

Stark County System of Care Expansion Planning Grant
Prevention & Resiliency Meeting Minutes
University Center at Kent State University, Stark Campus
6/18/15 3:30-5:00

Facilitator: Mr. Ken Slenkovich, Assistant Dean, KSU School of Public Health
Note Taker: Ryan Tingler, Graduate Assistant, KSU School of Public Health

Participants:

Peggy Shaffer-King, Jerome West, Patti Fetzer, Jessica Zavala, Joy Raub, Becky Bernhard,
Jackie Pidruzny, Mike Johnson, Joe French

Minutes:

- I. Review of progress in previous meetings
 - A. April Meeting: Prevention & Resiliency Subcommittee Completed a SWOT analysis.
 - B. May Meeting: Subcommittee ranked the areas that are most important

- II. Reviewed the 5 priority areas identified at our May meeting
 - A. Discussion to provide more clarity/understanding of the intention/meaning of the 5 identified priority areas.
 - 1. Add Prevention strategies into our strategic plan and SOC Implementation Grant**
 - a. Historically prevention is not a strong part of system of care strategic plans. We want to make sure that we have strong strategies
 - b. Integrate prevention into our system of care strategic plan
 - 2. Brain Research Applied to Prevention**
 - a. New brain research available suggests we can prevent and decrease symptom progression and chronicity
 - b. This brain research information needs to be disseminated and providers need to be trained in effective strategies
 - c. Need for advocacy and funding for more brain research and research on effective prevention strategies and early interventions.
 - d. Discussion about the impact of ACE Study and impact of trauma on the developing brain.
 - e. Discussion about the impact of Search Institute Assets, Resiliency, and Prevention Strategies.
 - f. Brain not developed until 25+ years
 - i. Opportunities to support healthy brain development into adolescence and young adult years (not just early childhood).
 - g. "If we address Trauma, then the DSM will become a pamphlet"
 - 3. Create Cross-Funding Opportunities**
 - a. Multiple partners and funders that can work together to provide a strategic plan for community wide prevention plan and dedicated funding of prevention.
 - b. It is going to take a little bit of all of us to achieve.
 - c. Overcome silo approach to funding
 - 4. Have Strategic Conversations about Root Causes**
 - a. With whom: Community Conversation
 - b. To deal with depth of the problem, it takes more than clinical to tip the scale. We need to have the whole community involved.
 - c. Social Determinants of Health need to be looked at for root causes

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- i. Public Health and Mental Health combination is new and needed for the edgy strategic plan

5. Family Council Committees

- a. System approach to the issues around trauma and resiliency.
- b. Current Prevention & Resiliency Committee of the Family Council.
- c. Importance of Pediatric community to this planning and strategies.

III. Identify goals, objectives and evidence for Top 5 Areas

- a. Discuss Action steps necessary to achieve possible goals and objectives
 - i. Adding and Integrating strategies into the strategic plan
 - 1. Goals Capture: Research and make informed decisions about strategies in the community
 - 2. Define prevention strategies for what?
 - 3. Community wide strategies
Decrease Trauma and impact of Trauma on Brain?
 - 4. Mental Illness /chronicity?
 - 5. Decrease ACE's?
 - 6. Increase resiliency using 40 developmental assets
 - 7. United Way may still use it. And Care Team
 - ii. What age group are we working with?
 - 1. We need to consider focusing on a specific population then broaden from there.
 - a. If it is too broad, how will we know the impact of the prevention.
 - b. If it is too specific, we may not help others.
 - c. Look at data to where we can make the biggest impact
 - d. Look at minority and ways to impact
 - e. We need to be mindful and of population
 - f. Community has enough strength around early childhood.
 - g. Demographically and culturally and geographically needs are all different.
 - i. Geomap areas of high risk for better understanding
 - 2. We need to have a universal message about Mental Health Prevention
 - a. Instead of react to mental illness, prevent it.
 - b. If you reduce the trauma and mental illness, you can increase resiliency
 - c. Community Wide research to disperse to communities and families beyond programs and silos traditionally targeted.
 - d. Figure out a process to tip the scale in a neighborhood and tweak the process to vary by neighborhood.
 - e. This is a multiyear plan to expand services
 - f. Family council is having a neighborhood approach
 - i. Southeast community is being looked at to see if there is a way for a prevention approach to a neighborhood

IV. Goal 1: Prevent mental illness on a focus on trauma (w/ ACE's)

- a. Reduce trauma and its impact to build resiliency in a high risk area to prevent mental illness. Substance Abuse, Trauma, prevention to reduce mental illness
- b. Physical illness and connection to mental health (Managed Care)
 - i. Have providers understand the connection.

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V. Brain Research

-Medical community be informed on brain research and how to apply it, Application Use ect. Lack of understanding in mental health providers, Identify audience to formulate project. Mental health and substance abuse providers, parents, faith based, schools, all the partners involved of Community of Care project are needed, policy makers, funders, early childhood education, DJFS, Children services, CBO's, Recreation community, Business community, Law Enforcement, are all examples of areas for integration.

- a. What is the purpose?
 - i. Change the way they respond to the people they are working with
 - ii. Education: See a decrease in behavioral modification/management.
 - iii. Increase in positive behavior support/sensory assessments and interventions
 - iv. Missing those who are not being identified/and when they are they do not have appropriate health insurance
 - v. Disconnect between providers and hospitals on effective, trauma informed, and sensory informed strategies makes it difficult for families who get incongruent and ill-informed recommendations and treatment plans.
 - vi. Brain Research helps us inform our strategies

VI. Create Cross-Over Funding (More strategic funding across all funding and system partners by being more strategic and being braided)

- a. Being collaborative
- b. Common goals
 - i. Identify Synergy between organizations or programs
- c. Better understanding of funding streams and how they trickle down
 - i. Need someone to come in and discuss
 - ii. Local issues and how they are operating, organizing,
- d. Create a shared vision and shared understanding
 - i. How do you capture?
 - ii. When funding gets tight, prevention gets cut.
 1. Ability to set aside dollars for prevention
 2. We need to stay taking care of the needs among us
 3. How do we fund and utilize local foundations to support programs
 4. We fund what we think is important and what is prioritized.
 5. We want to see tangible outcomes. SHOW ME THE DATA.
- e. Create outcomes to be real and how it works –Communications Problem. What is prevention?
 - i. Educate Funders
 - ii. Focus on funding and/or resources
 1. Shared resources
 2. Cross training
 - iii. Why should I care?
 1. Create a message to work and convey messages.
 2. Timing
 3. What is a story that works?

**Next Meeting is July 16th, 2015 from 3:30-5:00
at the University Center at Kent State University, Stark Campus**