

## Consent Agenda for September 22, 2016 Healthy Community Resource Forum

Please print, review and bring the Consent Agenda to the September 22, 2016 Healthy Community Resource Forum.

**\*Note: Copies of the CHNA 15 FY'2017 draft budget will be available at the 9.22 meeting membership review and approval.**

### Steering Committee Update:

The CHNA 15 Steering Committee met on April 28, 2016, June 16, 2016 and August 10, 2016. Among other business the Steering Committee considered the following items:

- Approved Capacity Building Grants to Littleton Elder and Human Services for a new COA brochure, Hagar's Sisters for Technology Upgrades, Wilmington Public Schools for Behavioral Health Resource Fair, Concord Police Department for Sharps Kiosk, and Center for Parents and Teachers for development of a new website;
- Heard a report on the Social Media Deep Dive Training held in March and the Grant-Writing Training held in April;
- Approved a \$25,000 Collaborative Grant to Boxborough United Church of Christ for *Racial Justice and Training Analysis*;
- Approved \$20,000 Healthy Community Planning Grants to the towns of Boxborough and Carlisle;
- Approved eight FY'2017 MiniGrant Awards;
- Released the Elder-Health Medication Fact Sheet;
- Planned the May, 2016 Showcase/Annual Meeting and the September Healthy Community Resource Forum;
- Renewed CHNA 15's Fiscal Sponsorship Agreement with Minuteman Senior Services;
- Received updates from all FY'16 Action Teams.

### Action Needed:

The following items need member approval:

- Minutes from the March 3, 2016 General Meetings (see below)
- FY'17 CHNA 15 Budget (copies available at the September 22, 2016 Meeting)

## **March 3, 2016 CHNA 15 Membership Meeting *DRAFT* Minutes**

Attendees: Alec McKinney, Alison Cservenschi, Amy Meneely, Carolyn Bottum, Catharine Joyce, Christine Shruhan, Dan Pereira, David Crowley, Elayne Neal, Emily Hall-Hampton, Fran Spaye, Ginger Quarles, Jen Clarke, Jill Block, Joan Byington, Joyce Cheng, Judy Tanner, Kevin Kennedy, Kristin Light, Lauren Abraham, Lauren Rosensweig Morton, Luke Galford, Mary Beilman, Matt Crowley, Randi Epstein, Roberta Gullage, Salita Mehta, Sally Quinn Reed, Stacy Carruth, Steve Carter, Sue Baldauf, Susan Rask.

David welcomed members, and asked attendees to sign in, and complete an evaluation. David also reminded members that those who bring a guest to a CHNA 15 General Meeting are entered into a raffle to receive an individual Professional Development Scholarship

### **Consent Agenda**

- Minutes from the January 7, 2016 meeting were approved.

### **Finance Report**

David shared that a full finance report will be available at the Annual Meeting in May.

### **CHNA 15 Training and Grant Opportunities, Updates and Upcoming Events**

Randi reported the following:

- MiniGrant RFP will be released next week and Information Session / Grant Writing Training will be held on March 24<sup>th</sup>.
- Professional Development Grants – continue to be available
- Capacity Building Grants – continue to be available
- *Social Media 201 and Social Media Deep Dive* Training coming up on 3/10 and registration is open
- Showcase 2016 and Annual Meeting coming up on May 19<sup>th</sup>
- Reviewers are needed for the upcoming MiniGrant Review. Members should email Randi for more information.

### **Speaker/Q&A/Breakout Sessions**

David introduced speaker Alec McKinney from John Snow, Inc. to facilitate our strategic planning session.

CHNA 15 been working with John Snow, Inc. (JSI) to provide data collection and strategic planning assistance during our two year planning process. Beginning Fall, 2017, CHNA 15 will receive more than \$250,000 annually from Lahey Hospital and Medical Center to support community health improvement initiatives focused on youth behavioral health and elder health. In November, JSI provided CHNA 15 members with an overview of the process and data collected, got feedback from you to help identify opportunities and gaps for strategic intervention.

Alec shared where the data and feedback align, and shared the preliminary strategic plan that has been developed based on the data, member input to date, and input from the Steering Committee retreat. Members had the opportunity to provide feedback and information that will help craft the final Implementation Plan for the new Lahey DoN.

Alec thanked everyone for being there, and shared that those present are the types of people that are really working to build health reform and the exact people we want to participate in this meeting.

Alec reviewed the process to date and the agenda for this meeting:

- We have been doing data collection for more than a year;
- With respect to this money youth and elder health are the foci and that's what we are here to talk about
- Alec shared that we can't do this without members and we need your feedback to see if what we are thinking will resonate with you;
- Alec asked members to consider: "Will this work for you in this community?"
- Alec asked if there were questions about process, and shared information about the data collection process and focus groups he conducted – which included data collected for Lahey Hospital and Medical Center.

Alec provided a project overview, and reviewed the map and Venn diagram that was shared in November. He noted that the issues for the CHNA 15 and CHNA 13/14 communities, and the communities served by Lahey Hospital are not surprisingly different. Alec asked if members had questions or feedback:

- Q: Would you consider hoarding an issue? A: Yes – hoarding has come up a lot.
- Q: Have we included transportation? A: Absolutely - it can be considered an intervention
- Q: How did you gather the quantitative data? A: Mass CHIP – data available through DPH
- Q: Did you consider changes in marijuana use and access? A: We didn't' tease that out but we could – we mostly identified that it is an issue
- Q: At a meeting in Lincoln it came up that sexual health is an issue with older adults A: Surprising – that did not come up in
- There are some gaps in data – for example YRBS data varies by community
- There is less data available for elders – we do have hospital discharge data, and that could be looked at to help refine our ideas.
- Q: Where does CHNA 13/14 fit in? A: The distribution plan does not have to be tied.

Alec reviewed programmatic focus areas and possible interventions. These have come out that have impacted our conversations, and asked members to share thoughts on things that should be added:

Youth:

- Technology use and social media and their impact on youth and isolation should be added;
- Sexual identification should be added;
- Data really shows an increase in opiate abuse and death across the population - all ages and all populations. Middlesex County has the most in MA – it is the largest county but it is still an issue. Changes in the way prescriptions were given are tied to addiction – needs to be more education of medical community and wonder if there is a way we can as communities put a light on this. MA hospital association is doing work around supply – but what types of primary secondary interventions can we provide at the community level?
- One member pointed out that parenting issues come to mind when we think about youth issues – and that has been missed. Would love to have programs that involve parent support and training.

Elders:

- Elders have a small but acute set of issues – the questions is how do you address them? How do you reach those that are not mobile, most at risk, not seeking services of COA's? How do we identify those folks and engage and link them?
- Alec reviewed possible interventions that include working with hospitals and service providers to engage elders after discharge in a more stable, holistic system rather than providing direct services.
- It was noted that in Concord they are considering how Uber could be creatively used to address transportation needs.
- It was noted that chronic disease has not been mentioned, yet a high percentage of elders have them – help with self-management, nutrition, etc. should be added.
- Alec noted that a challenge with the funding is how do we make the most impact – we need to make decisions on what we should leave to others and what we want to tackle. Up to CHNA about how broad or specific to get.

Alec reviewed potential funding streams and emphasized these are emerging ideas that offered a broad distribution options, and that no final decisions have been made.

- Multi-Year Grants

These would be rooted in evidence based programs. One member suggested we consider prioritizing higher need communities - maybe we want some money to go to areas of higher need and communities that have been hardest hit. Another suggestion was that targeting communities that are best able to leverage funding and/or has more community buy-in could be very impactful.

- Non-Competitive Grants

These would fund good ideas that have an impact. Funding could be set aside on a rolling basis targeting communities that were not awarded a multi-year grant. Smaller grants, because they are one year.

- Competitive one time grants

These include the MiniGrants, Training Grants, and Capacity Building Grants that we are currently offering.

- Facilitated Learning Communities

Funding some type of Learning Collaborative that fosters the coming together of communities, organizations and programs to share data, resources, etc. and be part of training. Participants could apply for CHNA 15 grants to implement what they learn or participate to benefit from some of the training and learning. These would happen across both areas so no one would be left out. For example, there has been past discussion on bringing together folks that are doing the YRBS – people are often working in silos and it is nice to be able to bring people together to talk about process, data, etc. hiring independent evaluator so we have individual town and data.

Q: Are we using any of the funding to build the capacity of the CHNA?

A: Yes – some. We could build some of the capacity into the grants – for example use funding for a learning community to hire speaker and facilitator.

Additional Ideas/Comments presented by membership:

- Funding a substance abuse coalition to pool our resources and work to address substance abuse. That could possibly position us to do more because we can leverage other dollars.
- Offer a train the trainer with peer social educators who could do some of the training. Peer to peer interventions that draw on their experience have been helpful.
- Parent education.
- Interesting to think about stigma – communities, etc. There is a place for social norms in this – publicizing positive data so kids know most kids aren't doing this. Incorporating that in is important.

### Notes from the Youth Breakout Session:

**Q1: In general, what do you think of the structure of the Steering Committee's emerging ideas for distribution of DON funding? Would the proposed funding streams be effective in supporting the CHNA's goals?**

-Trying to run a program on a small staff and apply for funds is hard – love the idea of multi-year funding which would give opportunity to leverage funds.

- Trying to collaborate with not the usual suspects is an important part of all of these ideas. Getting new people involved in cooperating to address issues would be great.

- Like the idea of looking to towns who have done something to mentor and share experiences with other communities to do the same.

- Like the idea of focusing on ways we can strengthen the region – transportation still comes up. Is there anything that we as a CHNA can do to think about how we can address transportation issues regional, as this will also address isolation? How can we think about enhancing the region in that respect?

- Is there a common regional investment that would impact both populations (youth and elders) and even others?

**Q2: What focal areas within youth behavioral health or elder health would you and your community be most interested in?**

- Social emotional needs have changed and we don't have the resources at the school level.
- Support for parents with kids in crisis, de-escalation techniques for schools and for parents that can be used without making situation worse. Training to support de-escalation in schools to prevent expulsion, etc.
- Suicide ideation with girls has come up anecdotally as an issue. Without having secondary data to support this data, what can we do to help parents?
- Increasing racial and ethnic diversity in our area and how prepared we are to address that? Broader lens around language, etc. would be helpful.
- Need for education around poor shaming. Lack of appreciation for all people's experience. Rethinking the community to serve all people, especially those living in the housing authority.
- Marijuana issue – so much changing and it is happening really fast – getting out ahead of that would be a great thing to do at the regional level. If we could expand a substance abuse coalition that would look at the issue legislatively, medically (maybe with a doctor providing ongoing services), etc.
- The attention opioids are getting is so scary – but we can address the gamut of substance abuse issues and behaviors and try to mitigate risky behaviors.

**Q3: Which segments of the population should be targeted in each focal area?**

- Young children, not just not adolescents, are important to consider when thinking about child and youth behavioral health. There is a lot we can do at the early childhood level that can have big payoffs later.
- Youth circles – giving kids an avenue to talk gives opportunity to mitigate the criminal behavior. Kids reported that this opportunity in their school has really helped. Open circles in elementary schools have worked.

**Q4: In general, what programming ideas would you be interested in seeking funding for?**

- Regional collaboration around YRBS – what are we doing to make youth more resilient. Crosses all issues, like regional idea because you get cross sector participation and can learn what other communities are doing.
- Increasing awareness around substance abuse – there is a feeling that this issue is “not in my town.”
- Education about what is happening in town – tell the parents to talk to the kids, parents in denial – crisis in our state but we have our head in the sand about what is going on in our communities. Always a new cohort of parents – has to be ongoing but not always new. MAKE IT CONTINUOUS!
- Community outreach person to connect all agencies in a town.
- Parent outreach person.
- Mindfulness training for teachers.
- Transition support for kids who are going from elementary to middle or middle to high school
- Teen community idea is a great one!
- Collaboration to share a resource, for example: share a **Substance Abuse Coordinator** – we don't have the data or the funding to justify the position on our own but maybe communities could share one, or share a **Parent Academy** that moves from district to district to have a person dedicated regionally on a number of topics.
- Sleep – becoming a national crisis for youth and it is connected to behavioral health.
- Setting limits.
- Public awareness campaign to recognize the connections between all of these issues and the long term health effects.
- Looking at high school start times – (doing so in Woburn now.)
- Regional healthy youth collaborative with a broader lens.

**Q5: What would the barriers be to your participation?**

- Is the data available to support the grant?
- Ease of application – not too complicated. You know about our organization – can we spend time writing about program not organization?
- Some goals are so ambitious – in order to do this it takes a lot of time to start up – having it be an adequately funded project is important. Make it so it seems like it is manageable and reasonable. -Make it something that has the capacity and funding that makes it doable.
- Staff time is glue that makes a project doable! Build that in.
- Collaborating right out of the gate so that we can share resources. If we spend all our energy putting this together and another town is doing the same – we may be able to do more with towns working together.

-If we could decide as a CHNA what we can all agree on would be an issue in our towns – the CHNA could hire the consultant and then we could all sign up. CHNA creates the program and communities buy into it.

-We hear that there is a space between when you discover your child has an issue and when you get your child into help. Any support we can give to parents to facilitate the dialogue before kids get into trouble or addiction, for example a guide for families to get into resources without fear of arrest, expulsion, etc.

### **Notes from the Elder Breakout Session:**

#### **Q1: Thoughts on the four funding structures?**

- Positive support for the multi-year funding. Hard to imagine putting the time in for one-year
- Also some support for smaller grants for folks who have existing program structure. Want to see those kept. For example, Woburn Council on Aging could see these smaller grants being particularly helpful.
- Some interest in micro grants, i.e. day long program or small program support, those would only be around a few hundred or perhaps a thousand dollars.
  - Even smaller collaborative grants with multiple towns, may not need all that much to run a good collaborative program.
  - Higher numbers of smaller grants could be beneficial, as very often, that's what Councils on aging or elder groups could use.
- On multi-year funding, often equating multi-year with hiring staff. Some thoughts on just expanding hours for existing programs or staff.
- Some concern about city or municipal employees working extra hours. May limit ability of municipal employees or entities to apply for larger grants.
- Larger grants: Interest in hiring someone for expanding matter of balance. Or perhaps evidence based interventions around hoarding.
  - Potentially some shared services across towns.
- Could CHNA set funds aside to directly address a particular issue for all towns? I.e., instead of an RFP process, could they just fund an intervention, around hoarding, for example?
- Some interest in developing internal capacity from the CHNA. Potential to set aside funds for contractors, consultants or subject matter experts to work with multiple towns, perhaps running trainings. This could come from a small-mini grant, or perhaps the learning community or collaborative funding stream.
  - Smaller towns may be more interested in experts coming out to towns directly, perhaps meeting directly with elders.
- Idea around developing list or roster of experts who could come out to towns directly, and perhaps set aside funds for towns to bring those experts to group.
- Woburn hosted elder abuse collaborative, filmed it and then broadcast on public access. Could do that again. Also had some experience with identifying seniors through public records and phone books and used volunteers to call elders and tell them about senior center.
- Administrative costs of grant application and administration can be difficult.

#### **Steering Committee Nominations**

David introduced Dan and Christine, CHNA 15 Co-Chairs, who talked to members about CHNA 15 Steering Committee participation and let members know that we are seeking new members for FY'2017. Dan and Christine shared that nominations are open and that we are specifically looking for expertise in elder health. Pat Nelson shared that Steering Committee participation is an excellent professional development opportunity for folks who want to build skills. Dan and Christine let members know that they should contact Randi for more information or to nominate themselves or a colleague.

#### **Needs and Leads**

David invited members to share information about their work, resources, needs and/or upcoming events, and reminded them to send info to Randi for posting on the website.

- Sally Quinn Reed of Center for Parents and Teachers shared that there are 2 spots open for parents with a child diagnosed with special need for a support group starts next week.
- Saheli shared their new brochure.

- Social Capital Inc. announced they are looking for participants for their upcoming WORLDFEST. For more info go to: [SClwoburn.org](http://SClwoburn.org).
- Winchester Hospital shared that they offer several support groups including a COPD support group 1:30 – 2:30 first Thursday monthly.
- First connections shared that they are hosting a clinician's breakfast and offering CEUs on April 29<sup>th</sup>.

David encouraged members to send additional updates to Randi.

#### **New Member Raffle Award**

Dan Pereira won a \$300 individual scholarship for bringing a first time guest to the meeting.

#### **Plus-Delta/Meeting Evaluation & Close**

**David asked** members to share Plus-Deltas from the meeting and reminded members to complete their evaluations.

Plus:

- Like the clementines and the water!
- Topic and conversation
- New faces
- Different perspectives
- Lots of ideas – what to do first

Delta:

- Hard to have 2 groups in same space

#### **Adjournment**

Next CHNA 15 Meeting will be our 2016 Showcase and Annual Meeting in May.

Thanks for coming!

Meeting adjourned at 4:30.

Respectfully submitted,

Randi Epstein