



2023 COMMUNITY HEALTH IMPROVEMENT PLAN

JANUARY 2024



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Introduction

Overview

Florida Department of Health (DOH) – Gulf County’s mission is to protect, promote and improve the health of all people in Florida through integrated state, county, & community efforts. DOH - Gulf County strives to achieve their mission and vision through a variety of specialized programs and services including monitoring, diagnosing, informing, educating, enforcing, linking, assuring, evaluating and researching.

DOH - Gulf’s County remains committed towards its mission, vision, and goals by periodically assessing community needs through the Community Health Assessment (CHA) process, followed by strategic planning centered on developing a Community Health Improvement Plan (CHIP). The pairing of the CHA and CHIP processes allows for timely assessment of prevailing health issues, in addition to incorporating perspectives and opinions from community stakeholders. Emphasis is given to integrating the input of community stakeholders and members from underserved and underrepresented populations.

This Community Health Improvement Plan (CHIP) was developed in partnership between the Florida Department of Health – Gulf County and Crescendo Consulting Group. There were three areas of focus for the CHIP, based on prior CHIP/ priorities and CHA needs:



**BETTER SUPPORT &
ACCESS TO BASIC
SERVICES**



**CRISIS CARE AND
BEHAVIORAL HEALTH
SERVICES**

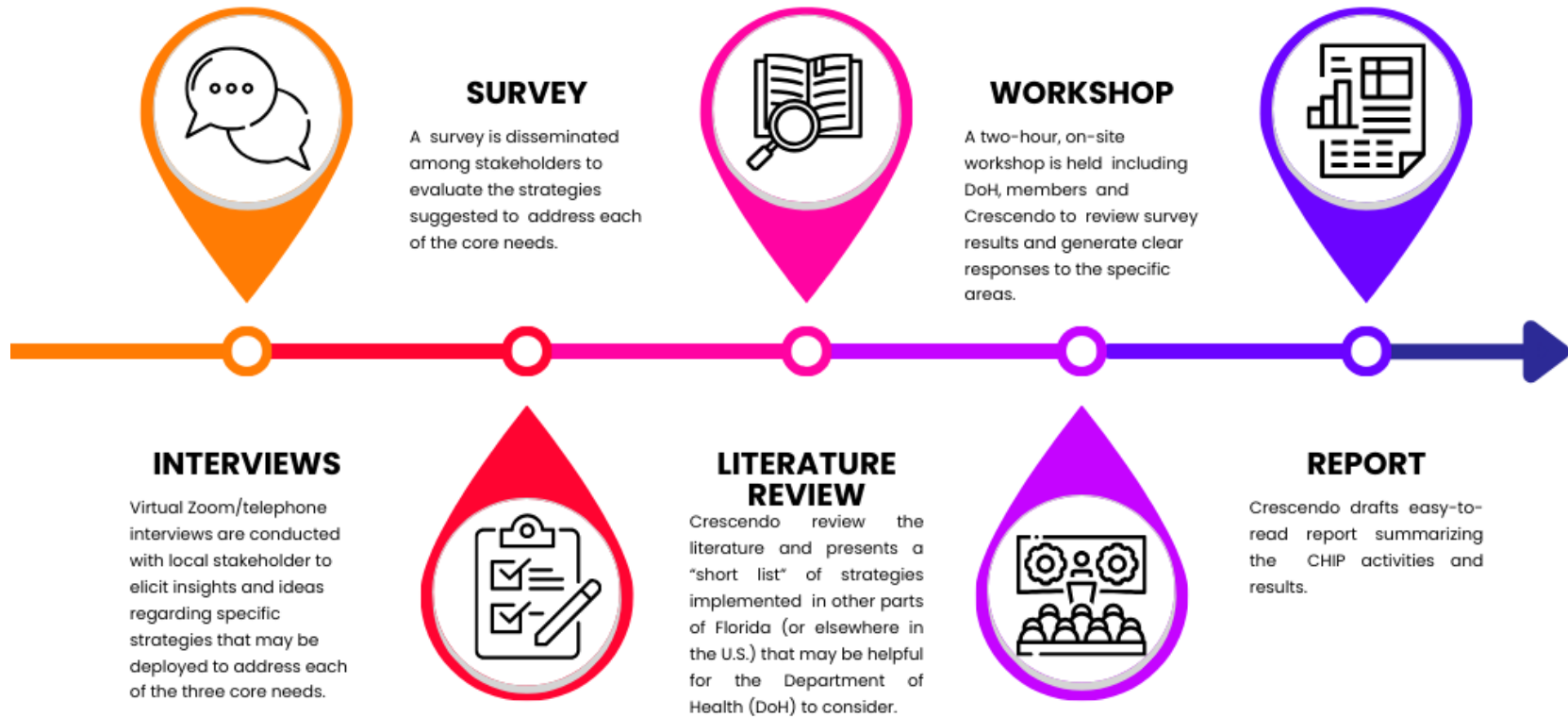


**AWARENESS OF, AND
ACCESS TO, EXISTING
SERVICES**

Exhibit 1: Community Health Improvement Plan Need Areas

Exhibit 2: CHIP Project Timeline

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROJECT TIMELINE



Methodology

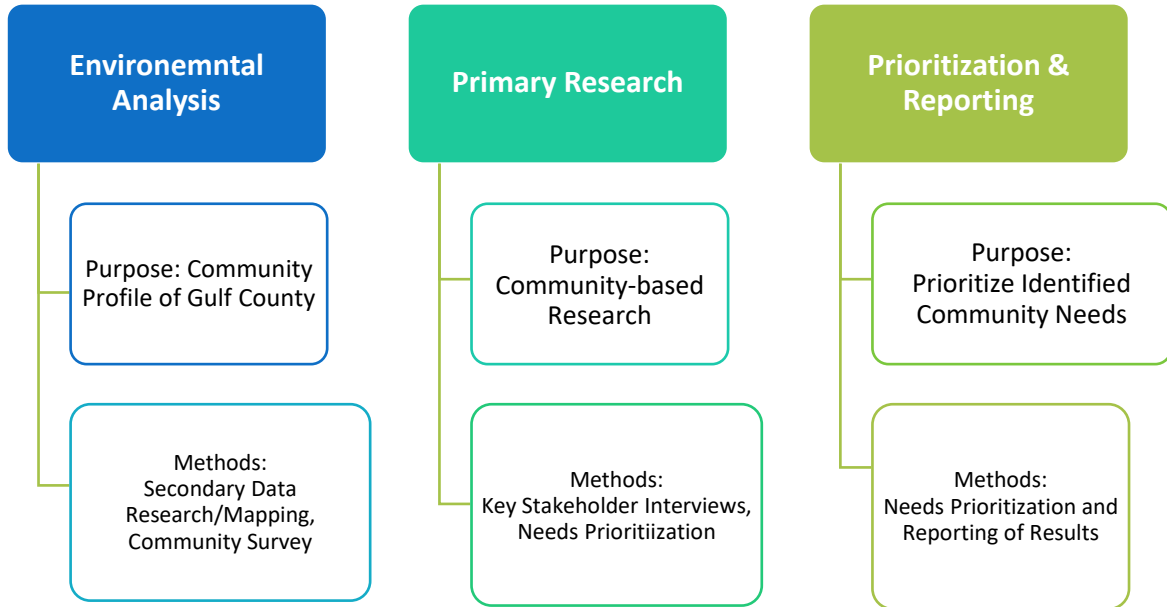
A series of planning meetings were held between Crescendo and the Florida Department of Health (DOH) – Gulf County between December 2022 to December 2023 to conduct a CHA followed by the CHIP. A mixed-methods approach consisting of both quantitative and qualitative research methods was implemented during the CHA, consequently CHA findings were directly applied to the development of DOH-Gulf County’s CHIP. Specifically, the information gathered was used to facilitate the process of identifying priority health issues, developing realistic strategies, specifying goals and monitoring plans to maintain accountability over time.

Upon completion of the CHA, Crescendo conducted a multi-phase process. First, the priority needs identified by the CHA were finalized, culminating in three need areas: better support and access to basic services, awareness of and access to existing services, crisis care and behavioral health services. Second, a CHIP survey was administered through SurveyMonkey, providing community stakeholders a platform to identify potential strategies, barriers, and community resources that correspond with each priority need category previously identified through the CHA. Additionally, Crescendo conducted a scoping literature review of promising best practices and strategies employed across the nation related to the specific identified community health. Finally, DOH - Gulf County facilitated a two-hour, on-site “Prioritization Day” CHIP workshop on December 5, 2023. The culmination of CHIP activities, the on-site workshop began with small group discussions of potential strategies and barriers to address the community health needs identified and prioritized through the CHA process, followed by a voting session in which all attendees voted on their preferred strategies for each category of need. The result of this process, presented here, is a set of prioritized strategies for each CHA priority, equipping DOH - Gulf County and its partners to address pressing health needs in the community going forward.

Overview of CHA Process & Findings

The CHA was a crucial procedure that evaluated current health conditions and challenges while pinpointing possibilities and resources to address community health needs in each area of need. In order to make sure that strategies were inclusive of the wide range of county inhabitants, DOH - Gulf County and Crescendo included a wide array of community members and representatives from various organizations.

Exhibit 3: Community Health Assessment Methodology



Stage 1: Environmental Analysis and Data Collection

DOH - Gulf County worked with Crescendo to collect a breadth of data from validated sources.

- Secondary research from sources such as the U.S. Census Bureau, the National Center for Health Statistics, Community Health Rankings and Roadmaps, Annie E. Casey Foundation, among others.
 - The education, health, nutrition, and social service needs of adults, families, children, and communities include prevalent social or economic factors that impact their well-being.
 - Economic and lifestyle data
 - Social determinants of health data
- Community mapping (e.g., county maps).

Stage 2: Primary Research

Key Stakeholder Interviews: Crescendo worked with DOH - Gulf County to generate a list of potential interviewees – community stakeholders, staff members, and others. Crescendo created a brief interview guide and conducted a total of 16 interviews. The interviews provided additional insight that help illuminate other research findings and community health needs.

Needs Prioritization: Crescendo’s unique prioritization process includes a two-stage approach to working with leadership to prioritize needs identified in the research. The quantitative and qualitative process provides an unbiased mechanism to identify potential priority areas, determine the locus of control for each, and establish a timeline within which communities can be positively impacted.

Stage 3: Reporting

The final report is designed to be a succinct, easy-to-read document reflecting county-level disparities and similarities. Quantitative and qualitative research, as well as prioritized needs, are segmented, where helpful; notable differences that exist, given the data, were highlighted resulting in the foundation for the CHIP development.

Exhibit 1: Prioritized List of Needs Summary

Rank	Category of Need	Examples of Granular Need (Overall rank among granular needs)
1	Better support and access to basic services	Affordable quality childcare (1)
		Affordable housing (2)
		Secure sources for affordable, nutritious food (6)
		Healthcare staff shortages (12)
2	Awareness of, and access to, existing services (including additional capacity	Long-term care or dementia care for seniors (3)
		Support services for adults with developmental disabilities (4)
		Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers (5)
3	Crisis care and behavioral health services	Mental health services for adults (7)
		Mental health stigma reduction (8)
		Crisis or emergency care programs for mental health (9)
		Drug and other substance abuse treatment services (10)
		Mental health services for adolescents / children (11)

Environmental Analyses and Secondary Data Research

Socioeconomic Status: Gulf County tends to have an older population, a higher percentage of people living in poverty and more people living with a disability – elevated risk factors. However, lower percentages of single parent households and lower percentages of foreign-born people and non-English speakers tend to be correlated with lower risk.

Minority Population: Compared to Florida (47.4%), the minority population in Gulf County is notably lower (21.2%). Gulf County is primarily comprised of residents who identify as White non-Hispanic (78.8%). The statewide percentage of residents who identify as Hispanic is 26.2%; however, the percentage in Gulf County (3.8%) is significantly lower. Gulf County racial or ethnic minorities are much less likely to have attained high education levels compared to Franklin County or the state and U.S. African American females are especially disadvantaged.

Health Status: Nearly 15% of the population age 19 to 64 in Gulf County is uninsured. Several Gulf County chronic disease measures in Gulf County are notably elevated compared to the Florida average including heart disease, diabetes, and asthma. Cancer and heart disease were the leading causes of death in Gulf County – 2019 to 2021. The cancer rate is about 20% higher than neighboring Franklin County while the heart disease death rate is slightly lower.

Behavioral Health: Adult incidence of depression is similar to the state and U.S. averages, yet Gulf County data is slightly elevated. Regardless of the comparative data, depression is a notable concern in Gulf County, and across the U.S., as approximately one of five adults has been diagnosed with depression.

Community Assessment

A Community Health Assessment Survey was conducted in April 2022 with a total of 362 respondents. Those who responded were White 310 (88%), African American 33 (9%), Native American 2 (1%), and Hispanic 2 (1%).

In the community health assessment survey, respondents were asked to select the top health concerns that affect themselves, their families, and their social circles. Respondents stated that the most important issues are:

1. Age-related conditions: Alzheimer's, Arthritis, hearing or vision loss, mobility
2. Access to Healthcare
3. Health Care cost
4. Cancer
5. Mental Health

Exhibit 4: Survey Respondent Top Health Concerns

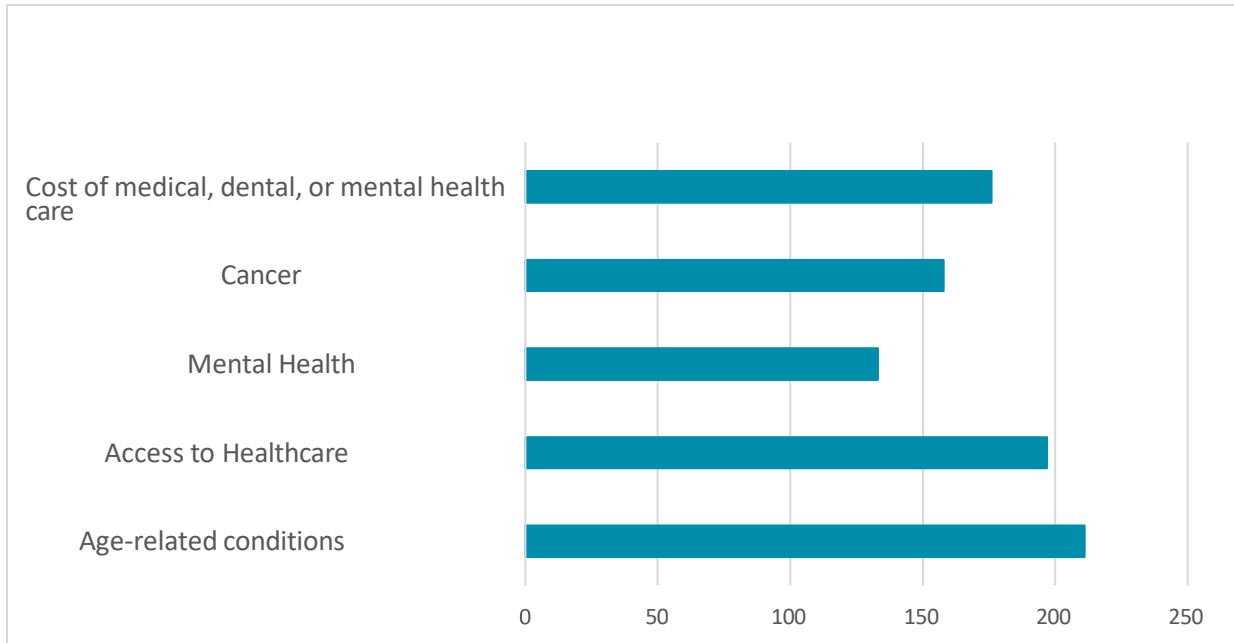


Exhibit 5: Survey Exhibit 4: Respondent Top Social Concerns

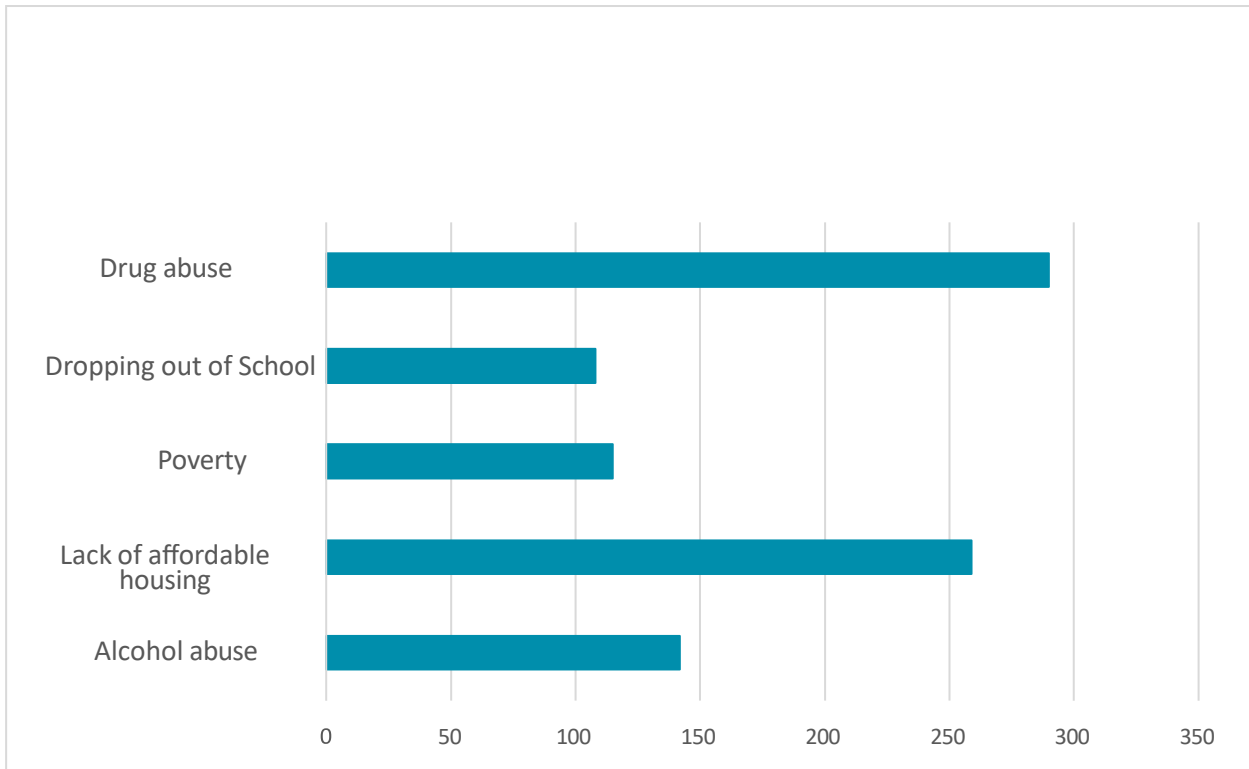
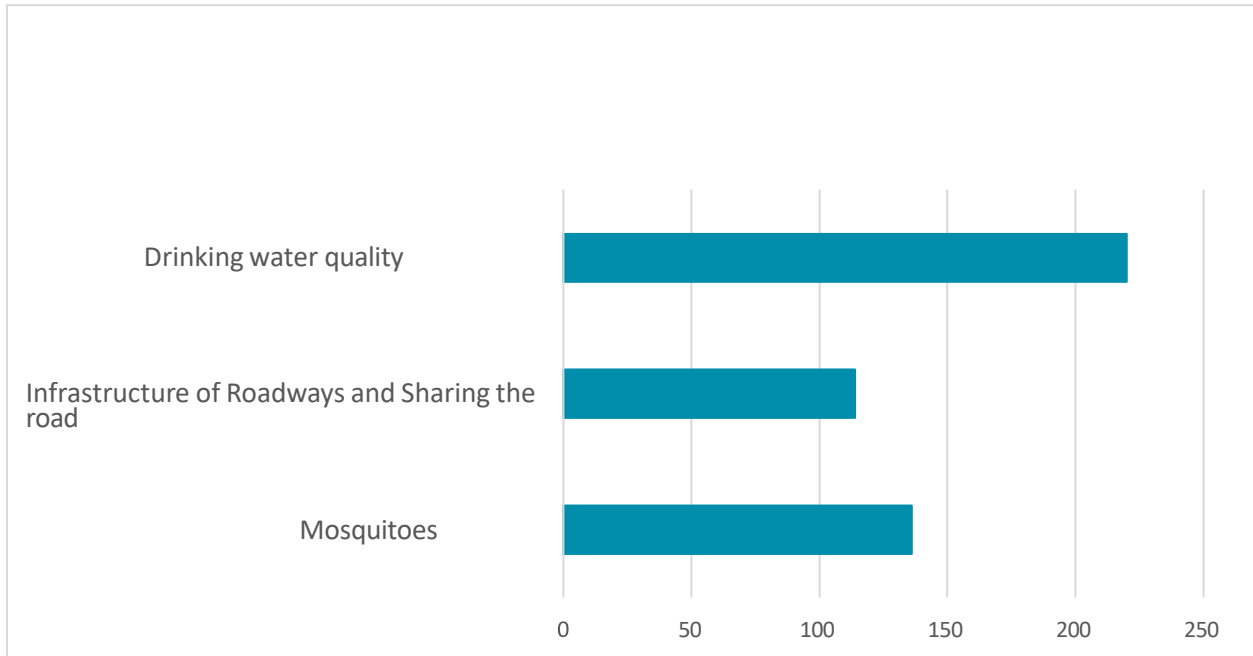


Exhibit 6: Survey Respondent Environmental Concerns



Qualitative Research

The qualitative methodology (i.e., stakeholder interviews) included outreach to 12 community stakeholders in the DOH-Gulf County service area. The results of the interviews provide some helpful insight and granularity to needs identified via the data analysis.

The research resulted in several themes about areas of need. These can be described as qualitative themes. None of the needs are fully discreet – that is, needs often overlap. However, the following four needs were most identified by area stakeholders as high priority issues:

- Access to care in rural area – Provider capacity and transportation
- Services for the people in poverty and for those experiencing homelessness.
- Case management and a centralized referral or easy-to-access information source for healthcare and community needs.
- Behavioral health, substance use disorder, primary care, and specialized medical care capacity.

“I love the natural beauty of this area. The people are also warm and wonderful. There is strong sense of community. We aren’t without our challenges – healthcare services of any kind are challenging.”

Exhibit 7: Qualitative Themes



ACCESS TO CARE IN RURAL AREA



SERVICES FOR INDIVIDUALS IN NEED



CENTRALIZED CASE MANAGEMENT



BEHAVIORAL HEALTH AND SPECIALIZED CARE

Needs Prioritization

The Needs Prioritization Process brought together the summary of results from secondary research data, qualitative research themes, and other research modalities.

Based on the Data Highlights and Qualitative Research Highlights, a detailed list of over 30 needs were identified for the county. Each of the needs in the prioritization process directly links to data observations and/or qualitative feedback. The resulting list of needs represents the items participants were asked to evaluate in the Prioritization Process.

The Leadership Group utilized a modified Delphi Method to construct a prioritized list of needs for the region.

Results

Based on the data and qualitative research activities and the results of the Prioritization Process, the prioritized needs are listed below:

Rank	Category of Need	Examples of Granular Need (Overall rank among granular needs)
1	Better support and access to basic services	Affordable quality childcare (1)
		Affordable housing (2)
		Secure sources for affordable, nutritious food (6)
		Healthcare staff shortages (12)
2	Awareness of, and access to, existing services (including additional capacity	Long-term care or dementia care for seniors (3)
		Support services for adults with developmental disabilities (4)
		Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers (5)

3	Crisis care and behavioral health services	Mental health services for adults (7)
		Mental health stigma reduction (8)
		Crisis or emergency care programs for mental health (9)
		Drug and other substance abuse treatment services (10)
		Mental health services for adolescents / children (11)

Community Health Improvement Plan (CHIP)

Interviews

The CHIP interview guide can be found in Appendix B.

In collaboration with the DOH - Gulf County, a number of stakeholders were identified and recruited. Based on previous CHIP procedures and CHIP regulations, a template discussion guide was created and adapted for each topic area based on the information provided by DOH- Gulf County. Interviews were then conducted over the phone or electronically via Zoom, depending on the preferences of the respondents. Three main areas of need—listed below—were addressed in-depth throughout the discussions, along with comments on existing approaches and suggestions for innovative strategies.

Category of Need	Example of Granular Need (Overall Rank Among Granular Need)
Better support and access to services	Affordable quality childcare (1)
	Affordable Housing (2)
	Secure sources for affordable, nutritious food (6)
	Healthcare staff shortages (12)
Awareness of, and access to, existing services (including additional capacity)	Long-term care or dementia for seniors (3)
	Support services for adults with developmental disabilities (4)
	Coordination of patient care between the hospital and other clinics, private doctors or other health service providers (5)
Crisis Care and Behavioral Health Services	Mental health services for adults (7)
	Mental health stigma reduction (8)
	Crisis or emergency care programs for mental health (9)
	Drug and other substance abuse treatment services (10)
	Mental health services for adolescents/ children (11)

Survey

A link to a survey was provided via Survey Monkey to all participants after stakeholder interviews were completed. For each of the three priority need categories, the respondents were asked to list one to three strategies (as well as any associated barriers). The main areas of concern and potential goals or solutions for each issue area were determined using the survey rankings and qualitative themes from the interviews.

The survey not only set the framework for the CHIP workshop, but it also gave stakeholders who couldn't make it to the in-person prioritizing session a way to share their thoughts on successful tactics, hurdles, and solutions. Attendees of the CHIP workshop utilized strategies identified through the survey to shape their discussions.

The CHIP survey instrument can be found in Appendix A.

Exhibit 8: Prioritized Categories of Need Featured in CHIP Survey

Priority Need Category	Brief Explanation
Better Support and access to basic services	Improved access to care through increased capacity and enhanced navigation support
Awareness of and access to existing services (including additional capacity)	Increased awareness and accessibility to the wide array of services available in the county
Behavioral Health	Enhanced behavioral health programs and services for children/youth and adults

Key Findings

Across all three need categories, a variety of potential strategies, and corresponding barriers were identified by 22 participants. The highest ranked strategy for the better support and access to basic services need category was increase income-based housing and workforce housing supply. The highest ranked strategy for the second area of need - awareness of, and access to, existing services - was for agencies/programs that cover the county, but are headquartered outside the county, to have more of an in-county presence. The highest-ranked strategy for crisis care and behavioral health services was to improve community awareness of substance use treatment services.

Two optional questions were presented to all survey participants, in addition to collecting participants’ priority need category insights. The first question provided survey participants with an opportunity to share other strategies not listed they believe DOH - Gulf County can implement for each category. Additionally, respondents were asked to identify barriers for each category of need in an open-ended format. Survey responses including ranking, additional strategies, and barriers for each category of need are listed below.

Survey Results

Exhibit 10: Identified Strategies for Better Support and Access to Basic Services

Rank	Strategy
1	Increase income-based housing and workforce housing supply, including through partnerships with property developers
2	Increase the number of locally based community health workers to provide connectivity to needed basic resources
3	Promote competitive pay across vocations, including healthcare, emergency response, and childcare, to recruit and retain workers and augment local capacity in these fields
	Improve local workforce pipeline and recruitment efforts, such as shadowing and other opportunities for local community members to learn about careers in needed occupations, including healthcare, emergency response, and childcare
	Create mobile food pantries to reach rural areas of the community
4	Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts
	Link primary care clinics in rural areas with centralized health systems for training and mutual support through telehealth

5	Strengthen collaboration between school districts and childcare centers to provide complementary services, such as Child Find and special education services
	Increase funding for programs that provide food to children, particularly for non-full day programs that work within government parameters and often rely on food donations
	Provide sustainable financing options for safe and high-quality child care (e.g., CCDBG, TANF, or local initiatives)
	Increase coordination across different types of providers by equipping existing community access points (e.g., libraries, home visiting programs, health clinics, and community-based organizations) with information and resources that would help families enroll in childcare that meets
	Develop / expand certification programs with colleges for direct care and support positions
Other Identified Strategies	
<ul style="list-style-type: none"> • Increase Affordable housing for teachers, nurses and first responders. This is different than income based. 	
<ul style="list-style-type: none"> • Reduce the uninsured rate in Gulf County by increasing awareness about the Federal Health Insurance Marketplace, Medicaid/CHIP 	

Exhibit 11: Identified Barriers for Better Support and Access to Basic Services

Lack of available housing in this area.
Lack of staff training at FQHCs and CHDs about health insurance options and how to refer their patients to navigators for assistance
Need local government assistance to obtain funding for sustainable child care and work force housing
Lack of affordable housing options affects all aspects of the community sustainability. Existing community members have a hard time locating housing and meeting the criteria to qualify. Similarly, its difficult to recruit young talent to the community when they can't find a place to live, especially on one income. Both result adverse health and lack community sustaining itself.
Real-estate is at a premium and it is hard to find affordable development areas.
Rural food pantries: duplication of services
Food in general is more expensive than ever; healthy food is even more unaffordable. Obvious adverse health effects ensue.
Lack of permanent local healthcare professionals in this area.
Community Health Workers - not yet able to charge insurance for these services - so funding is tricky
Lack of incentives for seasoned or young health care professionals to enter the community or stay without affordable housing or local family arrangements. So even if programs are created to increase

Exhibit 12: Identified Strategies for Awareness of, and Access to, Existing Services

Rank	Strategy
1	For agencies/programs that cover the county, but are headquartered outside the county, have more of an in-county presence
2	Increase outreach through diverse media, including social media, local news, radio and print
	Hold periodic meetings among agencies and other partners with the expectation that partners attend and share opportunities and information
	Expand mobile services (e.g., PanCare’s dental bus) to build community awareness and trust
	Provide more one-on-one assistance to address individualized needs of seniors, adults with developmental disabilities, and others with unique needs
	Build community awareness of appropriate use of different levels of care, from in-person primary care and telemedicine to emergent care and transport services, in order
	Utilize multidisciplinary teams, such as care teams including a social worker and/or other professionals who have the skills to address non-clinical barriers to success
3	Provide schools with up-to-date resource lists to provide to families
	Improve interagency collaboration and outreach, including door-to-door outreach and coordination of transportation services
4	Work with churches to disseminate information to community members

Exhibit 13: Identified Barriers for Awareness of, and Access to, Existing Services

Residents are using EMS-911 to call for routine (non-emergency) services due to lack of transportation or lack of resource availability.
Health care professionals to staff mobile clinics
Creating trust and relationships with the local churches
Lack of a "buy-in" or presence with local partners to build community awareness.
Door-to-door outreach requires safety measures (for staff) to protect staff from hostile residents
COC contracts need to be written so that in county presence is mandatory
Agencies that are housed out of county need available office space
Need funding for social worker and a multi disciplinary team

Exhibit 14: Identified Strategies for Crisis Care and Behavioral Health Services

Rank	Strategy
1	Improve community awareness of substance use treatment services
2	Increase the availability of mental health counseling for children and adolescents outside of school
	Increase informational outreach regarding mental health stigma in the community, such as a campaign from the Department of Health and/or messaging and outreach thr
	Develop intervention programs to support families and adolescents with mental health needs in clinical and school settings
3	Address insurance barriers that impede referrals from school-based counseling to community-based providers
4	Expand service provider availability, including nights and weekends
	Increase community capacity by increasing the number of mental health providers so that community members have more options
	Establish digital clinics using smartphone apps to augment and extend mental health care

Exhibit 15: Identified Barriers for Crisis Care and Behavioral Health Services

Parents and/or caregivers are unaware of avenues or services available and sometimes feel hopeless.
Lack of staff training at local FQHCs and the CHD to educate them about health insurance options through the Federal Marketplace and how to refer their patients and clients to navigators for assistance
Cultural views on mental health
Intervention programs are not well received. Increase knowledge of services, anonymity, etc.
Lack of mental health First Aiders
Lack of participation of primary care providers to support/inform patients of additional services available.
Agencies that are housed out of county need available office space
Need funding for social worker and a multi disciplinary team

Promising Strategies Review

In addition to eliciting strategy ideas from DOH-Gulf County stakeholders, Crescendo conducted a high-level review of promising practices to use to supplement strategy lists for each identified category of need in preparation for the CHIP workshop session. Identified practices are briefly summarized below, by category of need.

Better Support and Access to Basic Services

- Increase income-based housing and workforce housing supply, including through partnerships with property developers
- Increase the number of locally based community health workers to provide connectivity to needed basic resources
- Promote competitive pay across vocations, including healthcare, emergency response, and childcare, to recruit and retain workers and augment local capacity in these fields
- Improve local workforce pipeline and recruitment efforts, such as shadowing and other opportunities for local community members to learn about careers in needed occupations, including healthcare, emergency response, and childcare
- Create mobile food pantries to reach rural areas of the community
- Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts
- Link primary care clinics in rural areas with centralized health systems for training and mutual support through telehealth

Awareness of and access to existing services (including additional capacity)

- For agencies/programs that cover the county, but are headquartered outside the county, have more of an in-county presence
- Increase outreach through diverse media, including social media, local news, radio and print
- Hold periodic meetings among agencies and other partners with the expectation that partners attend and share opportunities and information
- Expand mobile services (e.g., PanCare's dental bus) to build community awareness and trust
- Provide more one-on-one assistance to address individualized needs of seniors, adults with developmental disabilities, and others with unique needs
- Build community awareness of appropriate use of different levels of care, from in-person primary care and telemedicine to emergent care and transport services, in order to prevent overtaxing limited patient care resources
- Utilize multidisciplinary teams, such as care teams including a social worker and/or other professionals who have the skills to address non-clinical barriers to success

Crisis Care and Behavioral Health Services

- Improve community awareness of substance use treatment services
- Increase the availability of mental health counseling for children and adolescents outside of school
- Increase informational outreach regarding mental health stigma in the community, such as a campaign from the Department of Health and/or messaging and outreach through churches and in workplaces
- Develop intervention programs to support families and adolescents with mental health needs in clinical and school settings
- Address insurance barriers that impede referrals from school-based counseling to community-based providers
- Expand service provider availability, including nights and weekends
- Increase community capacity by increasing the number of mental health providers so that community members have more options
- Establish digital clinics using smartphone apps to augment and extend mental health care

Strategy Prioritization: The CHIP Workshop

The Florida Department of Health - Gulf County held the 2023 Community Health Improvement Plan (CHIP) community session on Tuesday, December 5 from 1:00 to 3:00 PM at the Health Department offices (2475 Garrison Avenue, Port St. Joe, Florida). The session was attended by approximately 30 individuals representing high-risk communities, community providers, non-profit organizations, general community members, and others.

The CHIP workshop slide deck can be found in Appendix D.

The agenda for the session included a brief background of the CHIP goals and research activities, a “Strategy Review” in which participants broke into three “workshops” to review the initial set of strategies and identify the top three priority ones, a “Reporting Out” and strategy ranking phase, and a brief summary of the next steps. Two of these activities are described in greater detail below.

Exhibit 16: CHIP Workshop Activities



BACKGROUND



STRATEGY REVIEW



REPORTING OUT

- **Background.** Participants were provided with a brief overview of the CHA and CHIP processes, including a brief overview of CHA findings, as well as goals of the CHIP workshop session.
- **Strategy Review.** During the Strategy Review phase of the CHIP session, participants were divided into three groups or “tables.” Each table was assigned one of the three Strategy Categories (as identified in the Community Health Assessment). The three Strategy Categories are listed below:
 - Better Support and Access to Basic Services Strategies – Table 1
 - Awareness of and access to existing services (including additional capacity) – Table 2
 - Crisis Care and Behavioral Health Services Strategies – Table 3

Each table included a designated leader who would lead a discussion about their table’s strategies. Participants at each table were also provided with a list of seven or eight initial strategies as developed through the CHA work, in-depth interviews with community members, a survey of community members and providers, and a review of national best practices.

Table leaders reviewed the full complement of seven or eight initial strategies for their table’s category. Subsequently, they led a round-table discussion of the merits and other considerations for each. Ultimately, each table (i.e., each Strategy Category) identified three dominant strategies (not rank-ordered). The set of top strategies for each of the three categories was then shared with the event facilitator.

The complete set of strategies included in the Strategy Review phase are presented below. Note that ones which ultimately were identified as being among the “top three” strategies are bolded.

- **Reporting Out (Strategy Prioritization).** During the Report Out phase, the three individual tables reassembled into a common audience – not divided into separate tables. The purpose of the Reporting Out phase was to share insight regarding the three separate Strategy Review discussions – rationale behind the selection of the three higher-priority strategies, discussion of potential challenges or barriers, and the practicality of the County’s ability to deploy needed strategies and the related feasibility.
 - The Reporting Out phase included a brief presentation by each table leader and then a total community (i.e., every community member present at the session) ranking of the top strategies. Ranking was accomplished in real-time via an electronic voting instrument – Poll Everywhere. As meeting attendees voted using their cell phones, bar charts immediately populated on the presentation screen.
 - Prioritization of strategies for each of the three Strategy Categories was managed in this way. Results of the Reporting Out (Strategy Prioritization) phase is shown below.

The following sections delve into the CHIP workshop outcomes for each need priority category.



Prioritized Strategy: Better Support and Access to Basic Services

Strategies in this category are intended to improve access to care through increased capacity and enhanced navigation support.

Exhibit 17: Strategies reviewed by Table 1, Better Support and Access to Basic Services

Strategies (Three highest priorities bolded)
Increase income-based housing and workforce housing supply, including through partnerships with property developers
Promote competitive pay across vocations, including healthcare, emergency response, and childcare, to recruit and retain workers and augment local capacity in these fields
Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts
Increase the number of locally based community health workers to provide connectivity to needed basic resources
Improve local workforce pipeline and recruitment efforts, such as shadowing and other opportunities for local community members to learn about careers in needed occupations, including healthcare, emergency response, and childcare
Create mobile food pantries to reach rural areas of the community
Link primary care clinics in rural areas with centralized health systems for training and mutual support through telehealth

Prioritized Strategy: Awareness of and access to existing services (including additional capacity)



Strategies in this category are intended to increase awareness and accessibility to the wide array of services available in the county.

Exhibit 18: Strategies reviewed by Table 2, Awareness of and Access to Existing Services (including additional capacity)

Strategies (Three highest priorities bolded)
Increase outreach through diverse media, including social media, local news, radio and print
Hold periodic meetings among agencies and other partners with the expectation that partners attend and share opportunities and information
Expand mobile services (e.g., PanCare’s dental bus) to build community awareness and trust
For agencies/programs that cover the county, but are headquartered outside the county, have more of an in-county presence
Provide more one-on-one assistance to address individualized needs of seniors, adults with developmental disabilities, and others with unique needs
Build community awareness of appropriate use of different levels of care, from in-person primary care and telemedicine to emergent care and transport services, in order to prevent overtaxing limited patient care resources

Utilize multidisciplinary teams, such as care teams including a social worker and/or other professionals who have the skills to address non-clinical barriers to success



Prioritized Strategy: Crisis Care and Behavioral Health Services

Strategies in this category are intended to **enhance behavioral health programs and services for children/youth and adults.**

Exhibit 19: Strategies reviewed by Table 3, Crisis Care and Behavioral Health Services

Strategies (Three highest priorities bolded)
Improve community awareness of substance use [and mental health – added] treatment services
Increase community capacity by increasing the number of mental health providers so that community members have more options
Increase informational outreach regarding mental health stigma in the community, such as a campaign from the Department of Health and/or messaging and outreach through churches and in workplaces
Increase the availability of mental health counseling for children and adolescents outside of school
Develop intervention programs to support families and adolescents with mental health needs in clinical and school settings
Address insurance barriers that impede referrals from school-based counseling to community-based providers
Expand service provider availability, including nights and weekends
Establish digital clinics using smartphone apps to augment and extend mental health care

Reporting Out

During the Report Out phase, the three individual tables reassembled into a common audience – not divided into separate tables. The purpose of the Reporting Out phase was to share insight regarding the three separate Strategy Review discussions – rationale behind the selection of the three higher-priority strategies, discussion of potential challenges or barriers, and the practicality of the County’s ability to deploy needed strategies and the related feasibility.

The Reporting Out phase included a brief presentation by each table leader and then a total community (i.e., every community member present at the session) ranking of the top strategies. Ranking was accomplished in real-time via an electronic voting instrument – Poll Everywhere. As meeting attendees voted using their cell phones, bar charts immediately populated on the presentation screen.

Prioritization of strategies for each of the three Strategy Categories was managed in this way. Results of the Reporting Out (Strategy Prioritization) phase is shown below.

Better Support and Access to Basic Services Strategies

General discussion from the table leader: Table 1 noted that basic services – shelter, food, clothing, healthcare, childcare – are foundational. They are perceived as fundamental and a root cause of community health or other social, physical, and emotional challenges. Alternatively, once in place, basic needs can serve as a platform for health and community wellness. Participants differentiated between “income-based housing” and “workforce housing” – indicating that both were essential. The former was

critical to assist low socio-economic residents; the latter was required to support and enhance economic viability and the community health and security that it may provide.

Within this category, housing (as described above) was identified as the top priority; however, some participants reflected that impacting the housing supply – though critical – may be best addressed by having community partner organizations take the lead role in new initiatives with the Department of Health taking a supporting role.

Enhancing or supporting community-based childcare capacity was identified as a strategy to which the Department of Health may be better suited. However, if chosen as a strategy, childcare is often best led by community-based organizations with the Department of Health playing a supportive role.

The highest priority strategies as voted by community members are shown below.

- **Strategy #1: Increase income-based housing and workforce housing supply, including through partnerships with property developers.**
- **Strategy #2: Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts.**
- **Strategy #3: Promote competitive pay across vocations, including healthcare, emergency response, and childcare, to recruit and retain workers and augment local capacity in these fields.**

Primary barriers to each strategy:

- Misinformation; resistance of the community (NIMBYism); economic barriers to homeowners
- Rapidly changing job industries
- Funding; staffing; building space; wages

Awareness of and Access to Existing Services (including additional capacity)

General discussion from the table leader: Table 2 community members broadly agreed that enhancing awareness of, and access to, existing services is foundationally a sound concept. They indicated that it leads to better utilization of resources without the time and budget required to establish or enhance a new resource or service. Participants also noted that the Department of Health already has a mechanism (i.e., the Communications Department) that can drive new or existing initiatives.

Specifically, Table 3 participants noted that the Department of Health could lead efforts to increase outreach through diverse media (i.e., Strategy #1, below), yet working in collaboration with Health Hub Partners would further enhance the desired impact. Noting that DOH-Gulf County residents frequently connect to local information and events using a mobile device, participants also recommended that the Department of Health expand mobile services and communications (Strategy #2, below), where possible.

- **Strategy #1: Increase outreach through diverse media, including social media, local news, radio and print.**
- **Strategy #2: Expand mobile services (e.g., PanCare’s dental bus) to build community awareness and trust.**

- **Strategy #3: Hold periodic meetings among agencies and other partners with the expectation that partners attend and share opportunities and information.**

Primary barriers to each strategy:

- Access to internet and technology
- Collaboration and relationships between different community organizations
- Transportation

Crisis Care and Behavioral Health Services Strategies

General discussion from the table leader: Table 3 pointed out that mental health and substance use issues are pervasive in the community. Access to care was identified as a critical factor – one in which the Department of Health could positively impact in collaboration with other community groups.

The leading strategy (Improve community awareness of substance use and mental health treatment services) was identified as being the overall – all Strategy Categories – one of the top strategies and one in which the DOH already has communications structures in place. In addition to improving awareness of treatment services, participants noted that Strategy #3 (relating to stigma) may also benefit from additional Department of Health Communications Department focus and activities. Strategy #2 was identified as a crucial, long-term goal, yet largely out of the control of the Department of Health.

- **Strategy #1: Improve community awareness of substance use and mental health treatment services.**
- **Strategy #2: Increase community capacity by increasing the number of mental health providers so that community members have more options.**
- **Strategy #3: Increase informational outreach regarding mental health stigma in the community, such as a campaign from the Department of Health and/or messaging and outreach through churches and in workplaces.**

Primary barriers to each strategy:

- Provider buy-in
- What platform(s) are going to reach people? Do we have staff dedicated to the cause?
- Stigma of replacing one drug for another; DISC has funds for this and has been trying for over two years

Overall, the strategies that received the greatest support from community members and were considered to be within the Department of Health's purview include the following:

1. **Improve community awareness of substance use and mental health treatment services.**
2. **Increase outreach through diverse media, including social media, local news, radio and print.**
3. **Expand mobile services (e.g., PanCare's dental bus) to build community awareness and trust.**
4. **Increase income-based housing and workforce housing supply, including through partnerships with property developers.**

Monitoring and Annual Updates

DOH - Gulf County aims to monitor its implementation efforts and those of its partners throughout the county who are listed in this report continuously in order to track progress in addressing the community health needs identified in the CHA through strategies identified in the CHIP process. This will involve an annual review process to assess the CHIP and make necessary adjustments based on goals met, unanticipated public health priorities or obstacles, as well as other significant events that may affect the plan's original development. In addition to updates on the plan itself, the community will receive updates on objective progress from the partners that contributed to the initial CHIP plan.

DOH – Gulf County has drafted initial goals and objectives based on strategies identified during the CHIP meeting with community partners. DOH – Gulf County will continue to work with its Health Hub partners to build out the CHIP Implementation and Action Plans to address the priority area goals. However, the below plan outlines basic plans and next steps.

Priority Area	Better Support and Access to Basic Services Strategies
GOAL:	Improve support and access to basic services such as housing, employment, and childcare, to all community residents of Gulf County.
STRATEGIES:	<ul style="list-style-type: none"> • Increase income-based housing and workforce housing supply. • Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts. • Promote competitive pay across vocations, including healthcare, emergency response, and childcare, to recruit and retain workers.
SMART OBJECTIVE:	By December 31, 2026, increase support and access to basic services by 10% in Gulf County
KEY PARTNERS, ASSETS, & RESOURCES:	Health Hub Partners
ANTICIPATED BARRIERS TO SUCCESS:	Misinformation; resistance of the community (i.e., NIMBYism); economic barriers to homeownership (i.e., credit, income, interest rates, etc.); rapidly changing job industries; funding; staffing; building spaces; wages
NEXT STEPS	<ul style="list-style-type: none"> • Establish a workgroup or subcommittee from the Health Hub Partners with a meeting frequency. • Develop robust implementation plan to address the goals.

Priority Area		Awareness of and access to existing services (including additional capacity)
GOAL:	Increase the general awareness of and access to existing services in Gulf County.	
STRATEGIES:	<ul style="list-style-type: none"> • Increase outreach through diverse media, including social media, local news, radio and print. • Expand mobile services (e.g., PanCare’s dental bus) to build community awareness and trust. • Hold periodic meetings among agencies and other partners with the expectation that partners attend and share opportunities and information. 	
SMART OBJECTIVE:	By December 31, 2026, increase general awareness of and access to existing services by 10% in Gulf County.	
KEY PARTNERS, ASSETS, & RESOURCES:	Health Hub Partners	
ANTICIPATED BARRIERS TO SUCCESS:	Access to internet and technology; collaboration and relationships between different community organizations; transportation	
NEXT STEPS	<ul style="list-style-type: none"> • Establish a workgroup or subcommittee from the Health Hub Partners with a meeting frequency. • Develop robust implementation plan to address the goals. 	

Priority Area		Crisis Care and Behavioral Health Services Strategies
GOAL:	Improve access to crisis care and behavioral health services in Gulf County.	
STRATEGIES:	<ul style="list-style-type: none"> • Improve community awareness of substance use and mental health treatment services through educational information and linkages. • Increase the number of mental health providers so that community members have more options. 	

	<ul style="list-style-type: none"> • Increase informational outreach regarding mental health stigma in the community, such as a campaign from the Department of Health and/or messaging and outreach through churches and in workplaces.
SMART OBJECTIVE:	By December 31, 2026, improve access to crisis care and behavioral health services by 10% in Gulf County.
KEY PARTNERS, ASSETS, & RESOURCES:	Health Hub Partners
ANTICIPATED BARRIERS TO SUCCESS:	Provider buy-in; dissemination platforms; technology; staffing; funding; stigma; policies; lack of peer supports; awareness; local provider access to substance use treatment information and services
NEXT STEPS	<ul style="list-style-type: none"> • Establish a workgroup or subcommittee from the Health Hub Partners with a meeting frequency. • Develop robust implementation plan to address the goals.

Appendix A: Survey

Introduction and Background

Florida Department of Health in Franklin County is hosting a **Community Health Improvement Plan (CHIP) workshop** in collaboration with Crescendo Consulting Group on December 7, 2023.

To use our time together on the 7th as efficiently as possible, we are asking for you to complete a brief exercise.

As background, over the past several months, you have participated in Franklin County's Community Health Assessment by helping to identify community health resources and challenges in the County. Based on your input and other research, we grouped the needs into the following three "priority categories":

- Better support and access to basic services
- Crisis care and other mental health services
- Awareness of, and access to, existing services

The next step is to generate a list of specific actions to address the Priority Categories. Specifically, we want you to select up to three specific actions / tactics to help address each of the three Priority Categories. Also, list barriers that might affect the success of tactics when implemented. Examples are shown within the survey.

The results of this query will be presented for discussion at the December 7th workshop (1:00 to 3:00pm at Franklin County's Department of Health building).

The Workshop results will help Franklin County to align its resources and collaborating relationships in its Community Health Improvement Plan, which will guide action aimed at addressing the identified Priority Categories in the coming years.

* 1. What is your name? Please note that your individual responses will be confidential. We ask your name only to assure that we engage a broad spectrum of participants.

Priority Category: Better support and access to basic services (1 of 3)

'Better Support and Access to Basic Services' refers to granular needs such as:

- **Affordable housing**
- **Job training and career development support for youth**
- **Affordable quality childcare**
- **Career development support (including re-training) for adults**

An example of tactics and barriers may be something such as -

Tactic: Launch a job training program aimed at equipping youth with skills needed to obtain employment in skilled trade professions (electrician, mechanic, etc.).

Barriers: Lack of public awareness, particularly among youth, of the viability of careers in skilled trade professions.

Below, please select up to three (3) tactics you view as most promising, and describe any associated barriers.

* 1. Please select up to three (3) strategies/tactics you view as the most promising from the list below.

- Increase income-based housing and workforce housing supply, including through public-private partnerships and collaboration with property developers
- Increase the number of livable wage job opportunities in Franklin County
- Hold career/job fairs and provide training sessions with community member volunteers to improve awareness of career options and local job opportunities
- Provide training for individuals to provide home-based childcare
- Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts
- Provide sustainable financing options for safe and high-quality child care (e.g., CCDBG, TANF, or local initiatives)
- Create incentives for providers who serve families of color, non-English speakers, and regions with childcare deserts
- Build a sustainable online system for child care resources and referral agencies to enable the creation of lists of available providers and streamline current systems
- Increase coordination across different types of providers by equipping existing community access points (e.g., libraries, home visiting programs, health clinics, and community-based organizations) with information and resources that would help families enroll in childcare that meets their needs
- Support data collection and research activities on the barriers of enrollment in childcare programs and the impact this has on families
- Incentivize ongoing quality improvements and updated trainings for childcare settings (e.g., tax credits for qualified, highly-rated child care providers)
- Implement job training programs, such as for service industry careers, in partnership with local community/state college and high schools
- Other (please specify)

2. BARRIER #1:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

3. BARRIER #2:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

4. BARRIER #3:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

Priority Category: Crisis care and other mental health services (2 of 3)

'Crisis Care and Other Mental Health Services' refers to granular needs such as:

- Drug and other substance abuse treatment services
- Long-term care or dementia care for seniors
- Mental health services for adolescents/children
- Mental health services for adults
- Drug and other substance abuse education and prevention

An example of tactics and barriers may be something such as -

Tactic: Creation of a public awareness campaign aimed at preventing initiation of drug use among young adults.

Barriers: Disagreement among partners among the focus of such outreach. Some organizations feel strongly about marijuana's role as a "gateway drug", while others would prefer to focus on meth use and fentanyl.

Below, please select up to three (3) tactics you view as most promising, and describe any associated barriers.

* 1. Please select up to three (3) strategies/tactics you view as the most promising from the list below.

- Increase informational outreach regarding mental health stigma in the community, such as messaging through churches and in workplaces
- Improve recruitment efforts for open positions in local behavioral health, including prevention and treatment roles
- Clarify and improve services provided by staff, such as substance use prevention specialists, who may have multi-county coverage areas
- Increase public awareness and utilization of telehealth kiosks at the Department of Health
- Increase the amount of locally available behavioral health services through public-private partnerships
- Create accurate and data-driven messaging for the general public
- Develop intervention programs with family and youth
- Establish digital clinics using smartphone apps to augment and extend mental health care
- Implement incentives for therapists to stay in public practices
- Provide access to a hotline where residents may be connected with qualified clinicians
- Create a regional approach with other substance abuse task forces
- Expand Medications for Opioid Use Disorder (MOUD) to correctional facilities
- Implement CME opportunities for evidence-based substance use interventions
- Development of intervention programs to support families and adolescents with mental health needs in clinical and school settings
- Support and partner with the Sheriff's Department on ongoing substance abuse prevention and mitigation efforts
- Other (please specify)

2. BARRIER #1:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

3. BARRIER #2:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

4. BARRIER #3:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

Priority Category: Awareness of, and access to, existing services (3 of 3)

'Awareness of, and access to, existing services' refers to granular needs such as:

- Access to care for people living in rural areas
- Affordable healthcare services for individuals or families with low income
- Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers

An example of tactics and barriers may be something such as -

Tactic: Expansion of mobile public health programming to cover more rural communities.

Barriers: Mobile service availability must be accompanied by outreach to ensure that community members are aware of newly available services and schedules, and such outreach efforts have had mixed success in the county's rural communities in the past.

Below, please select up to three (3) tactics you view as most promising, and describe any associated barriers.

* 1. Please select up to three (3) strategies/tactics you view as the most promising from the list below.

- Improve interagency collaboration and outreach, including door-to-door outreach and coordination of transportation services
- Increase the frequency and improve publicity of outreach events, such as health fairs
- Work with churches and schools to disseminate information to community members
- Develop a main website of Franklin County that serves as a main hub for resources
- Augment efforts to develop and grow the local healthcare workforce, from primary care providers to specialists
- Promote the Department of Health's resource hub
- Promote the use of telehealth in rural areas, including potentially creating public internet hotspots where people can access telehealth resources (without having high-speed internet at home)
- Invest in updating outdated community healthcare resources, such as the hospital
- Implement a strong transitional care program that helps patients to transition from inpatient settings to their home/community successfully and reduces readmissions
- Utilize multidisciplinary teams, such as care teams including a social worker and/or other professionals who have the skills to address non-clinical barriers to success
- Employ data to drive quality improvement, such as by embedding a population health management platform patient's electronic health record (EHR) to improve care coordination
- Other (please specify)

2. BARRIER #1:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

3. BARRIER #2:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

4. BARRIER #3:

Please be succinct, as there is a limit of 300 characters -- about one or two sentences.

Final Questions

1. Regardless of the TACTICS and BARRIERS listed above, are there other issues we need to address?

2. If you had to share one or two "KEYS TO SUCCESS" to improve health and well-being in the county, what advice would you give?

Appendix B: Stakeholder Interview Guide

1. What are the top 2-3 strategies for addressing **better support and access to basic services** in your county? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*] What is needed to successfully address these issues? In other words, what are the keys to success for any of these strategies?

2. What are the top 2-3 strategies for increasing **awareness of, and access to, existing services** in your county? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*] What is needed to successfully address these issues? In other words, what are the keys to success for any of these strategies?

3. What are the top 2-3 strategies for increasing access to **crisis care and behavioral health services** in your county? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*] What is needed to successfully address these issues? In other words, what are the keys to success for any of these strategies?

4. Regardless of the need or strategy, what is necessary to achieve success for any of your suggested strategies in Gulf County? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*]

RESEARCHER NOTES

- Bring up each of the following topics and include probes and subcategories in the dialogue.
- Note comments and particular areas of emphasis. Include comparisons between topics where helpful (e.g., “So which do you think requires more attention: substance abuse education in schools or opioid abuse intervention among the homeless?”).

Appendix C: Table Leader Handouts

Meeting Agenda

Time	Activity	Leader
1:00 pm - 1:20 pm	Welcome and introductions; Background and goals	DT Simmons/ Sarah Quaranta and Scott Good/ Katelyn Michaud
1:20 pm - 2:15 pm	Strategy Review	Scott Good and Katelyn Michaud/ Table leaders
2:15 pm - 2:50 pm	Reporting out and review results	Scott Good and Katelyn Michaud/ Table leaders
2:50 pm - 3:00 pm	Wrap up and next steps	DT Simmons/ Sarah Quaranta and Scott Good/ Katelyn Michaud

NOTE: One or two (or more?) tables will discuss each of the Strategy Group topics and generate their list of higher priority strategies – up to ten. The work on the three Focus Areas will continue independently for about an hour. With about 15 minutes remaining, Table Leaders will send the higher priority strategies to Scott; Scott will populate the “real-time” voting slides. Real-time voting will take place using “Poll Everywhere” to rank and rate strategies.

During the Strategy Review, Table Leaders will do the following (durations shown are approximations):

- Record attendance (3 minutes)
- Review the list of strategies generated by the Strategy Development survey, Best Practice research, and other new strategies to add to the list (or delete from the list) (20 minutes)
- Query the group and qualitatively create a list of the top three strategies; Scott will collect the list and load it into the “real-time voting” platform (8 minutes)
- Review the list of top barriers identified by the Strategy Development survey; add to it, as needed (7 minutes)
- While Katelyn / Scott is loading the “real-time voting” platform, create a list of two or three metrics that can be used to measure impact for the top three to five strategies. (12 minutes)

Strategy Review Directions for Table Leaders

At the beginning of the session:

1. Ask people to sign the Attendance Page (attached).

Time will be tight, as you have a few things to do for your Focus Area topic:

2. Guide a discussion about strategies and ideas to impact the Focus Area
 - a. Read the “Focus Area” description
 - b. Review the initial list of strategies
 - i. Review the list of initial strategies with the table
 - ii. Identify the top three that may best impact community needs
 - iii. Read responses to table members and agree upon the lists.
 - iv. Keep the longer list of strategies; they will later be added to the aggregated list of ideas
 - v. This will take 30 minutes
 - c. List the biggest barriers to success (you can reference the initial list that came from the Strategy Survey responses)
 - i. Develop a list of three major obstacles or barriers to success
 - ii. This will take 10 minutes
3. With five minutes remaining (facilitators will notify you), facilitators will collect the forms after each of the sessions.
4. After we reconvene, the host will invite some table leaders to report out. The number of reporters will depend on time constraints.

Strategy Group: Better Support and Access to Basic Services

Star (*) the Top 3	Strategies <u>Add to this List or Delete Some</u>	Primary Barriers
1	Increase income-based housing and workforce housing supply, including through partnerships with property developers	1
2	Increase the number of locally based community health workers to provide connectivity to needed basic resources	2
3	Promote competitive pay across vocations, including healthcare, emergency response, and childcare, to recruit and retain workers and augment local capacity in these fields	3
4	Improve local workforce pipeline and recruitment efforts, such as shadowing and other opportunities for local community members to learn about careers in needed occupations, including healthcare, emergency response, and childcare	
5	Create mobile food pantries to reach rural areas of the community	
6	Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts	
7	Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts	
8	Link primary care clinics in rural areas with centralized health systems for training and mutual support through telehealth	
9	<i>Add</i>	

Top Three	Measures of Success - Metrics
1	<i>Add</i>
2	<i>Add</i>
3	<i>Add</i>
Other	<i>Add</i>
Other	<i>Add</i>

Strategy Group: Awareness of and access to existing services (including additional capacity)

Star (*) the Top 3	Strategies <u>Add to this List or Delete Some</u>	Primary Barriers
1	For agencies/programs that cover the county, but are headquartered outside the county, to have more of an in-county presence	1
2	Increase outreach through diverse media, including social media, local news, radio, and print	2
3	Hold periodic meetings among agencies and other partners with the expectation that partners attend and share opportunities and information	3
4	Expand mobile services (e.g., PanCare’s dental bus) to build community awareness and trust	
5	Provide more one-on-one assistance to address the individualized needs of seniors, adults with developmental disabilities, and others with unique needs	
6	Build community awareness of the appropriate use of different levels of care, from in-person primary care and telemedicine to emergent care and transport services, to prevent overtaxing limited patient care resources	
7	Utilize multidisciplinary teams, such as care teams including a social worker and/or other professionals who have the skills to address non-clinical barriers to success	
8		

Top Three	Measures of Success – Metrics
1	<i>Add</i>
2	<i>Add</i>
3	<i>Add</i>
Other	<i>Add</i>
Other	<i>Add</i>

Strategy Group: Crisis Care and Behavioral Health Services

Star (*) the Top 3	Strategies <u>Add to this List or Delete Some</u>	Primary Barriers
1	Improve community awareness of substance use treatment services	1
2	Increase the availability of mental health counseling for children and adolescents outside of school	2
3	Increase informational outreach regarding mental health stigma in the community, such as a campaign from the Department of Health and/or messaging and outreach through churches and in workplaces	3
4	Develop intervention programs to support families and adolescents with mental health needs in clinical and school settings	
5	Address insurance barriers that impede referrals from school-based counseling to community-based providers	
6	Expand service provider availability, including nights and weekends	
7	Increase community capacity by increasing the number of mental health providers so that community members have more options	
8	Establish digital clinics using smartphone apps to augment and extend mental health care	
9	<i>Add</i>	

Top Three	Measures of Success - Metrics
1	<i>Add</i>
2	<i>Add</i>
3	<i>Add</i>
Other	<i>Add</i>
Other	<i>Add</i>

Appendix D: Slide Deck








Community Health Improvement Plan



Meeting Agenda



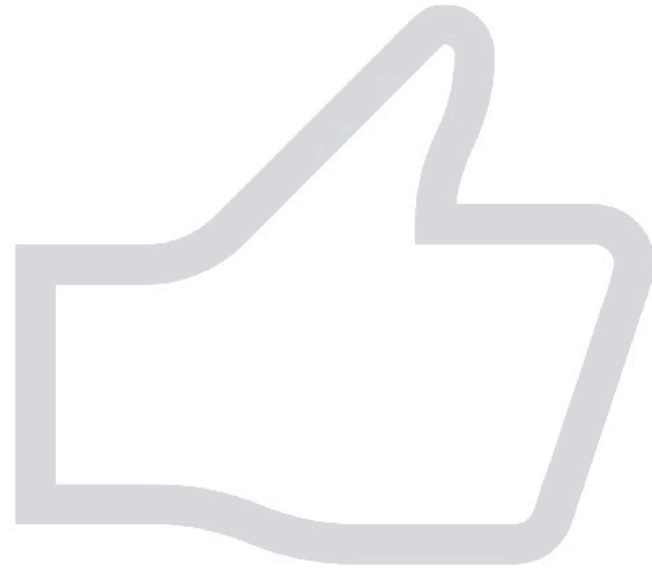
	1:00 – 1:10	Welcome and introductions
	1:10 – 1:20	Background and goals for the morning
	1:20 – 2:20	Strategy review
	2:20 – 2:50	Reporting out and review of results
	2:50 – 3:00	Wrap-up and next steps





Welcome!

*Gulf County Florida Health
Department in Partnership with
Crescendo Consulting Group*





DT Simmons, MPH
Operations Manager



Sarah Quaranta, MPH
Administrator



Katelyn Michaud, MPH
Principal



Scott Good,
Principal



Background

- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
 - Interviews
 - Survey
 - National Best Practices
- TODAY!



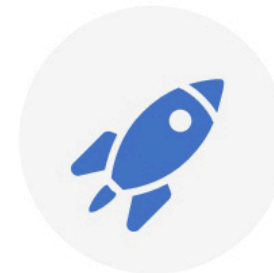
Goals and Purpose



Prioritize key strategies to address Community Health Needs



Build consensus around results



Start the process to launch into activities that will save lives





Core Question:
“How do we focus funding to make the biggest impact?”



Strategy Categories



Better Support and Access
to Basic Services



Awareness of and access to
existing services (including
additional capacity)



Crisis Care and Other
Mental Health Services

Today's Prioritization Process

1

Break out into groups

- There are three groups – one for each strategy category

2

Identify top three strategies

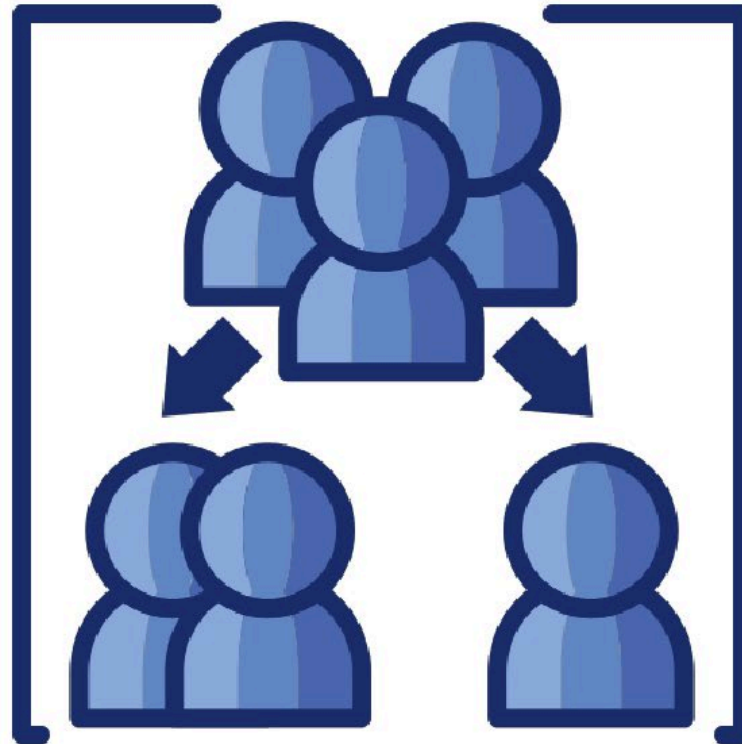
- Table leaders will read a list of existing suggestions and you will discuss the list
- Add new ones, if needed
- Table leaders will ask the group to identify the most critical three

3

Reassemble as a group after about 45-50 minutes

- Use cell phones to quickly evaluate the top three needs in each of the strategy categories

Break out Time!



Welcome Back!

Let's discuss results and how it will direct our work ahead



Ranking Process

Type in:



Text: **SCOTTGOOD278**

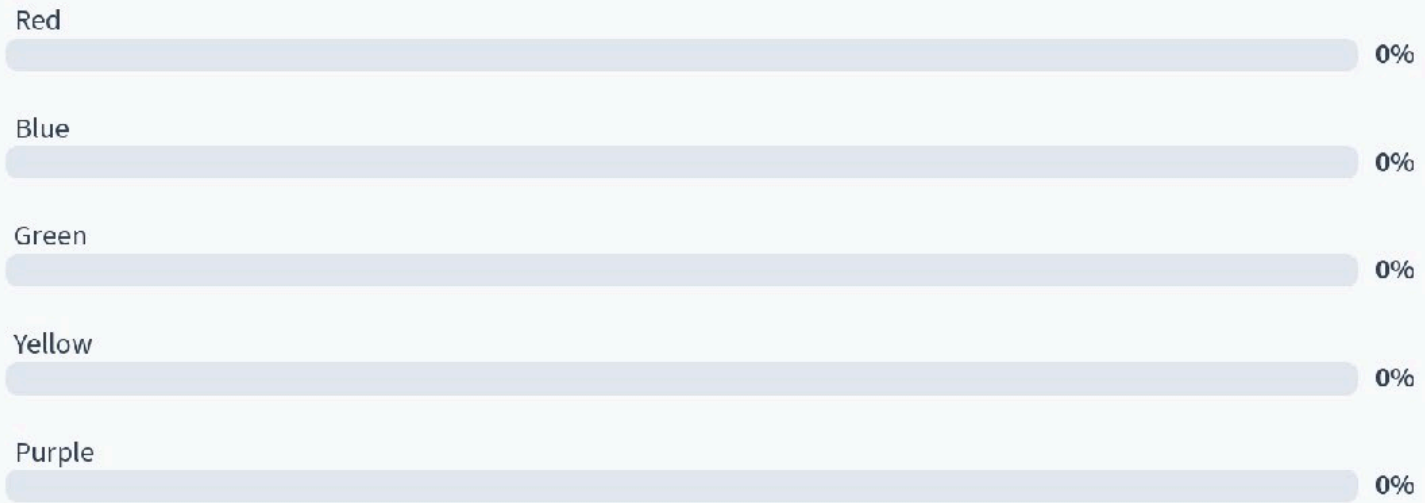
to: **22333**



Testing

- Text the letter that corresponds to your favorite color

What is your favorite color?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Strategy Categories



Better Support and Access
to Basic Services



Awareness of and access to
existing services (including
additional capacity)



Crisis Care and Other
Mental Health Services

Better
Support and
Access to
Basic Services



Better Support and Access to Basic Services Strategies

- Increase income-based housing and workforce housing supply, including through partnerships with property developers
- Increase the number of locally based community health workers to provide connectivity to needed basic resources
- Promote competitive pay across vocations, including healthcare, emergency response, and childcare, to recruit and retain workers and augment local capacity in these fields
- Improve local workforce pipeline and recruitment efforts, such as shadowing and other opportunities for local community members to learn about careers in needed occupations, including healthcare, emergency response, and childcare
- Create mobile food pantries to reach rural areas of the community
- Create new, and expand existing, childcare resources and facilities, especially in marginalized communities and childcare deserts
- Link primary care clinics in rural areas with centralized health systems for training and mutual support through telehealth



Better Support and Access to Basic Services -- Choose the NUMBER ONE best strategy

Increase income-based housing and workforce housing supply, ...



Promote competitive pay across vocations, ...



Create new, and expand existing, childcare resources and facilities ...



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Better Support and Access to Basic Services -- Choose the NUMBER TWO best strategy

Increase income-based housing and workforce housing supply, ...



Promote competitive pay across vocations, ...

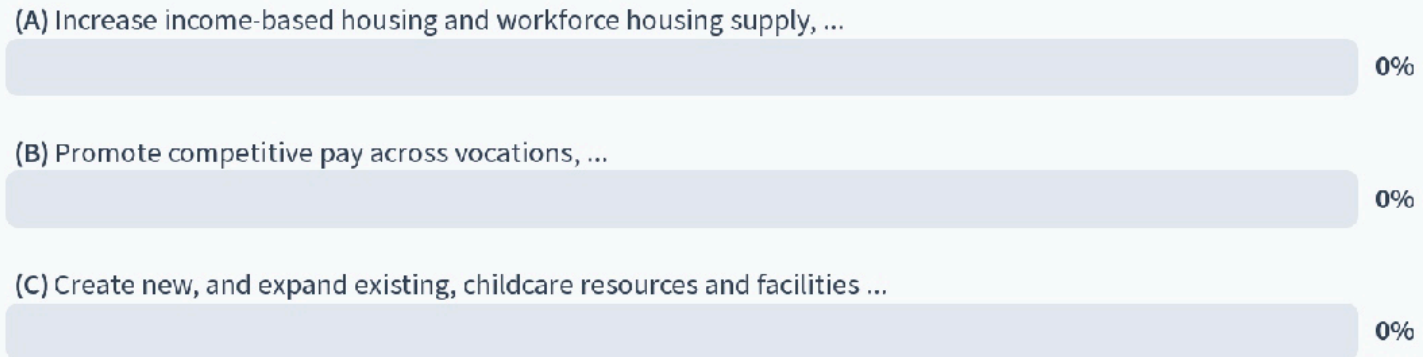


Create new, and expand existing, childcare resources and facilities ...



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Better Support and Access to Basic Services -- Choose the NUMBER THREE best strategy



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Awareness of and access
to existing services
(including additional
capacity)

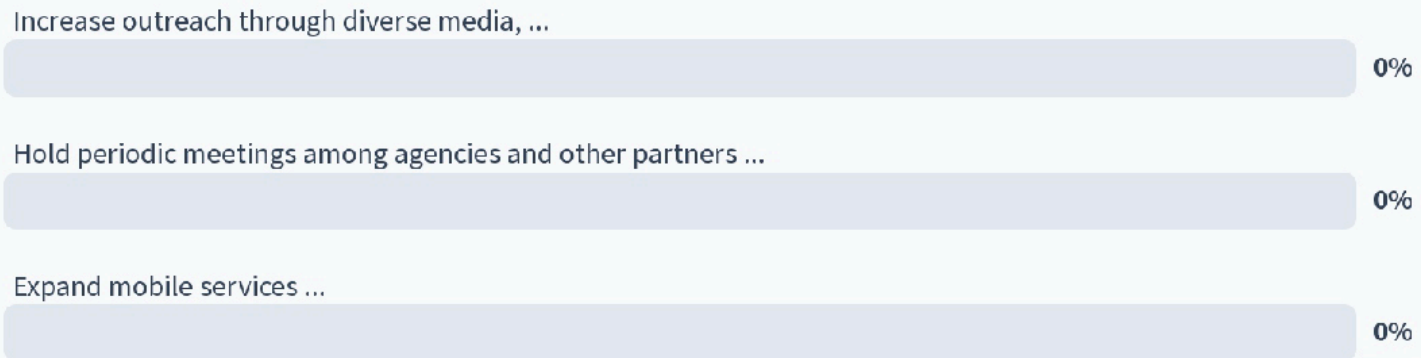


Awareness of and access to existing services (including additional capacity)

- For agencies/programs that cover the county, but are headquartered outside the county, have more of an in-county presence
- Increase outreach through diverse media, including social media, local news, radio and print
- Hold periodic meetings among agencies and other partners with the expectation that partners attend and share opportunities and information
- Expand mobile services (e.g., PanCare’s dental bus) to build community awareness and trust
- Provide more one-on-one assistance to address individualized needs of seniors, adults with developmental disabilities, and others with unique needs
- Build community awareness of appropriate use of different levels of care, from in-person primary care and telemedicine to emergent care and transport services, in order to prevent overtaxing limited patient care resources
- Utilize multidisciplinary teams, such as care teams including a social worker and/or other professionals who have the skills to address non-clinical barriers to success

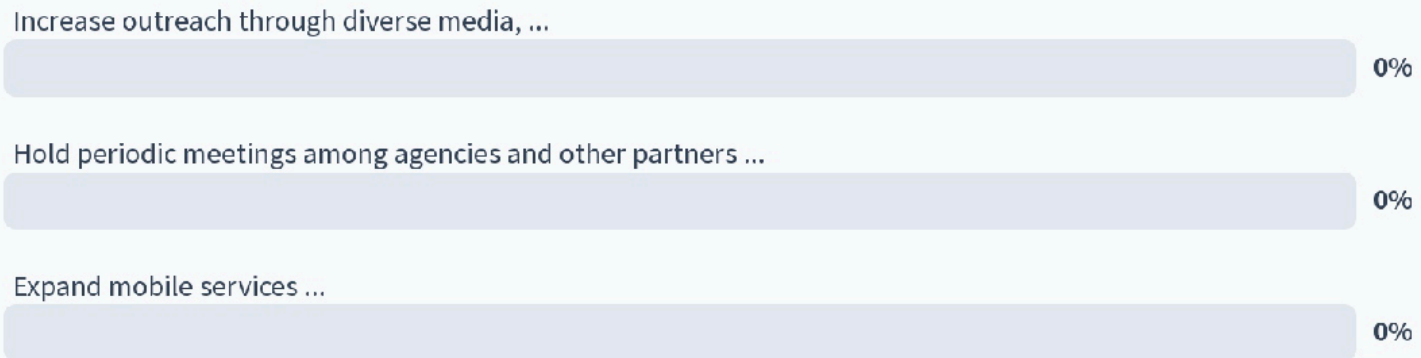


Awareness of and access to existing services (including additional capacity) - Choose the NUMBER ONE best strategy



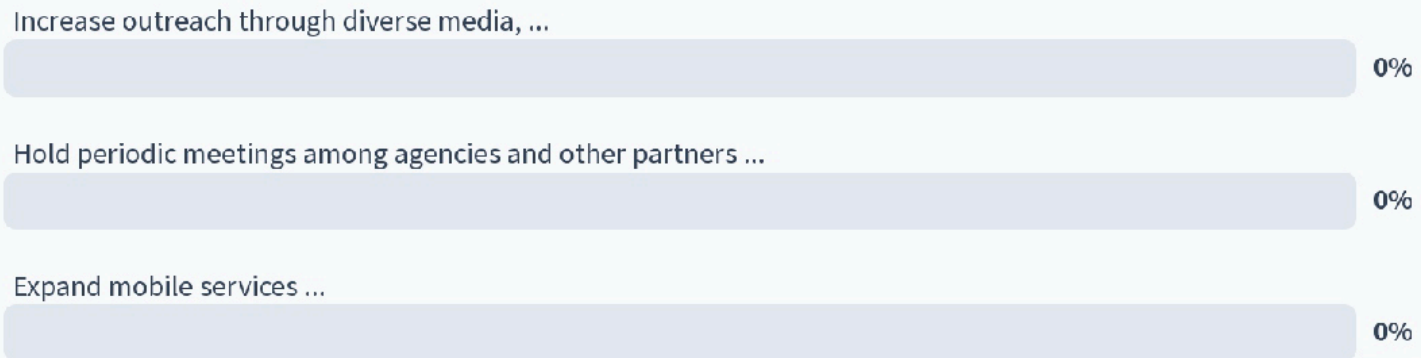
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Awareness of and access to existing services (including additional capacity) - Choose the NUMBER TWO best strategy



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Awareness of and access to existing services (including additional capacity) - Choose the NUMBER THREE best strategy



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Crisis Care and Other Mental Health Services



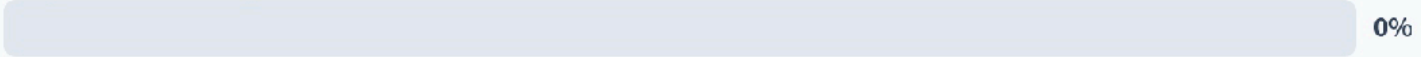
Crisis Care and Other Mental Health Services Strategies

- Improve community awareness of substance use treatment services
- Increase the availability of mental health counseling for children and adolescents outside of school
- Increase informational outreach regarding mental health stigma in the community, such as a campaign from the Department of Health and/or messaging and outreach through churches and in workplaces
- Develop intervention programs to support families and adolescents with mental health needs in clinical and school settings
- Address insurance barriers that impede referrals from school-based counseling to community-based providers
- Expand service provider availability, including nights and weekends
- Increase community capacity by increasing the number of mental health providers so that community members have more options
- Establish digital clinics using smartphone apps to augment and extend mental health care

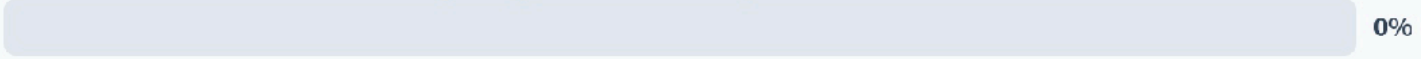


Crisis Care and Other Mental Health Services - Choose the NUMBER ONE best strategy

Improve community awareness of substance use treatment services



Increase informational outreach regarding mental health stigma ...



Increase community capacity by increasing the number of mental health providers ...



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Crisis Care and Other Mental Health Services - Choose the NUMBER TWO best strategy

Improve community awareness of substance use treatment services



Increase informational outreach regarding mental health stigma ...

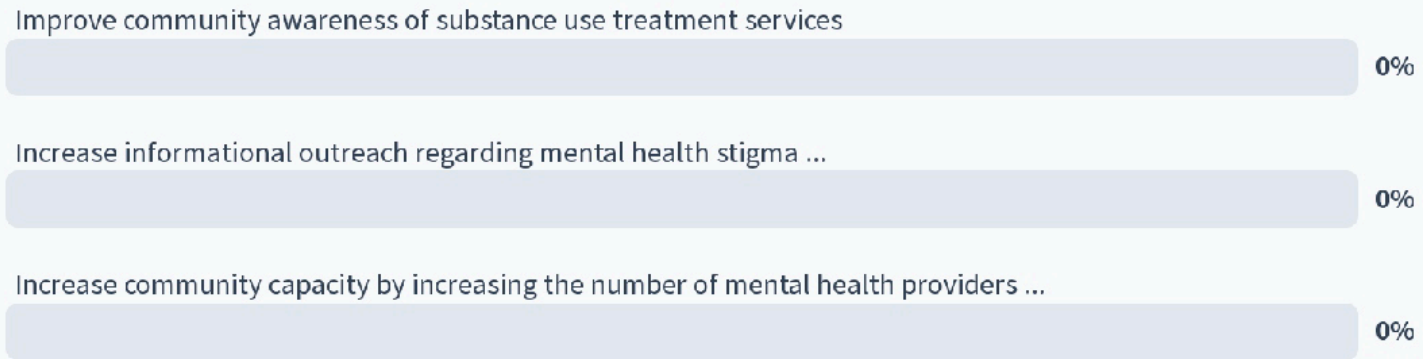


Increase community capacity by increasing the number of mental health providers ...



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Crisis Care and Other Mental Health Services - Choose the NUMBER THREE best strategy



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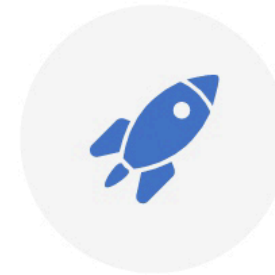
Next Steps



DOCUMENT TODAY'S STRATEGY
EVALUATION



CREATE A DATABASE OF ALL
SUGGESTED STRATEGIES, BARRIERS,
PARTNERS, AND OTHER INFORMATION



LAUNCH ADDITIONAL EFFORTS TO
OPERATIONALIZE STRATEGIES



Reconvene and Wrap Up

Did we meet our goals today?





Questions?

