

Meeting Highlights and Action Plan

| Topic | Key Points | Action Items <i>Including Responsible Party/Timeline if applicable</i> |
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| Welcome and Introductions | <ul style="list-style-type: none"> Christina Conover, Director of Nursing Services, opened the meeting. | |
| Approval of Minutes | <ul style="list-style-type: none"> Minutes approved | |
| General | <ul style="list-style-type: none"> Regional Exercise today: Sandy Miller and Ken Johnson are participating. Christina Conover is facilitating the task today. | |
| CHA Review and | <ul style="list-style-type: none"> CHA overview: <ol style="list-style-type: none"> We are now in the process of completing the CHA for the next three years A CHA steering committee, made up of approximately 20 individuals, was created for the decision making process, This CHA utilized Community/Town Hall meetings as the framework for assessing community needs/concerns. <ol style="list-style-type: none"> The Steering Committee prioritized the issues/concerns that came out of the Community meetings. The priorities were divided topically – Behavioral/Mental Health, Chronic Disease Prevention, Maternal/Infant Health and Sexual Health; then the Cross-Cutting Factors were determined – Social Determinants of Health, Access to Care, Health Behaviors and Prevention; <i>potential</i> Cross-Cutting strategies were conceptualized – Integrated services, Evidence-based Practices, Health Education/Literacy, Foster Culture of Health, Trauma-informed Training, Workforce Development, and Policy on the local level. The community needs to transition from the CHA to the CHIP. Need to be more purposeful in looking at existing strategic plans, Streamline efforts by bringing leaders of task forces to steering committee meetings. Build off of existing plans. Look at accomplishment and weaknesses of plans and task forces. Look at ways to reduce overlap The Health Birth/Healthy Sexuality Task Force has been absorbed by the new Infant Mortality Coalition. Next steps for the Steering Committee include turning data collected into strategies. Need a CHA specific vision statement. Place 4 assessment MAPP framework on the website for easy access and review. | |
| Role of Mental Health Task Force | <ul style="list-style-type: none"> Is there a need to reduce meeting fatigue – Suicide Prevention, Mental Health Task Force, School Initiatives? Are there too many meetings; is there a way to combine some meetings? Is there a continuing role for the Mental Health Task Force that is not being met by other groups? | |

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| | <ul style="list-style-type: none"> • Discussion regarding the initiation of Mental/Behavioral Health group for the schools: this need is to large for the task force to take on without the intervention of this sup-group working on the issues and strategies. Botvin, Crisis Intervention, Trauma and Suicide Prevention are part of the program/strategies this sup-group oversees. • Continuation of this task force is important due to the connections and collaborative efforts of the members. Also, this group fills the gap from under representation on other task forces and groups. Mental Health Task Force also has access to many resources/supplies, can assist with strategic planning process, and can play a valuable role in reporting back to the CHA Steering Committee and incorporation into the CHIP. • The conversation of where are we going and what is new needs to be had. • Attendance has dropped off, how do we reengage? | |
| <p>Suggestions, Comments:</p> | <ul style="list-style-type: none"> • Create a flow chart with each agency/initiative/program to see how it all ties together and determine overlaps. • Map of existing groups. • Utilize Sequential Intercept Mapping used by Substance Abuse Coalition. • Mental Health Task Force members asked to review the assessment priorities and identify strategic issues they may see. • There appears to be common themes across all the priorities: more collaboration between unfamiliar agencies/initiative/programs to effectively address multiple issues. Are there other agencies that may need to be brought to the table that do not typically see themselves as part of the solution to a particular problem? • Suicide and Substance Abuse are listed as priorities under Behavioral /Mental Health but there are many more issues in this category that are just as pressing, i.e. trauma, youth mental health concerns, etc. • Behavioral Health needs to be addressed in the schools. • School counselors are meeting to discuss mental/behavioral issues in school but the mental health community is not involved. Find a way to reach out and become involved in the conversation and solution. • Gaps in the community are not being filled • Emergency Preparedness is overshadowing other initiatives. • Data Collection by the Task Force is lacking, what can we do? • Botvin, PAX and YRBS are allowing us to collect some data but more is needed. Without the involvement of school councilors or school representation we are potentially missing valuable data. • How do we compare real life to assessment? • Cross Cutting Strategies <ol style="list-style-type: none"> 1. Infrastructure needed that supports all task forces. 2. Communication of health improvement “brand”. 3. Health Equity and Policy – how are these influenced by social determinates 4. Trauma Training is needed. • Suggested a Trauma Task Force with the trauma informed community working on strategy. Focuses on: Reduce Stigma and increasing awareness. Start globally and then bring it down. • Value based care – outcomes, wellness, collaboration between medical care and behavioral care. Need measures in place to evaluate the effectiveness of effort. • Managed Care is collecting data, could we access/share • Build on what we have instead of starting new when developing the CHIP | |

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| | <ul style="list-style-type: none">• Cross Communication – Develop model. Could this be a goal for the Steering Committee• Utilize existing cross generational initiatives and create additional programs and sites. | |
| Submitted by: | <ul style="list-style-type: none">• Tina Fisher | |
| Next Meeting: January 21, 2020 at 7:30AM. Location: Clark County Combined Health District, 529 East Home Road, Small Conference Room. Please use Entrance A. | | |