

Behavioral health breakout group

1. Linda Chiltoski – roll models from the community, grief, QA, humor, relatedness, prayer, effective approaches and curricula
 2. Katsi Cook – beyond the clinic walls
 3. Judy Thierry
 4. Janet Bissel – coordination
 5. Chris Siow – coordination
 6. Ramona Lawrence – sustainability, choice, respite, confidentiality, trust, community
 7. Lynn Hoffer – policy and procedure, team building internal and external, leadership involvement
 8. Cheryl Mcclusne – consulting
- Maintaining a skill set for interaction with clients – realizing the many points of entry
 - Making youth a priority
 - Giving voice to communities – acknowledging that “public speaking” may look differently. Using traditional ways of speaking
 - Leveling of the hierarchy of power – i.e. local DV policy development required enlightened leadership
 - Provider attitudes must be addressed
 - Linking services with administration
 - Team building internally with diverse group
 - Taking team building to the next level with the community
 - In the case of DV it is important to know the vernacular of law enforcement
 - Broadening the age of screening for family violence from 14-40 to 10 to 99 universal – ‘safe homes’
 - Using meeting times and incentives to enhance participation
 - Going out of the clinic walls to train, provide group education, liaison with referral groups
 - Nationally there needs to be a resurgence of volunteerism i.e. baby boomers who are about to retire or who have retired can be ‘matched’ to programs and needed skills. Would have to address agreements, credentials, privileges, scope of work, supervision
 - Professional/paraprofessional linked – work smart within the scope of practice. Roll models are more than likely to be identified as from the community. Showcase programs were this ‘team’ is expressed. – CCC, HIS provider, at conferences.
 - Doulas
 - CHR’s with PHN’s
 - Receptionists and nursing assistance as Co facilitators in Centering prenatal care