Minutes FOR DAR COMIITTEE MEETING FOR JUNE 14, 2021

Tariq: Are there any updates for things that may be happening within their sector?

Terry: I am the content coordinator and always looking for content to share within the Facebook page. Anyone who would like to share their recovery story can submit the information to me. I’m willing to give my email and phone number for contact, and I also give Montaja permission to share after this meeting. If there is anything special going on that this committee is getting ready to do, please let me know. I would like to keep the content current

Montaja: The ACCR public awareness committee is doing a survey on how people have been coping with and getting through COVID to shine a spotlight on hope and encouragement for people with Mental Health struggles. If anyone is interested contact ACCR Facebook page, check out the survey and fliers for QR codes to sign up and participate in order to share. The deadline is Tentative but scheduled for the end of the month, but it may be extended.

Tariq: Wes Parr is going to have a fundraiser in October no tentative date, but it will be in October. Once we have everything laid out and finalized with the tool kit would like for ACCR/DAR to be at this event. And once the confirmed date is in I will let you know.

Terry: Should we post this to the FB page as a notification

Tariq: No not until we have a concrete date and our tool kit somewhat done   
Terry No problem

Tariq: Any other announcements?

Terry: I recruited another member for this committee. She is a person in recovery. And if I was thinking I would have had her come into the meeting today but I will have her attend the next meeting in July. Ill make sure she is on speaker to talk and I hope to have another person as well.

Tariq: Thank You Terry

Terry: No Problem

Tariq: So the next topic we are going to lead into would be updates. Last meeting we decided to change the DAR mission statement. In fact KP mentioned, and made a good point, to change a portion of the mission statement to reflect and include all areas of recovery. The portion to be changed from “to identify current treatments that needs improvements” to “to increase recovery principles values and identify recovery interventions”. There was also another point that I seen that may needs to be corrected where it refers to addiction as a disease. I wanted to get everyone’s opinion on this because not everyone looks at addiction as a disease but choice. Wanted to make sure that our mission statement is fair to all opinions of recovery.

Terry: “Maybe use addiction and recovery process” because it is a process with admitting what a person may be experiencing. Some people may not be comfortable with stopping things right away . That why I thought about the recovery and addiction as a process

Kathy: Why not just get rid of “The” and say for more understanding of the addiction alone. Addiction is enough to tell the message

Tariq: IS there anyone else who would like to add his or her opinion before we vote and make the new mission statement official?

Montaja: I just have question on what we are we actually facilitating as it says in the statement.

However, what are we facilitating? In addition, should we spell out Drug and Alcohol instead of using D+A

Tariq: To your first question I think its self-explanatory with the first facilitation line

Montaja: But facilitation is when you facilitate by being in a training or community so I don’t think that would be a good word to use at the time.

Tariq: But once we began rolling things out especially with the tool kit we have to go to events and host events for that and to continue not inform the public about ACCR and our DAR sector

Terry asked how the line in question reads

Tariq explains

Terry: I don’t know what I Think about this. I see both of your points, but if asked what would other work I’m currently drawing a blank.

Montaja: If I was someone just visiting the ACCR website I would like to know where the cutoff was because it was a very long sentence that’s still pretty vague so what are the saying by facilitate? What are we actually facilitating? So what is the action? And if you say that you are educating them? Educating them how?

Montaja: Also we don’t have to spend too much time on this we can correspond via email and continue to talk about the edits

Tariq: But is there a deadline of when this should be done?

Montaja: If the committee would like to establish a timeline today that’s fine

Tariq: How would you guys feel about that?

Terry: Well if someone could email me the mission statement Im more than happy to work on it and maybe by July meeting we can discuss and then vote on the revised mission statement. So if someone would email me the mission statement that would be fine.

Tariq: Im ok with this option; how does everyone else feel?

Tariq: Ill vote yes Terry

Terry: I agree and I have to say my favorite expression because I have not said it this whole meeting “You should be cloned” laughs

Tariq: Moving on to the creation of the DAR tool kit what will be the blueprint of it? Will it be a relapse prevention kit or a resource guide? Or a reflective tool for recovery based practices?

Terry: Since I do not have any thoughts either way I would like to know what would be most needed resource?

Tariq: I was thinking having the tool kit piggy back off of the stages of change.

Terry: I like the idea of relapse prevention because this can be so problematic for people new to recovery. There are many ways to get resources for almost any recovery-based tool except for relapse prevention (that I have seen). I know The Recovery Centers of America in Monroeville talks a lot about relapse prevention. Their office is located in Monroeville.

Tariq: Its funny you mentioned this because the trauma class that I ran last week I presented this to the clients and ask them what do they think and they mentioned what you mentioned as far as the focus on how to stay clean and how not to take 20 steps back just because you may have relapsed. And I also asked the CRS and CPS that are affiliated with our facility and they agreed on relapse prevention as well.

Tariq: Should we vote on relapse prevention being the basis of this tool kit? How do you all feel about this?

Tariq: Ill vote relapse prevention

Terry: Ill second this. But I sure hope we hear from everyone else

Tariq. Me too. But its ok. Relapse prevention it is.

Montaja: So relapse prevention is going to be the basis of the tool kit; are we going to focus on an specific area of relapse prevention? Are we tying this into it? Is it going to be a kit? Packet? Paper?

Tariq: That’s an excellent question Montaja. I think we need the input of the CRS’ and CPS’ for this one to see what the clients that they are servicing needs. As far as it being physical nature I’m not sure

Montaja: I have a question for Katherine. Has there been an oversaturation of kits like this that you may have seen?

Kat: Im not aware of anything but I do agree that relapse prevention must be at the fore front of all treatment. But I have not seen anything like this

Montaja: That’s good because we could do something on this end and make it affective. I was wondering if we could do something more streamlined if that makes any sense.

Kathy: It does but I would not know how. It probably would be best If we could get some of the CRS in from POWER who could speak of this direct work

Montaja: Because its so broad I don’t want this to come across as redundant and would like for it to be easy for clients to use and read

Kathy: I know one for the most popular framework is the stages of change. Also with the relapse prevention comes the topic of MAT so there are a lot of rabbit holes for this

Tariq: What would be the next step with figuring out how to streamline this, what information will go in?

Kathy: Maybe the next step would be getting feedback from CRS and CPS as Montaja was talking about

Montaja: I think the next area to talk about is the right questions to ask CRS and we might want to look at the areas we are trying to focus on for this kit to give them the right areas to answer in. So if we are focusing on relapse prevention and all the things that we can go to lets look at some concerns. We can look at things that they might have struggles with make our list from there.

Tariq : Im glad you mentioned this Montaja. From the Trauma group I mentioned my guys talked about relapse prevention, trauma, MAT and Mental Health. Particularly the reason why they use is due to Mental health. Particularly around them not knowing the full scope of their meds, not having a doctor properly explain to them in an open and honest with about their meds and the benefits and side effects. With clients having limited understanding, they rather use the illegal substances they know all too well to cope.

Montaja: It sounds like these clients need to know how to advocate for themselves with their legal rights and medications. This may be the area that we need to focus in.

Carolyn: This is Carolyn. To hone in to what you were saying I’ve had the chance to work with clients and a lot of the time I find clients suffering from an underlining problem for dual diagnosis Bridging the gap between the two is a plus. I’ve had to educate them on a lot of resources that is available to them to have a better successful recovery

Montaja: I think the education piece ties into this. I think the behavioral health part plays a role in this as well as there are so many factors to this. So advocacy is key, getting the client familiar with their team, knowing the connection between mental health, physical health, emotional health and addiction. These should be the foundations

Terry: I like that idea especially how important self-advocacy. I remember Pittsburgh Mercy had a DSC (decision support center) we would ask clients how are they feeling and med related questions. One client was on 9 different meds and didn’t know what they were or why she was taking them. The reason she would take them is that she thought the doctor would get mad if she did not.

Carol Freeman: I agree because this happens so much more than people realize. And also that was me 27 years ago.

Montaja: Sounds like we have a frame work.

Self advocacy: Sharing what that is, how to do it and who is in your corner to help

Education: What meds are they using? Doctors Relationships, Connections with mental health, physical health and substance abuse

Action: Recovery, being actively apart in their treatment

Kathy: One thing for medication section having people with Opioid disorders about not being prescribed certain meds and being ok with advocating for themselves in that collaboration with a doctor

Montaja: I don’t know how we would like to do if we would like to break this down month by month and still invite the CRS now that we have the right questions and framework of addiction and education so they could be the spokes person in their treatment

So the next step the conversation will be on what advocacy is and the approach of how to advocate for themselves

Tariq : Can we adjourn this meeting at 2:07 today?

All Committee members agreed

Meeting was adjourned at 2:07 p.m.