



**LET'S TALK LANCASTER STEERING COMMITTEE
MEETING MINUTES**

Attendees: Dale Brickley, Steve Denlinger, Kate Downes, Jennie Huber, Anna Kennedy, Barbara Kettering, Amy Marenick, Gerald Ressler, Pam Smith, Mary Steffy, Alice Yoder

Guests: Brenda Buescher, Kate Gallagher

Absent: Susan Blue, Michele Britton Cathy DeGuire, Colleen Elmer, Jacqueline Fisher Toni Gainer, Larry George, Phil Goropolous, Phil Hess, Carol Kuntz, Leslie Naylor, Radames Melendez, Vanessa Philbert, Debra Scheidt, Julie Weaver, Chad Wickenheiser

Date: May 20, 2015

Time: 12:00-1:30 PM

Location: Wellness Center, Conference Room #1

ISSUE/TOPIC	DISCUSSION/ANALYSIS	ACTIONS/FOLLOW-UP
<p>Welcome/Approval of minutes</p>	<p>Alice Yoder called the meeting to order at 12:05 PM</p> <p>All approved the April minutes with no changes or corrections.</p> <p>Anna Kennedy asked about the advocacy agenda/model that MHA uses. Although it was on the agenda, it will be discussed at June's meeting.</p>	<p>Susan Strickler to attached advocacy agenda to minutes.</p> <p>Advocacy agenda to be placed on agenda for the June meeting.</p>

	<p>Community Health and Wellness (CHW) intern Jordan Buckley from West Chester University was introduced. Another CHW intern, Jill O'Brien will be starting June 8th and will be working directly with the Mental Well-being Steering Committee during the summer.</p>	
<p>Asset mapping/2-1-1</p>	<p>Kate Gallagher from coLab updated the committee on the asset mapping project she is working with Toni Gainer from 2-1-1 and database expert Trish.</p> <p>Kate's role is to help navigate updating information, rather than have each member review the data and sign off. The plan is to reach and connect with members individually for an approximate two hour meeting/phone call. The meeting should be with the decision maker or the person responsible for the information.</p> <p>Toni is working on compiling organizations with multiple locations into one listing, for ease of the search. The target is to connect with all committee members by the end of the 2nd week of June, which ultimately depends on people being able to meet with Kate and Toni.</p> <p>Dale Brickley suggested that Kate attend the Provider Action Team meeting the fourth week of May to reach more providers.</p>	<p>Kate Gallagher will contact the committee via email so that they can connect Kate with the decision maker/person(s) responsible for updating the information.</p>

	<p>Kate Downes suggested that the hard copies of 2-1-1 are consistent and updated to align with the changes being made.</p> <p>Anna Kennedy said it could be an overall strategy of the committee as part of media awareness/reducing stigma efforts to get the information out to the community for accurate and consistent messaging.</p> <p>Alice Yoder asked if it would be possible to find out who is in 2-1-1, but not on the committee list and Provider Team. Kate said there are approximately 125 others not between those two lists. These would take another approximate 3-6 months to reach.</p> <p>Lastly, Kate G. mentioned that the 2-1-1 team is willing to consider having the steering committee be a pilot to test organizations being able to update their own information on the 2-1-1 site.</p>	<p>Kate Gallagher will provide an approximate number/list by the end of June.</p>
<p>Logo design and next steps</p>	<p>Alice started discussion on Let's Talk Lancaster (LTL): is the Mental Well-being Collaborative now called LTL or is LTL the anti-stigma campaign that we are using? Or both? Would we be called the LTL Steering Committee?</p>	

	<p>Dale mentioned that mental health collaborative is more than talk therapy. There are interventions that are not talking and would we exclude people if we call the collaborative Let's Talk?</p> <p>Anna hadn't thought of Let's Talk as talk therapy, but more of starting the conversation about what is mental health.</p> <p>Alice asked: does the tagline clarify (changing the conversation)?</p> <p>Gerald, said this is the anti-stigma effort and there not much value in changing our name.</p> <p>Anna suggested after we launch the campaign, see how much traction it gets and do we rename ourselves at that point?</p> <p>Anna K. mentioned that the community action team has been discussing how to talk about mental health in the community. There was agreement that materials are needed to go out into existing groups to be able to share. How to get that message out. Group would like resources to start the conversation similar to how the United Way has done their listening meetings.</p> <p>Amy Marenick challenged everyone to watch the Aavidum banana commercial.</p> <p>Alice Y. stated key message would stay the same for general</p>	<p>Alice Yoder to add to agenda: anti-stigma campaign. What will it look like?</p> <p>Susan Strickler to send full transcript of stigma</p>
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	<p>population and change slightly for individual populations. We need to understand why people don't want to talk in order to create the proper words to use to start the conversation.</p> <p>Anna K. said that we need to connect with these groups in the community, and ask what needs to be improved; what is their experience with mental health services (general questions to standardize across the populations).</p> <p>Alice Y. asked Brenda Buescher about measurements: How do we measure if media campaign is success?</p> <p>Brenda B. responded that based on the Action Plan, the measurement is that by 2018 develop a comprehensive media campaign strategy. The 2nd measurement is about reach: 50,000 annual impressions (i.e., hits on website or number of documents out in print). Brenda cautioned that is not just media campaign it could include other projects as well (e.g., doing Aavidum in schools).</p>	<p>interviews from summit video.</p> <p>Anna Kennedy, Barbara Kettering and Amy Marenick and Mary Steffy volunteered to form ad hoc team to identify strategies around the media campaign, marketing, messaging to reduce stigma.</p>
<p>Logic model and SWOT</p>	<p>Brenda B. passed around updated Action Plan (new version has highlighted version with steering wheel to indicate where steering committee has a part.</p> <p>Brenda B. took the objectives to use as a progress report to guide meetings going forward and track measurements.</p>	<p>Susan Strickler to send updated Action Plan with minutes</p> <p>Susan Strickler to send progress report with minutes</p>

	<p>Alice Y. mentioned she would like to see what are we doing this year and are we on target? What Action Team is the primary owner of the goal?</p> <p>Anna K. thought it would be helpful to have another level of detail beyond objectives like activities.</p>	<p>Brenda Buescher to create template for the Action Teams to organize their task lists and goals, with benchmarks and intermediate deadlines.</p>
<p>Action Team Updates</p>	<p>Anna Kennedy reported on the Community Action Team: the last meeting on May 12th consisted of five people and talked about the health summit, shared updates from steering committee and focused much of the conversation on the concept of presenting information about Let's Talk/mental health Lancaster to community groups and special populations. The group would like to have standardized message/video or other entry point with open ended questions to prompt the conversation about mental health. Populations identified were: criminal justice, faith based, LGBTQ, transitional-aged youth, consumers, pre-K, aging community, veterans, refugee or non-English speaking and homeless. They used their asset map and SWOT analysis to identify Community Action Team members who were already involved in these sub-groups.</p> <p>Anna K. pointed out that the Community Action Team needs to recruit a co-chair. The position is available due to Jan Baily leaving the MHA organization.</p>	

Alice Y. began a broad discussion of the future/role of Community Action Team. She referred to the larger collaborative group that would meet 2-3 times per year.

Anna K. mentioned that if we bring together the broader community, it would achieve the goals of the community action team, especially if we included the special populations. The goal of the community action team has been to authentically represent people who deal with the issues on a day-to-day basis. Are the special populations the ones who should be invited to the community action team or can we accomplish the goals by taking materials out among the existing special populations? They are already in the community doing the work.

Alice Y. suggested that it sounds like the community action team IS the broader group that should meet 2-3 times per year. The purpose of the special populations coming together would be to help identify the gaps.

Brenda B. suggested that the role of the community action team would be to plan the broader community forum.

Dale Brickley reported on the **Provider Action Team**: medical providers/physicians are meeting May 28th.

Amy Marenick reported that the **School Action Team** has a



	<p>dedicated team including several superintendents. They've completed the SWOT analysis and spent time on asset mapping, presentations on Aavidum for those who were unfamiliar with the program.</p> <p>Barbara Kettering reported on the Workplace Action Team: although the LightenUp meeting is not focused on mental health, they are making progress on getting members to realize why they are talking about it.</p>	
<p>Next Meeting</p>	<p>Meeting adjourned at 1:41 PM</p>	<p>Wednesday, June 17, 2015 12:00-1:30 PM Wellness Center Room #1</p>