



Healthy Mendocino Advisory Council Meeting
November 4th, 2019, 1PM
HHSA, Big Sur Room—Ukiah

Present: Greg Van Patten, MCSO; Megan Barber Allende, Community Foundation; Angela DeWitt, Anderson Valley Housing Authority & Anderson Valley Fire District; Carla Harris, Mendocino Coast Hospitality Center; Ryan LaRue, RCHDC; Clara Slaughter, Mendocino Coast District Hospital; Richard Matens, Consolidated Tribal Health Project; Zida Borcich, Mendocino Coast Children's Fund; Chloe Guazzone-Rugebregt, Anderson Valley HC; Richard Shoemaker, City of Point Arena; Sage Sangiacomo, City of Ukiah; Judson Howe, Adventist Health; Lindsey Spencer, Adventist Health Ukiah Valley; Victoria Kelly, RCS; Carol Mordhorst, HHSA, Public Health; William Schurtz, HHSA; Eileen Cichocki, Mendocino College; Ann Moorman, Superior Court; Carole Press, MCHC; Camille Schraeder, RQMC; Jayma Shields Spence, FRC Network & Healthy Start; Roseanne Ibarra, First Five; Julie Fetherston, Molly Rosenthal, Patrice Mascolo of Healthy Mendocino.

On the Phone: Tabatha Miller, City of Fort Bragg; Lucresha Renteria, Mendocino Coast Clinics; Jennifer O'Donnell, United Way of Wine Country; Patty Bruder, NCO.

Absent: Tammy Moss-Chandler, HHSA; Julia Russ, Round Valley Indian Health Center; Ted Williams, Mendocino County Board of Supervisors; Brent Shultz, Mendocino County Planning and Building Services, Juan Orozco, Ukiah City Council; Dina Polkinghorne, Project Sanctuary; Libby Guthrie, MCAVHN; Michelle Hutchins, MCOE; William Feather, Mendocino County Jail; Jason Wells, Adventist Health; Linda Givens, Adventist Health Howard Memorial; Doric Jemison-Bell, Redwood Coast Medical Services.

Meeting Commence: 1PM

Welcome and Introductions

Patrice Mascolo, Healthy Mendocino Program Manager, announced that she will be awarding the Susan Baird Kanaan award to Michelle Rich who was not present at the meeting. The plaque is not ordered yet due to the delay of power outages. Every year this award goes to an outstanding community member who has dedicated their time to county health and wellbeing.

Roseanne thanked the County for allowing us to use the space and congratulated them on their new renovations.

Overview—Guiding Principles

Healthy Mendocino (HM) shifted the organization's structure because we wanted to make sure we had the right people at the table. Everyone at the meeting is integral to making a difference in the county. You are representing your agency but you are here as conveners for a greater community and policy change. Want to make sure we're weaving together the work already being done. Everyone has specific targets but we can all assist each other in improving the community.

Healthy Mendocino's guiding principles are: Equity, holding the overall vision, community accountability, telling stories that tie your work to the vision, hosting important conversations, planting seed for population level change, focusing on upstream changes, communicating back to the community the work being done.

CHNA Synopsis

The 2019 CHNA was the second collaborative for Healthy Mendocino – the first time around was in 2016. Will be doing this every 3 year. Thirteen county agencies provided funding and staffing and resources for this collaborative. Purpose: to identify the most pressing health needs in the county. The assessment looked at three different data sets. HM is the lead organization moving forward with strategies to resolve these issues. The Community Health Improvement Plan (CHIP) is the action plan for making change in the priority areas and is an ongoing document. The different sections of the CHNA are below:

Community Health Survey: Over 1,300 people filled it out, however we did not reach all the communities we intended to reach. Healthy Mendocino has stepped forward to listen to the missing communities to find out what is really going on. We are looking at a broader community outreach with the new initiatives.

Key stakeholder Interviews: Gave the perspective of leaders in our community based on their client's needs and their work.

Community Health Status Assessment: Secondary data from the HM website indicators and other sources.

The planning group determined the priority areas of Mental Health, Domestic Violence, and Substance Abuse as the most important issues in the county.

The 2019 CHNA is available online at www.healthymendocino.org for the Council to look at. We will be asking the Council to approve the CHNA report through email to move it from draft to final document. Patrice will send the link to you for approval. This data is just a starting point and one piece of information staff used to come up with initiatives. This Council will determine the final actions and priorities for staff. We want all your feedback to help us decide on an initiative that can move the dial. We value your feedback and perspective and value what you know about the county from your work. An equity lens will be used when we do any of the work.

Membership Agreement

Patrice asked Council to please sign the agreement and turn it in following the meeting so everyone is clear on what the roles and responsibilities are as a member of this Council. If you still need to look it over you can send it via email.

The Membership Agreement says the Council is to provide fiscal oversight and budget approval. Patrice will send financials, so she is not doing them a vacuum. Healthy Mendocino is not a formal non-profit—they are a program of North Coast Opportunities—so this Council acts as the only direct body of oversight for the organization.

Introduction to the new Healthy Mendocino Structure

HM used to have a Steering Committee (SC) and Action Teams. SC helped staff go through a whole visioning process, which included a new structure that will allow the team to go deeper rather than wide. The current Action Teams are mostly closed out but can be folded into the new initiative and act as more of a community engagement team that meets quarterly. Expertise Teams will help create appropriate measurements for the work. Specific goals and strategies will be organized around time bound, and project-specific workgroups. Staff found the ongoing format of the Action Teams caused fallout and burnout.

Initiatives

The team presented 3 initiatives:

Healthy Communities Start at Home, Housing Initiative

Pathways for Progress, Economic/workforce promotion

Mendo Thrives: Building Community Muscle, Improving Mental Health

How did we get this information? The team took Action Teams lessons learned, the work and capacity of our community partners, national/int best practices, community listening tours, policy and trends in the state and federal landscape, CHNA data and the capacity as an organization to come up with the initiatives.

Community Health Improvement

Often we hear if we just had more time or more money or more programs, we could improve things. It is true we need more time and money. The issues we are working on are complex human issues we see everywhere and we aren't going to magically solve them tomorrow. But we will have an impact on things that matter. When we look at root causes of the issues of Mental Health, Substance Abuse and Domestic Violence, it's isolation, lack of belonging and lack of connection. We are in an isolated county and have a culture that is isolating. However, we are a county of many connections and we need to use them.

We are really good at connection—we see that around the community response to fire disaster. We need to continue to build that capacity. Our job is to tell your story, your clients' story to help people connect to build social cohesion. Point Arena does not necessarily feel connected to Covelo, etc. We are one county and we need to build a county identity.

Equity

This group at the table is diverse but we still don't represent the entire community, particularly communities of color. These initiatives do not directly address equitable strategies because it is not appropriate to come up with them on behalf of the underrepresented communities. We will be talking to leaders in those communities to support them in creating their own goals and strategies for whatever initiative is chosen.

Healthy Communities Start at Home: Initiative #1 Housing Initiative

Background: We don't need to go into the extent of the housing crisis because everyone is aware of the issues: high cost of land, low wages, long time horizon. Housing is a social determinant of health. There is an economic cost to the housing crisis because we can't recruit companies without worker housing. There have been many successes in the community however there is a gap in leadership—e.g. planning department is meant to provide conditions for building but they only have so much capacity to work towards implementation of housing.

Refer to initiatives document for specific strategies and goals

Pathways to Progress: Initiative #2 Economic/workforce promotion

Background: People can often see the jobs but not understand how they personally connect to it. We do have great successes especially with nursing in the community, so we know that growing our own works. Programs are sometimes underutilized and hard to access and potential employees may not know about the opportunities. Outlying communities have said we need more technology solutions to get people connected to educational and employment opportunities in other parts of the county. Meaning in work is an important piece of health.

Refer to initiatives document for specific strategies and goals

Mendo Thrives: Building Community Muscle: Initiative #3 Improving Mental Health

Background: This initiative focuses not only on people who have a serious diagnosis, but all of us. Reducing the stigma. Mental Health is a continuum. We have a lot of successes in the community around mental health and we don't think they are being told. No matter what we do, Healthy Mendocino website will be a holder for info and to drive to your website. There are already some great national campaigns to use in a coordinated effort to push out information involved in reducing mental health stigma: champions, gathering key influencers. We need to know that there is something we can do individually that makes a difference.

Some goals lack strategies and measurements because we could spend the last two years developing strategies. Some of the detail will come with the expertise teams in the next round of work.

Refer to initiatives document for specific strategies and goals

Measurements

Population level change takes 10-20 years. Measurements need to be along a continuum of change: early, systems, and population change (e.g. early change: Awareness in the community, systems change: changing policies at organizations, population level change: state and federal policy). Healthy Mendocino isn't a direct

service organization, although each initiative has a product designed to support the efficacy of your work. We are the backbone, so we have our own indications of how we will be measured. We will be asking you what success looks like for you for the initiative chosen. If we are not of value to you, we won't exist.

General Feedback and Discussion from AC:

All three initiatives address huge, complex issues with many stakeholders. All are interrelated. These initiatives are a menu of interventions. If the Council feels strongly about pulling from different initiatives and plugging in a piece of each to make up one initiative, then that should be discussed. Initiatives could be interwoven and strategized with the Leadership Team. However, the power of a cohesive stream is to get some momentum and we would hate to dilute the work by going too broad. HM heard they went too broad in the last cycle. HM must show a different way of working and have success. It is only possible to do one initiative at a time because Healthy Mendocino is only 3 people.

Healthy Mendocino is looking for early wins to prove success by the end of this fiscal year (June 30, 2020). Mental Health and housing will be hard to establish quick wins. Workforce has more "bang for your buck."

Council strongly encouraged Healthy Mendocino to have strategies to reach each goal. Yet this draft plan is meant to show the global view. Once the initiative is chosen additional strategies will be decided. Once a topic is chosen we will dive deeper. The next steps are to get together the Leadership Team (made up of program-level people), Expertise Panel and Equity Panel together for that initiative so we can have them look at the initiative and ask what else have we not thought of in terms of policies and strategies.

Housing initiative was most developed of the three. Mental Health initiative is the least developed. Housing could be implemented first and the Mental Health menu could be developed further with the Council to get it ready to implement in 2 years.

Healthy Communities Start at Home: Initiative 1 Discussion

Since Healthy Mendocino only has 8 months to prove success, then housing could be the stage through June and then move on to the next. There is a lot of momentum around housing right now and a lot of people already working on the issue. Much of the "dust" hasn't been settled—Housing Elements are still being reviewed and won't be implemented until next year. That is a lot of uncertainty. On the other hand, housing is being discussed a lot at the state level and this could be an interesting time to influence policies so we don't get left in the dust. State housing initiatives are centered around urban communities, transportation and climate change which have the potential to hurt rural communities. We could be a squeaky wheel right now and make some course corrections.

If we don't deal with working class and middle-class housing we are causing resentment and we won't have the providers and talent for our county.

Housing is an easy sell because everyone has a housing story but is not necessarily an easy win. It will be hard to prove success to the community in an 8-month period.

Pathways for Progress: Initiative 2 Discussion

Workforce piece could be a huge piece for solving the mental health piece because Measure B has not quite considered the barriers to staffing the facility. Workforce development initiative addresses equity the best. We have a high value and probability of achieving successes in a short cycle time with this one. It would also address the mental health issue.

Where we are recruiting is the issue. A lot of hospitals don't hire new grads. If people aren't connected to the community (if we recruit out of the area) they won't stay.

Workforce development has less barriers to navigate than the other two initiatives. There are highly engaged people and people/organizations that want to engage in this issue. We could help HR professionals on a broader

scale. Workforce does help the other two initiatives. Yet the problem is broader than health care—law enforcement as an example.

Mendo Thrives: Building Community Muscle: Initiative 3 Discussion

Mental Health initiative needs the most work because of the resources in our local communities through Measure B. If the initiative is not done right, we will disenfranchise the voters that voted for it and run the risk of wasting millions of dollars. The initiative's impact has potential to have a positive or negative outcome for governmental services and public trust. It can be argued that this is the reason we need overarching communication around Measure B.

It would be interesting to talk about what services are and are not available based on payer type in a care map. By January we will know how the services will be shifting but the changes will take a while to get into place. An early win for this initiative would be developing a map of services as they are now.

Voting and Wrap Up

Council members were asked to rank the initiatives based on their first, second and third choices. Initial results (unweighted vote) of the group poll were:

Workforce: 1st Place

Mental Health: 2nd Place

Housing: 3rd Place

This preliminary vote will go through a weighting process, as per the Healthy Mendocino Action Plan, (funding organizations will get a weighted vote). Since there were many members absent, Patrice will be sending a poll out in the next couple days for those who were absent to get their vote in online. Please vote by next Tuesday, November 12, by 10:00am.

Continuous communication is key and the Council was encouraged to contact staff if they have a question or change their mind about their preference. January will be the next meeting to keep momentum going. Patrice will send out a poll to set a date in early December.

Meeting Adjourn 3:35

Respectfully Submitted, Molly Rosenthal