

CBHC Community Conversations ~ July 22, 2011

Group Report Out Notes

Promotion of Health and Wellness

Question 1 – What are some ways to spread availability and access to health and wellness supports across the entire county?

Group Responses:

- Set up video conference links across the county so people don't have to travel
- Become "trauma-informed" community – goes beyond "what happened" to look at family/environmental situations that lead to mental health/risk taking behaviors
- Collaboration between medical/care community as ways to spread information throughout the entire county (Federally Qualified Health Center)
- Increase resource exchanges among providers to share information about services and supports available
- Bring programming to where people are gathering (i.e. churches)
- Need central point of communication, one "body" responsible for communication, liaison, one application
- Friendly competitive approach across provider agencies to promote wellness within agencies as example for community
- Bring the services to where the kids are
- Mobility of health/wellness/mental health services for kids and adults (FSRC)
- Use more in-home services
- Eliminate language barriers
- More centralized, one-stop shopping for services (resource centers, health fairs, Skype)
- Every child needs to have a medical home which is chosen by the family
- HMO system needs to be simplified, families need to be involved in process
- Utilize family mentors to help them access and know where to start process; build family voice; parents helping parents; families helping families

Question 2 – How can "health" in all of its dimensions be woven into the fabric of our entire community?

Group Responses:

- Peer to peer learning/program to program (low cost/no cost)
- Utilize models working in other parts of the country
- More opportunities for exercise at the neighborhood level
- CBHC staying on top of legislation that impacts these issues (i.e. DCF drug testing)

- Use schools as foundation for learning and teach parents at home or use students as neighborhood campaign volunteers
- Resource officers in schools, but not health providers & social workers (preventative health)
- Advertise at health fairs and back to school fairs to get the word out
- Health assessments in the community, like seniors
- School plays bigger role in health
- CBHC needs to look at what's working in community and build on that (i.e. Dover Suncoast Community Health Center - comprehensive services, pharmaceutical, outreach, bi-lingual, transportation – true "one-stop shop" providing excellent services)
- Utilize the "Meet The Need" (meettheneed.com) electronic system used by faith-based organizations

Funding Plan Allocation

Question 1 – How much of our total program funding should be spread across the entire county to create access to family and child health and wellness supports? (FSRC curricula)

Group Responses:

- Balance broad vs. deep - 50/50
- Tax dollars come in throughout the county, funding needs to be spread throughout the county
- More money to prevention, but balancing current needs, try to get “in front” of issues
- All funding to go to FSRCs, family councils oversee FSRC operations/determine priorities, providers are there to provide services
- 50/50 wellness, need-based, spread around the county
- 100% need-based (need to define...)
- High poverty areas can use more supports, however, because of the economy, changing picture for families throughout – fund 50/50

Question 2 – How much of our total program funding should be concentrated in areas of high need to demonstrate measurable impact? (continuum of services and supports within specific geographical targets)

Group Responses:

- Target specific services, be sure to be able to demonstrate impact
- Regardless of strategies, need to be resident driven
- Expand FSRC partnerships with broader community based organizations (i.e. churches, Wal-Mart, car dealerships, etc.)
- If we want impact in a short time, may need to look at areas not as deep end as current geographic targets
- Invest more in teens & parents of teens
- Look at density not high risk
- Transportation/easy access – more centers where access is more difficult
- More preventative services = less need-based services

- Need to look at community needs changing due to policies and legislation (i.e. drug testing for DCF services, starting 7-1-11, how does that impact community)
- Public relations issues if funding goes away; if services go away where do people find services