an adult’s behavioral (antisocial or otherwise) and feelings of persecution may very well stem from trauma they may have felt as a child who was possibly being bullied.

The committee would like to thank Robin and Sheila again for including our thoughts, suggestions, and opinions in this important new work she has taken on for the welfare of the adult mental health community. We appreciated the opportunity and look forward to continued progress.

Action Item	Person Responsible	Target Date
Continued progress updates	Steven Christian-Michaels	Ongoing

**Agenda Item:** Mission Statement for Quality Improvement Committee

**Committee Spokes Person:** Committee (Meg leading)

**Committee Goal Being Addressed:** Finishing this particular project with all due speed.

**Discussion:** Our Mission Statement was visualized and revised with true committee style. We started with ACCR’s Mission Statement: The mission of ACCR is to increase awareness of behavioral health recovery and to promote the use of recovery principles and practices in behavioral health services in Allegheny County. We ended up with the following for this committee specifically: The mission of the ACCR *Quality Improvement Committee* is to enhance recovery-oriented services in Allegheny County through the development and promotion of quality services that facilitate recovery, wellness, and resiliency of person(s) served.

Action Item	Person Responsible	Target Date
Deciding on a final statement	All committee members	Next QI meeting

**For next meeting:** March 5<sup>th</sup> agenda item IV. Initiative; Work on “*Guidelines for Developing Recovery Oriented Behavioral Health Systems*”.

## **NEXT MEETING**

**Date:** Friday, April 2, 2010

**Location:** One Chatham Center, Room 305

**Time:** 12 Noon until 1:30 PM