Mental Well-Being
Community Action Team
October 7, 2014

Attendees: Allgire, Janae; Baily, Jan; Carlson, Rejean; Clough, Susan; Ebaugh, Kristen; Kennedy, Anna; Koppel, Jen; Lilly, Susan; Long, Brian; Long, Edward, Mills, Jan; Weiss, Dawn, Wood, Wendy.

Guests:

Absent: Group is still forming, on roster and not present: Baker, Nancy; Bickmire, Jean; Eckert, Barbara; Estrada, Heather; Horst, Dawn; Fullem, Diana; Garrison, Katie; House, Anthony; Klingensmith, Carmen; McCarty, Glenn; McFerren, Amanda; Miller-Landon,Teri; Perry, Jessica; Shambaugh, Katherine; Steffy, Mary Lee; Ryan, Roni; Slinghoff, Rhonda; Wilson, Jason/Ashley; Wilson, Mark

Date: 10-7-14   Time: 9:00-11:00 a.m.   Location: Blair Room, Community Services Building

TOPIC	GENERAL DECISION POINTS	FOLLOW-UP
Call to Order (name and time)	Anna Kennedy called meeting to order at 9:08 a.m.	
Approval of (previous date) Meeting Minutes	No minutes were presented, first meeting	
Welcome and Introductions **Common Ground Rules** **(Note that these were developed throughout the meeting as defined)**	Self-explanatory; it was noted that several members were not able to make the meeting due to scheduling conflicts. Ground Rules: - Strive to be inclusive - Recognize that we are all interconnected - Give Respect, Get Respect - Recognize the courage it can take to speak one's truth - Dignity - Humor - Seek to be truthful - No judging - Ability to be vulnerable - Use person-first language - Challenge each other in respectful ways	**Anna/Jan** will look to identify meeting dates and times that meet the scheduling needs of the broadest number of committee members.

TOPIC	GENERAL DECISION POINTS	FOLLOW-UP

Vision, Mission and Goals
 	
  a.) Focus
  b.) Action Teams
	Anna Kennedy (with support and input from Jan Baily) took the lead in introducing Action Team Members to the work of the Mental Health Collaborative, including how it came into existence, its role and membership.
	
	The Vision, Mission and Strategies were reviewed with the group to provide a framework. (Noting that work has not been finalized as it is a work in progress).	

Common Language:
 	
  a.) Community
	Anna and Jan set the stage for this discussion to engage in conversation about the language we will be using to move forward in our discussions. The conversation about community resulted in the following feedback and comments:
	  - Importance of being inclusive (from infants to geriatrics)
	  - Recognizing interfaces, the importance of interacting and connecting with each other without pretense or judgment.
	  - Moving beyond the familiar to the unfamiliar, hearing different points of view and how we "enter" heals or destroys.
	  - Need to look at what makes us comfortable as well as uncomfortable
	  - Challenging long-held beliefs
	  - Where is the diversity? The committee is narrow in its representation and not reflective of the community it serves.
	  - Stigma keeps people isolated
	  - Important to not overlook people living with a mental illness
		What does a model community look like? Need to find a blueprint that helps to inform our work. May need to look to other countries.
		
		Need to understand stigma and its ramifications before we can address it.

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	- Lancaster County is a difficult community, it is marginalized, "hermitized" and compartmentalized. 53 different languages spoken here; can add another 10 languages if include Plain Communities, add another 10. If we were to take the County Census and shake it up to put people at our table, it would look a lot different than current composition. - Important to understand perspectives outside of the collaboration (which is comprised mostly powerbrokers who may not be responsive to the community (talk to each other) - Need tools and strategies to get marginalized people/communities to the table and/or create pathways for them to contribute to the conversation.	**For next agenda:** Need to identify who is missing; how do we create supportive environments to engage individuals and missing groups? Need diverse voices at the table. As an initial first step, need to get representative(s) from the United Way, Southeast Health Services, and the Council of Churches.
b.) Mental Well-Being	- Term has many different meanings and images - How do we confront STIGMA and normalize? - We need to look at messaging and find ways to show that those who get treatment, get help and spend less time struggling - Need to develop messages that can be heard and resonate with a cross-section from those who are well to those who are struggling.	

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Long Terms Goals & Data	Anna introduced the Logic Model as the tool that will be utilized in developing short and long-term outcomes. She also reviewed the socio-ecological model to further the understanding of the interrelations among the working groups and impact when we move beyond the individual level of engagement. Example: Based on logic model: Outcomes 	Inputs	Activities	1-2 yr	2-3 yr	3-5 yr
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Action Teams $$$$ Time Etc.	Awareness Education Connection	• Media Campaign • MHFA	TBD	TBD		• Need to collect data and best practices • Model Community that promotes mental well-being • Low-hanging fruit: A billboard campaign, Choose Happiness

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