

ACCR Committee Minutes Form

Date: 10/11/07

Name of Committee: ACCR – Child and Family Committee

Co-Chair(s): Sherry Shaffer; Denise Weis

Note taker: Meg Park

Attendees: Doreen Barkowitz, Bill Boyce, Renelda Colvin, Jennifer Eaton, Kim Falk, Debbie Ferraro, Deb Freeman, Verna L. Johnson, Chris Weis, Denise Weis, Renelda Colvin

- Sherry called the meeting to order at 2:30
- Introductions were made and new people welcomed

Agenda Item: Defining and describing the purposes and goals of the committee for the coming year. Special mention was made to including education to family members. Specific goals, target dates for completion and naming persons responsible were not part of this brainstorming session.

Committee Goal Being Addressed: Come up with target audiences and our message to them.

Discussion Items: Target Audiences

1. Education systems—use the County Student Assistance Program to identify mental health problems. Early D & A intervention and prevention. Promote safety verses restraint
 2. Families-. Promote more of a focus on individual history/situation for less of a focus on diagnosis. Planning for difficult times when things are going smoothly. Remembering successes. Allowing families to define what is good/strong for them. Allowing them to define who they are as a family and develop goals that are important to them.
 3. Communities- raising awareness while giving hope. Promoting a focus on holistic wellness vs. fragmentation and illness (physical health, relaxation skills to cope with stress, using personal spirituality as resource) Reminder that different communities have different stressors and strengths (e.g. violence in some communities that impacts everyone)
 4. Providers—helping new/young/inexperienced staff to feel hopeful for the future. Build memories based on long-term successful outcomes for kids/families. Systematically remembering success stories. Gaining access to psychiatric residents to help instill concepts of recovery/resilience in their practice.
 5. Building relationships with other organizations that are targeting providers in developing plans-don't reinvent the wheel.
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Agenda Item: Social Marketing, raising public awareness

Committee Goal Being Addressed: What do we want our message to be and who does it go out to? Developing curricula for our target audiences.

Discussion Items:

1. The difference between resilience in children and recovery in adults. Ideas: Making lemonade when life gives you lemons; bouncing/springing back; tool box.
2. Promoting hope/healing; resiliency and prevention

3. Possible methods: signs on buses [inside and out] and at bus stops, computer advertising, bill boards, PBS/WQED, baseball games, PSAs, use positive subliminal messages on resiliency
4. Focus on building healthy communities in which healthy families can thrive; fundamentals such as “there’s safety in numbers”
5. Focus on the universal human condition stuff that crosses socioeconomic lines (vs. illness): alienation, loneliness, choosing healthy friendships, self-blame and feelings of guilt and shame. Keeping the message simple. Stress what we have in common as humans such as stress vs. mental illness or labels.
6. Community-wide events for those not already involved in the MH system—going to the people instead of having them come to us.
7. Recruiting corporate sponsors and individuals-not being stopped short by the expenses of big advertising.

Agenda Item: Role of this group in promoting recovery/resiliency oriented service delivery

Committee Goal Being Addressed: Be the leader in how to talk about resiliency and how resiliency relates to outcome measurements.

Discussion Items:

- 1) Coloring book to be used as part of curriculum for children to identify and express feelings.
- 2) Wider distribution of Recovery vs. Resiliency brochure – think about “branding” using same colors, etc. in all public information from ACCR
- 3) Training with Sandra Bloom-trauma informed care and resilience – next steps for training topics. We will participate!
- 4) SOCI grant—rethinking CASSP; Who will help providers along in this evolution? discussion of wellness more realistically.
- 5) Move from CASSP provider focused training to “Family/Youth Partnership” via Youth and Family Institute. This group will focus on training family member/youth teams to implement high fidelity wrap-around. Who will work with providers to help them understand this concept? Providers still play an important role – but real change in who leads the team (from provider to family)
- 6) Mary Ellen Copeland’s WRAP for children – workbook shared with group; very practical/useful guide for families – could this be useful?

Action Item – Next Steps for this group – Resiliency promoting practices	Person Responsible	Target Date
Group determined that we should take a two pronged approach to this: 1) General Public Awareness – Ideas: Start with general public education gradually – start with concepts everyone can relate to (stress, anger, frustration, sadness over loss, etc.) – it’s all a part of the human experience. Build up to more serious emotional problems. Work with Public Awareness and ACCR Steering Cmte	ACCR Steering Cmte	12/2007
2) Work on curriculum/training for providers – Based on our Quality Guidelines. Make it practical – “How to” guide for providers on different areas of the guidelines– real life examples; role playing; group discussion Next Meeting: Select one topic from guidelines for provider training focus	Sherry/All	11/2007

Respectfully Submitted,
Margaret J. Park, M.Div., 10/13/2007