

Community Planning Sessions 2013

Effective Community Education

Meeting Notes January 7, 2012

Attendance - 19

1. Rate Our Community Average C+

(1-B+, 2-B, 2-B-, 3-C+, 8-C, 1-C-)

Successes:

- +ACCESS Line (Single point of access, one number to call)
- +Good array of services
- +Show care and compassion for parents
- +Collaboration between child serving agencies

Challenges

- Awareness of available services/ who qualifies and how to qualify
- Awareness of how to gain access to services
- Stigma associate with Mental Health
- Recognizing the problem early and accurately (behavioral vs mental health)
- Access to services, waitlists for all services especially clinic, outpatient, psychiatric
- Need for a central directory – (talked about ACCESS line and Contact)
- Need more coordination between systems
- Descriptions of services are too technical, hard to understand
- Are there unmet needs in terms of gaps in services?
 - Partial hospitalizations (in-between c-pep and residential) – possibly crisis respite options
 - Parenting classes, groups for parents
 - Services for 8-14 year olds

- Early childhood services
- Kids on the cusp... do not have serious emotional disturbance but could use some help
- Need more youth and family voice/involvement and community based information
- Taking ownership for overall treatment and families instead of passing them around trying to decide whose responsibility they are (DSS, mental health, JD etc.)
- Overall cohesive information in schools, pediatrician's offices, churches etc.
- Better transitions and hand offs between services while moving through the system

2. What Would Success Look Like?

- Access to services when needed (shorter waitlists)
- Seamless flow between services (ex. Between in and out patient)
- Collaboration between services
- No shame or guilt in asking for help /reduce stigma
- Well-coordinated marketing campaign. Everyone parents interact with should be and information portal (schools, doctors, services agencies). All information should be the simple and the same
- Well-adjusted clients

4. Opportunities/existing strengths/ initiatives / services that we can build upon

- Nicole Schwartz has an anti-stigma presentation she is working on getting into the schools and is available to give to groups of any size
- Judy Nemecek from the Youth Bureau mentioned the "Free and Practicals" her department puts on. Mental Health is one of the topics people asked for last year. It is on their list for 2013
- Using Project Teach and Promise Zone to get information into schools
- Successful Campaigns to use as a guide – Safe Sleep by Healthy Start, Bring Change 2 Mind (Glenn Close's campaign to reduce stigma associated with mental health)
- Generous community sponsors / businesses
- Billboards
- Mailings
- Social Media - Facebook/YouTube
- Fred Friendly seminars (Minds on the Edge)
- SU / Newhouse / OCC for interns, college athletes, access to their media resources

5. Who should be included in the change process?

Need information to be coordinated between:

- Faith communities
- Schools (nurses, social workers, school psychologists, principals, teachers)
- Medical professionals – pediatricians (Mentioned importance of getting representation on CC)
- Local clinical psychologists and psychiatrists
- C – PEP
- All community organizations/child serving agencies

To help with marketing strategies

- News/Media agencies to help with PSA
- Media Unit
- Youth Advisory Board

6. Initial Steps

- Work on creating better explanations, less technical descriptions of good services we currently have and what they do. Maybe use pictures
- Overall coordinated marketing strategy to get the word out about how to access current services.
 - Agree on a single message. Not everyone needs to know every service available, who qualifies and how to access. All human service workers /parents need to know is where to get help. We have a pretty robust single point of access system now. We need to do a better job marketing the numbers to Contact, ACCESS line, and OCM SPOA for adults.
 - Create a brochure with contact information for Contact, ACCESS line, OCM SPOA (for adults), Mental Health screenings at St. Joe's etc.
 - Make sure parents have access to this information everywhere they have consistent contact with (medical health providers, mental health providers, schools, churches). All information portals have the same message and information.
 - Bring a client to meetings to help spread the word
 - Send mailings to parents
- Anti-Stigma/bullying/ mental health campaigns to happen throughout the year
 - Find national examples of successful marketing campaigns
 - Look into the TA Partnership, SAMHSA webpage for examples
 - Possible intern from SU/OCC (SW, Human Development, Maxwell, Newhouse)
 - Create partnership with Newhouse School
 - Hiring a community social marketer

Questions regarding what happened with Social marketing Workgroup. Interested persons in moving community education forward:

Laura Dano – professional experience in marketing and communications

Fern Whyland

Liddy Hintz