



## Meeting Minutes

1. Nestor Veloz-Passalacqua welcomed the stakeholder group at 3:00 pm. All participants introduced themselves and Nestor presented the goals for meeting. Frank Warren discussed Innovation and described it as a short term test, like a research project. Innovation acts like a grant that allows testing but no further funding. The Stakeholders will determine the best use of the short term funds and then rank the projects. The OAC, Oversight Accountability Commission is the panel that will have the final review.

### 2. Innovation Proposal: 3 by 3

**Presenter: Wendy Wendt, Brooke Griffiths, Dr. Nisha**

#### **AbdulCader**

- a. Developmental screening as a Health Education Encounter prior to well child visit (unique approach).
- b. Focus on behavioral health of child and parent/s.
- c. Adheres to AAP guidelines – three screenings by 3 years old.
- d. Builds onto the Help Me Grow framework.

This would be a recurring developmental screening using the ASQ (Ages and Stages questionnaire). The Health Educator would facilitate the screening and testing would take place in both CHC and private Pediatric settings. It would relieve time constraints on Pediatrician and provide on-the-spot opportunity for further consultation with Pediatrician and/or referral as appropriate.

Frank Warren advised them to clarify the Health Educators role and capacity.

### 3. Innovation Proposal: Community Peer Mentoring Program

**Presenter: David Dragoo**

This program is designed to provide peer support to the community members in need of services that may not seek help for various reasons. The plan would include a team of peers to help people get into and stay in service. The idea that people may be more receptive to help if offered

through peers. The goal would be to measure the impact on the people who receive help. The group discussed the possibility of starting a “warm line” or even a text line staffed by peers.

**4. Innovation Proposal: SLOWRAP**

**Presenter: Ellen Sturtz, Dr. Jay BetterGarcia**

- a. Feel confident working with clients dealing with issues around sexual orientation and gender identity.
- b. Attain better client outcomes.
- c. Confidently refer to specialist therapists, when necessary.

The intent of this project is to develop an A-Team of specialist therapists and peer counselors locally. Individuals interested would commit to a program of a length TBD, including group work, noted speakers and existing and developing curriculum. These would be the go-to therapists in the areas of sexual orientation and gender identity. Peer counselors would have an important role throughout.

**5. Innovation Proposal: Neurofeedback therapy**

**Presenter: Alicia Dueck, Meghan Boaz-Alvarez**

This program would use non-invasive EEG Therapy to train brain waves. Research has demonstrated effective results for anxiety, affective disorders, ADHD, PTSD, personality disorders, insomnia and emotional regulation. Small studies have demonstrated effectiveness in treating psychotic disorders. This type of therapy is currently only available to private pay individuals, so accessibility is a barrier to FSP clients. It could be used as an alternative to medications and is considered a brain workout that is re-wiring the brain; a therapist can administer the EEG. One question asked was does this improve the outcomes of FSP clients?

**The meeting concluded at 5:10 pm**

**Next Meeting: January 23, 2018**

**ATTENDEES:**

**Dr. Jay Bettergarcia, John Elfers, Barry Johnson, Davis Riester, Ellen Sturtz, Patty Ford, Briana Hansen, Rebecca Redman, Nestor Veloz-Passalacqua, Frank Warren, David Draggoo, Wendy Wendt, Brooke Griffiths, Dr. Nishe Abdul-Cader, Meghan Boaz- Alvarez, Alicia Dueck, Dawn Bumpus**