

ACCR Quality Improvement Committee
Meeting Minutes
April 2, 2010

Co-Chair(s):	Victoria Livingstone	James Kindler			
Note Taker:	Marilyn Micknowski				
Attendees:	Victoria Livingstone	James Kindler	Marilyn Micknows	Harold Hartger	Elizabeth McElhone
	Kathleen Papaleo	Meg Park	Traci Cain		
Absent	Sarah Goldstein	Bridget NcName	Wes Sowers	Stephen Christia Michaels	

ANNOUNCEMENTS

- The next Day of Self Discovery will be held on Wednesday, May 19, 2010 at the William Pitt Student Union Building. This year will be its Tenth Anniversary. Pat Deegen will be attending and the focus/theme will be "Where Are We Now"
 - Consumer-Provider Collaborative is in need of members and a minute taker. See Meg
 - Education committee is in need of a provider co-chair
 - Public Awareness is in need of a provider co-chair
 - Center for Public Service psychiatry's conference is on PH/BH integration this year. June 21. There will be dialogues between BH consumers and PCPs.
 - CSP is seeking providers and family members.
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DISCUSSION ITEMS

Agenda Item: Update from ACCR Steering Committee

Committee Spokes Person: James Kindler / Victoria Livingstone

Committee Goal Being Addressed: Progress of Steering Committee's Meeting

Discussion: Each ACCR Committee went over their respective budgets for this fiscal year. All is well; as long as we can commit to developing a completed document on the Guidelines for Developing Recovery Oriented Behavioral Health Systems (before July 1st); monies will be available to us to put a couple of focus group together to provide feedback on this updated document.

Action Item	Person Responsible	Target Date
Continued updates from co-chairs	James K. and/or Victoria L.	Ongoing per each meeting

Agenda Item: Rewrite of the document, "Guidelines for Developing Recovery Oriented Behavioral Health Systems (2005)

<http://www.coalitionforrecovery.org/Documents/ACCR/accrguidlinesindicatorsros0205.pdf>

Committee Spokes Person: All Committee Members

Committee Goal Being Addressed: Implementing major overhaul of document (by July 1st).

Discussion: Members reviewed Guidelines for Developing Recovery Oriented Behavioral Health Systems"

- Two years of work to get this document completed for February of 2005. If we try to rewrite within FY '09 – '10 we would need to compress those two years of work into two months of hard labor.
- The committee was in agreement that the structure of this document is out of date and needs to be turned around—inverted. Administration was the first consideration and peer support and housing was last. The committee agreed that to be recovery oriented the document itself should begin with a more consumer-centric layout. Consensus was reached that recovery should be on

every item addressed in the document, since Recovery is the core subject of ACCR. The sections that this committee determined are missing are: an emphasis on wellness, prevention, peer and other community supports, integration of services, and empowerment

- Harold volunteered to compare our Guidelines document to Connecticut’s model to see what’s in theirs that is not in ours.
- Much discussion centered on the layout. Consensus appeared to be that any document coming from ACCR QI should be modeled on “who this document will be used by”—who is our audience? Consensus was reached to produce material that people with all levels of education can comprehend.
- Much discussion centered on whether the Guidelines for Developing RO BH Systems document could be improved with a few modifications and additions rather than making a whole new document or even just striping it down (which would be much more time consuming).
- The committee decided that in our efforts to improve the quality of services, we most need feedback from individuals in focus groups on what is relevant to those people receiving the services. This is an opportunity to get valuable information from peoples’ experiences about their services and how they are impacted by them.
- The suggestion was made to think in terms of putting our efforts to a product for wellness and recovery orientation into a **Power Point Presentation** of the major headings; i.e., Wellness, Prevention, etc. with Indicators as bullet points thereby keeping it simple, straight forward and easier to understand without being overwhelmed by verbiage. This would, in turn, help us meet our deadline and be able to polish it.
- It was suggested that a **Toolkit** be put together for individuals, organizations, providers, etc. to be followed as an essential Wellness tool. It could possibly include an example of an advanced directive, example of a wrap plan; QI’s other documents, etc.
- The Power Point Presentation seemed to be the consensus of this committee. Each of us needs to think of the GOAL of the Ppt. compile a list of valuable topics for it. Victoria volunteered to have everyone email their list to her and she would put them together.

Harold said he would try to email the Connecticut document he refers to in this meeting to each of us if possible.

The note taker volunteered to expand the Peer Support section of the document to include support services instead of the other way around.

Action Item	Person Responsible	Target Date
Harold will circulate Guidelines for Recovery Systems document to all committee members to review	Harold	April 24 f
Compile a list of valuable topics for a power point presentation, email lists to Victoria	All Committee Members	Next QI Meeting
Send out start of Ppt to members	Victoria	April 24

NEXT MEETING

Date: Friday, May 7, 2010
Location: One Chatham Center, 3rd Floor
Time: 12 Noon – 1:30 PM

Remember.....BYOL (bring your own lunch)