

**Mental Well-Being
Community Action Team
November 12, 2014**

Attendees: Jan Baily, Jean Bickmire, Kate Garrison, Anthony Hause, Anna Kennedy, Brian Long, Edward Long, Mary Steffy, Alice Yoder

Date: 11-12-14

Time: 4:00-6:00 p.m.

Location: LGH Suburban Center

TOPIC	GENERAL DISCUSSION/DECISION POINTS	FOLLOW-UP
Call to Order (name and time)	Meeting called to order at 4:10 p.m.	
Meeting Minutes	Minutes were distributed by email; also distributed to new members	
Snapshots	<ul style="list-style-type: none"> • Anna provided quick overview of team’s progress to date, reviewed ground rules, overarching goals of the collaborative as well as the Community Action Team • Discussed need for early wins/low hanging fruit (short term focus) • Need more representation on the committee • Question: Is a separate team needed for people with SMI (and family members) to ensure inclusivity? Response: We must populate each team with consumers and, where representation does not exist, build feedback into our systems. Could go out into the community to overcome barriers that could exist (transportation, timing of meetings, etc.) 	<p>Must stay focused on bringing other individuals and groups to the table with focus on diversity – EVERYBODY’S RESPONSIBILITY</p> <p>Populate community actions teams with or build in system</p> <p>Use existing consumer groups (i.e. CSP) and take information to them to get feedback (SWOT, strategies, action steps, etc.) to both engage and inform work.</p>

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<p>Criminal Justice System</p>	<ul style="list-style-type: none"> • Important to look at the Sequential Interceptor Model being used by the Pennsylvania Commission on Crime & Delinquency. Provides a framework for communities to organize targeted strategies for justice-involved individuals with SMI. Used to assess available resources, determine gaps in services, and plan for community changed via team of stakeholders over multiple systems. Emerging model in Lancaster County. 	<p>Jean Bickmire to send model to Anna</p>
<p>Model Community: What are some of the tools that we can utilize to inform our efforts</p>	<ul style="list-style-type: none"> - Gallop Poll Report (Well-Being Index/State of Well Being) 2011, Lancaster, PA was #1 top mid-sized city (slipped some since then) - World Health Organization – Defines Mental Wellbeing as not the absence of infirmity and disease, but also state of physical, social and mental wellbeing. - Behavioral Risk Factor Surveillance Survey (CDC) - Wigan Model Community Report - County Health Rankings (i.e. Lancaster County has 3.2 days poor mental health, PA is 3.6) - UW Needs Assessment - PA Joint State Government Commission – Mental Health Services - EAP usage - Crime rates in communities (Pizza Hut delivery study) 	<p>Look at methodologies in Gallop Poll survey; good data source if completed with regularity (annually/biannually)</p> <p>Jan Baily to forward the Wigan Diagram (Report provides interesting information as well)</p> <p>Jean Bickmire to send</p>

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<p>What already exists as a model practice in the community?</p> <p>How define a model community?</p> <p>Defining Community?</p> <p>Zeroing In on Short-Term Activities (low-hanging fruit)</p>	<ul style="list-style-type: none"> • Mental Health First Aid for Youth • Mental Health First Aid for Adults • Emotional CPR (worth looking at) • Support Groups • Clergy Training • Sequential Interceptor Model <p>Working towards being a model community, yet what is it? What does it look like? How do we know when we are there? Alice and her team conducted a search, did not find substantive information. Could be informed by data analysis, and asset mapping.</p> <p>Could we define community as time that is not programmed; having choices about where and how we will our spend our “free” time – consists of many things, talking to neighbors, walking, spending time with family and friends. Exercise, relaxing, etc. Caring communities.</p> <p>Want to reinforce principles based on kindness, caring and supportive. In this case, MHFA is a tool that reinforces primary prevention. Referral networks exist so that people do not fall through cracks. PCPs are trained to spend time with patients (integrated health model), etc.</p> <p><u>Mental Health First Aid:</u> What are we going to measure? Begin by using a broad-based approach Broad-based approach/goal – 25% of LC population trained by 2016 (Importance of talking to adults, more confident in my skills, ability to make referrals)</p> <p><u>Media Campaign</u> Reinforcing the definition of community, what it means. Building a referral network and providing access to care. (Where to go for help).</p> <p><u>Community Wide Event:</u> Day of Civility (stigma-reducing, kindness, one day of civility leads to greater acts of kindness that take place more often. Giving people feel good touch points.</p> <p><u>Mental Well-Being Collaborative</u> (#400 at Summit, #100 at Visioning, # on Community Action Teams</p>	<p>Forward your thoughts and ideas to Alice Yoder. Alice with work with intern to gather information/best practices for presentation to group</p>

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<p>In the Moment SWOT re existing community assets</p> <p>Three types of evaluation</p>	<ul style="list-style-type: none"> • Resilience Work by Dr. Kenneth Ginsberg (and proposal to have Lancaster County be a pilot site; noting that one caring adult can change the trajectory of a teen’s life) • Mindfulness in the Schools (MHALC, Wellness in the Schools) • Mental Health First Aid (Youth & Adults) • Media Campaign • Evidence-based (strive to be in this category) • Evidence-informed • Promising Practice 	
<p>Footnotes:</p> <p>Next meeting date:</p>	<p>Reminder that we are looking at depression, anxiety and stress as our primary</p> <p>Informed by evidence, results in policy that promotes wellness and system changes</p> <p>Looking at December 16, 2014; need to verify with Anna Kennedy (needed to leave early)</p>	<p>To be verified by Anna</p>

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