

- ◆ Savannah Welch, ROSC Coordinator, opened the meeting with introductions of new members, reminders to sign in via the physical sign in sheet or within the chat box via Zoom chat
 - ◆ Follow up with a motion to approve meeting minutes from December's ROSC
 - Motion approved by two consortium members
- ◆ Moving into coverage of old business including updates on the Macoupin and Montgomery County Slack Channel, CHOICES Deflection Initiative
 - ◆ Slack is up to 52 members representative of 5 separate counties, and includes 26 distinctive channels
 - ◆ CHOICES South has had 10 referrals to date, CHOICES North has not had referrals as they are encountering hindrances with hiring
 - Hiring information for the TASC Deflection team was discussed and provided
- ◆ Moving into introduction of Jami Linhart, ROSC Co-Coordinator for Macoupin and Montgomery Counties
- ◆ Moving into coverage of new initiatives regarding the barrier of homelessness focused out of the Madison County area which may be transferable to our area
 - ◆ Each service has expressed willingness to network out of county and serve as a model to other agencies
 - Alton Housing Coalition
 - Alton Homelessness Outreach
 - Madison County Community Development
 - ◆ Packets with descriptions and contact information was provided to consortium members
- ◆ Coverage of Michelle Detwiller's stigma campaign as it progresses from the planning stage to the active phase
 - ◆ Michelle is requesting participants willing to have their photo taken, videos taken, and share small pieces of their experience with stigma publicly
 - Participants were offered the option to sign up virtually or via a sign in sheet
- ◆ Tara Triplet, MSW, LSW with JANNSEN pharmaceuticals and her presentation related to Schizophrenia was introduced to the consortium attendees
 - ◆ Tara explained that she utilizes a train the trainer series in which she aims to help healthcare workers, social workers, family members, and individuals understand the disease state of schizophrenia
 - A tool that can be utilized in combination with the series is the *Hope for Schizophrenia* Website which was formerly known as *Choices in Recovery*
- ◆ Tara went on to mention an additional training which she felt might be particularly useful for our consortium based off of the community presence titled *Transitions of Care* which describes what a successful transition of care might look like as well as what the consequences of gaps in care can be- all based on evidence based interventions
- ◆ Tara began the training by gauging the room's familiarity with Schizophrenia and determining whether or not anyone had been through a Schizophrenia simulation

- ◆ Tara played two videos; one entitled *Realistic Schizophrenia Simulation* which is available on Youtube and details the experience of a man shopping in a convenience store as he experiences auditory hallucinations and other associated symptoms
- ◆ The second video, titled *I hear Voices- A Story of Schizophrenia*, also available on Youtube, details an unsuccessful encounter between a young woman experiencing active psychosis and family members who do not seem to understand the disease and feel that her symptoms are a choice
 - ◆ This video closes with a brief discussion from an individual posing a question to the audience regarding how they may handle it if this was happening to their child, and if they could handle it
 - ◆ The individual goes on to state that diagnosed individuals usually receive a diagnosis while in the hospital and are quickly sent on their way within 3-5 days with minimal knowledge of the diagnosis, treatment options, life post diagnosis, and how family can best support the individual
- ◆ Tara goes on to explain that JANNSEN offers a program in which a social worker meets with the individual and family in a hospital setting to create a continued care plan with the individual living with Schizophrenia to aid in the transition and help them enjoy a healthy and engaging life post diagnosis
- ◆ Tara emphasized the importance of working with patients in taking active steps forward by doing things such as managing a recovery journal, exercising, going to therapy and support groups, keeping up with medication, and participating in fun and interesting activities they enjoyed before diagnosis- she also emphasizes that it's a journey, not a ride because recovery is a lifelong process that may change form over time
- ◆ Tara clarified that the presentation is specifically for educational purposes and that she is not a doctor (although she plays one on TV)
- ◆ Tara describes that every recovery experience is unique to the individual, including which combination of medications, therapies, and activities will work well for them, as well as which symptoms are most prevalent for the individual living with Schizophrenia
- ◆ Tara also specifies that when talking to patients, she makes a point to not always discuss medications; but rather to focus on goals and why the person wants to remain stable and out of psychosis
 - ◆ She asks questions such as "What are you wanting to accomplish"
 - ◆ Answers often look like "I want to stay out of the hospital", "I want to work a stable job", and "I want to work on my relationships"
- ◆ Tara discussed that when working on a recovery journey, it is first important to understand the diagnosis through education
 - ◆ The individual will need to understand what Schizophrenia is, what symptoms affect them, who each person in their care team is and what their role is
- ◆ Tara shares that in the U.S., 2.5 million adults are affected by Schizophrenia
 - ◆ Although there is no cure, Schizophrenia is a treatable disease when the proper care is taken- much like a chronic heart condition or autoimmune disease
 - Tara shares that a common treatment option is long term use of antipsychotic medications

- ◆ She goes on to share that approximately ½ of individuals living with a Schizophrenia diagnosis also have co-occurring Substance Use Disorder or additional psychiatric disorder, and physical health conditions
- ◆ Tara introduces Schizophrenia as a disorder that affects the way that a person thinks, feels, and interacts with the world characterized by symptoms including hallucinations, delusions, flat affect, cognitive dysfunction, lack of focus, difficulty making decisions, and changes in how one experiences pleasure in everyday activities
- ◆ Tara explains that oftentimes post diagnosis, physicians and NP's provide a patient with 30 days of medication with directions to take daily
 - Realistically, taking medication daily can be difficult for individuals not experiencing psychosis
 - Is it realistic to expect a newly diagnosed individual to take daily medications as prescribed
 - Tara reminds us that injectables are available as well but are often not appropriate for starting use
- ◆ With schizophrenia, diagnosis most commonly occurs in late teens or early 20's
 - She goes on to explain that it isn't uncommon for an individual or their support system to mistake symptoms and behaviors as the product of drug use or other conditions
 - Once the individual does seek treatment, doctors may be hesitant to diagnose schizophrenia out of fear they may scare the patient away from treatment
- ◆ Tara takes a moment to differentiate between schizophrenia and schizoaffective disorder, a separate diagnosis in which elements of schizophrenia and a mood disorder are present
 - She emphasizes the importance of educating individuals on their diagnoses and what the symptoms are attributable to
- ◆ Tara speaks briefly of some common possible causes of schizophrenia including genetic transmission, environmental factors such as prenatal trauma and exposure to drug use while in the womb, and brain chemistry
- ◆ She continues to describe the benefits of early treatment which includes the provision of the best opportunity to minimize neurocognitive damage, maximizes ability to achieve treatment goals, reduces the likelihood of hospitalization and relapse, minimizes the severity of symptoms, and enhances recovery
- ◆ Tara briefly rehashes that a typical treatment team might include medical providers, behavioral health services, social services, occupational therapists, and a care coordination team
 - Some considerations while coordinating treatment might include considering keeping a recovery journal, documenting physical and medical concerns, identifying and working through public and self stigma, determining any difficulties with alcohol or substance use, remaining

conscious of personal identity and cultural needs, and availability of medication and support services near you

- Tara asserts that it isn't uncommon to encourage long acting injectable medications as early as possible to maximize adherence to medication
 - Injectables are long acting medications that administer on a timed release mechanism and absorb slowly over time
 - These medications can be superior to oral medications which need to be taken multiple times a day- especially when a patient experiences cognitive dysfunction or is refusing treatment
- ◆ The best medication for a patient will be the medication that they and their provider feels works best for their particular circumstances
- ◆ Tara discusses the benefits of supportive treatment services, or the nonclinical services, including supportive employment and education services, individual, family, and group therapy, social skills training, support groups of peers with lived experience, friends and family members, faith leaders, colleagues, and advocacy groups
- ◆ Tara gives the group an example- *Dion, a 21 year old computer science major, is newly diagnosed with Schizophrenia. How can he stay on track with his recovery post discharge from the hospital?*
 - ROSC Members suggested the following:
 - Locate support groups for individuals with schizophrenia
 - Stay on track with medications
 - Take time to learn about schizophrenia
 - Build trusting relationships
 - Engage in supportive activities
- ◆ Tara recommends Hope for Schizophrenia which includes online workshops which can be done with other individuals with schizophrenia
- ◆ Tara recommends NAMI for additional support
- ◆ The ROSC Meeting concluded with Savannah thanking the Consortium for participation, encouraging members to participate in "Bring a Friend February", and asking for feedback via QR Code survey