



CHIP Monitoring Guidance

The Community Health Improvement Plan (CHIP) is a countywide plan for public health system partners and stakeholders to use to improve the health of the people in Hillsborough County. It is a direct result of the Community Health Assessment (CHA), which was produced utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) process. Both the CHA and CHIP make up *the Hillsborough County Health Department 2010/2011 Community Health Profile* report. This report can be found at:

http://www.hillscountyhealth.org/pdf/HCHD_2010-2011_Community_Health_Profile_Report.pdf

Monitoring of the CHIP will occur on a biannual basis. Progress will be monitored through the development of a CHIP Biannual Monitoring Report, which serves as the actual tool for tracking progress and implementation. This report is in the format of an Excel spreadsheet or table in a Word document. The CHIP Action Plan Templates are the actual individual CHIPs created for each priority area (i.e. Maternal and Child Health; Obesity; etc.), and together, make up the overall CHIP document. We will continue to use these Action Plan Templates (in Word format), and update and modify them as needed. The CHIP Biannual Monitoring Report will be shared internally within the health department. The updated CHIP will be shared with the greater community, as well as with all partners and stakeholders involved, by posting it on the Florida Department of Health in Hillsborough County website. In addition, a CHIP Update Newsletter will be emailed out to partners on a biannual basis. The newsletter summarizes information from both the CHIP Biannual Monitoring Report and updated versions of the CHIP.

Documents related to the CHIP will be stored in the "Community Health Improvement Plan (CHIP)" folder within the "Community Health" folder on Sharepoint. Examples of documents include: new and previous versions of the CHIP; CHIP Update Newsletters; CHIP Biannual Monitoring Reports; and more.



Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
<p>Maternal and Child Health</p>	<p>Raise awareness on infant mortality and morbidity as important health issues in Hillsborough County</p>	<p>Results from the next MAPP Community Health Survey (2015), will demonstrate that > than 3.8% of residents understand and have awareness on the incidence and impact of poor birth outcomes and the link between birth outcomes and the general health & wellbeing of the community and its residents. Baseline: In the HCHD 2010 Community Themes and Strengths survey only 3.8 % of respondents selected infant death as an important health problem. It was not in the top 10, but at the bottom, 20th of 21 in a list of important health issues.</p> <p><u>Target:</u> Increase percentage</p>	<p>Social Marketing, Advocacy, Education</p>	<p>2011-2015</p>	<p>DOH- Hillsborough County</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> The health department is making ongoing progress in this priority area. Staff continue to attend the Healthy Start Planning and Development Committee meetings on a monthly basis. In 2012, a Strategic Plan objective was created that relates to providing preconception / inter-conception education on lifestyle behavior and prevention strategies for women of child-bearing age, aligning this CHIP in Maternal and Child Health with our Strategic Plan for the health department. A Request for Proposal (RFP) was sent out last year, and the winners of the contract were <i>Healthy Start</i> and <i>Reach Up</i>. These organizations carried out focus groups and other research methods in order to determine and develop relevant messages for a social marketing campaign aimed at reducing poor birth outcomes through highlighting pre and interconception health. On August 2, 2013, "You Care. We Do Too." was launched, with announcements advertised on venue billboards, bus stop benches, and numerous other locations throughout the county. The next step includes evaluating the campaign during the upcoming six months. We are on schedule for meeting this CHIP's goal and objective, and the completion date is planned for 2015. <i>Status, ongoing.</i> <p>Relevant Health Indicators: 3-year rate of non-White live births under 1500 and 2500 grams; 3-year rate of non-White infant deaths per 1,000 live births; 3-year rate of births with first trimester prenatal care; and age-specific teen pregnancy rates (ages 15-19) per 1,000 population for County, State, and US.</p> <p>According to Florida CHARTS, the 3-year rate of Black</p>

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Maternal and Child Health							and White live births under 1500 and 2500 grams has remained stable in the past ten years, with slightly more than 2x the amount of Black births being under 1500 g and almost 2x the amount under 2500 g as compared to Whites. The rates for 2010-2012 for live births under 1,500 grams and 2,500 grams for Blacks were 2.91% and 14.1% respectively. Regarding infant deaths, the three-year rolling rates have remained relatively stable for Blacks and Whites; however, the average rate of infant deaths for Blacks is almost 3x the rate for Whites with the most recent recorded rate for 2010-2012 being 15 infant deaths per 1,000 live births for Blacks and 5.5 for Whites. The 3-year rate of births with first trimester prenatal care for 2010-2012 was 88.3%, which is the highest recorded rate over the past ten years. Finally, the age-specific teen pregnancy rate (ages 15-19) per 1,000 population for Hillsborough has been trending downwards since 2006, with more recent rates of 43.2, 37.5, 34, and 33.2 for 2009, 2010, 2011, and 2012, respectively. The rate for the County continues to be higher than the State's rate, and traditionally higher than the rate for the US; however, the data for the US is only available through 2009.
Obesity	Reduce Prevalence of obesity in Hillsborough County	Create and implement a social marketing campaign that increases self awareness of negative consequences of being overweight/obese among a selected population of Hillsborough County residents by December 2012	Social Marketing	May 2011- March 2013	Obesity Committee; social marketing expert and team; evaluation expert; all stakeholders	Ongoing	<ul style="list-style-type: none"> The original plan was to implement a social marketing campaign by December 2012, and to evaluate it through March 2013. We did not meet this timeframe; however, we continue to move forward on this objective. In February 2013, an Obesity Summit was held, and numerous guest speakers attended. The purpose of the summit was to examine the public health problem of obesity and seek solutions for the county based on the IOM framework and recommendations that were published in the IOM Obesity Report "Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation." The proposed solutions from the summit were shared with the Partnership on Obesity

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Obesity							<p>Prevention (POP) and committees were established to work on creating objectives for the five goals/areas presented in the IOM report. The next POP meeting is scheduled for October 2013, where each partner-led committee will present their ideas and action plans.</p> <ul style="list-style-type: none"> On August 6th, 2013, the information from the summit, and the recommended solutions by community partners, were aired as video segments on local television stations. These segments can also be found on You Tube. POP is in the process of determining if a social marketing campaign is the best approach to raise awareness about obesity and its related negative health effects and is currently carrying out a more comprehensive assessment. Currently, we are not on target regarding the objective and timeframe for this priority area since the completion date has passed. Despite this, we are making positive and consistent progress. <i>Status, ongoing. However, there is potential for this action plan to change.</i> <p>Relevant Health Indicator: Prevalence of Obesity. According to Florida CHARTS, the prevalence of obesity for the county continues to rise, showing an upwards trend. In 2002, the prevalence rate was 22.60%; in 2007, 24.80%; and in 2010 (the most current statistic) the prevalence rate was at 25.30%.</p>

Community Health Improvement Plan (CHIP) Biannual Monitoring Report – August 2013

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status Ongoing Complete Deleted	Explanation of Status and Summary of Key Activities this Reporting Period
Communicable Diseases	Improve surveillance of communicable diseases in Hillsborough County	Improve provider reporting by 25% among clinical practices for all reportable infectious diseases by 2015. Current Measure / Level of Reporting: TBD	Promote	Aug 2011-2015; annual and ongoing evaluation	DOH- Hillsborough County Epidemiology & Disease Control; possibly LDO	Deleted	This priority area has been deleted from the CHIP. During the process of updating the health department's Strategic Plan, it was determined that the issue may not be the need to improve provider reporting, but rather the need for increasing awareness of specific communicable diseases. Therefore, this priority area has been moved to the Strategic Plan, since this CHIP's goal and objective do not address the root problem. <i>Status, deleted.</i>
Chronic Diseases	Reduce disparities in Diabetes Hospitalizations and Deaths among vulnerable populations by first understanding community needs and assets	Determine availability of diabetes management / education for those at risk or diagnosed with the disease and initiate plans to improve access and availability by December 2013.	Research	Sep 2011- Dec 2013	DOH- Hillsborough County; student; Chronic Disease Committee	Completed	<ul style="list-style-type: none"> This objective has been met. Detailed asset mapping was completed, and areas of the county with a high prevalence of deaths and hospitalizations were mapped with services. The results indicated a shortage of services, specifically diabetes self-management education, in the southern areas of the county, as well as limited access and availability for low-income populations. In January 2012, the Florida Department of Health- Hillsborough County launched "Manage Your Diabetes," a free diabetes self-management education program. Since this date, a total of nine sessions have been offered throughout Tampa, Brandon, Valrico, Ruskin, Plant City, and Sun City. Locations were originally selected due to the disproportionate incidence of diabetes-related deaths and low access to diabetes self-management education classes. A Registered Dietitian/Certified Diabetes Instructor was hired to lead these evidence-based classes. Additionally, diabetes prevention classes are now being offered in a number of locations. This priority area's goal and objective have been met since the last update in May 2012. Classes continue to be held throughout these locations. <i>Status, complete.</i>

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Chronic Diseases							<p>Relevant Health Indicators: Percentage of adults diagnosed with diabetes for Hillsborough County and Florida; 3-year age-adjusted Diabetes-related hospitalizations for Hillsborough County and Florida per 100,000 population; Resident 3-Year Age-Adjusted (AA) Diabetes-Related Mortality Rate per 100,000 population for Whites and Blacks.</p> <p>According to Florida CHARTS, from 2007 to 2010 (no newer data available), the percentage of the population affected by diabetes in the County and the State has increased; In 2007, the County had a lower prevalence rate than the State, but as of 2010, this trend has reversed. Regarding 3-year age-adjusted diabetes-related hospitalizations per 100,000 population, there has been a consistent upward trend in the data, with Hillsborough values consistently higher than those of the State. The data for 2010-2012 (the most up-to-date data) shows 2,561.3 age-adjusted hospitalizations per 100,000 population for Hillsborough, and 2291.2 per 100,000 population for the State. The 3-year AA diabetes-related mortality rate for Blacks continues to be slightly more than twice the rate of Whites in 2010-2012. In addition, since 2000-2002 the rate for Blacks has shown a greater downward trend over time than for Whites. In 2000-2002, the rate was 73.7 per 100,000 population for Blacks and 26.0 for Whites. In 2010-2012, the rate was 44.8 per 100,000 population for Blacks as compared to 20.9 for Whites.</p>

Community Health Improvement Plan (CHIP) Biannual Monitoring Report – August 2013

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status Ongoing Complete Deleted	Explanation of Status and Summary of Key Activities this Reporting Period
Injury and Violence	Support and further the work of the Hillsborough Prevention Collaborative in addressing common root problems leading to disparities in injury and violence in our county	A. Integrate the Hillsborough County Health Department as a member agency in the Hillsborough Prevention Collaborative by having a Health Department representative actively participate by December 2011.	<p><u>Strategy 1.</u> Share the data and Stakeholder priorities that emerged from the CHIP process with the Hillsborough Prevention Collaborative members</p> <p><u>Strategy 2.</u> Assist the Hillsborough Prevention Collaborative with their on-going Needs Assessment process, reflecting the high priority given to injury and violence prevention across life-span as a priority in public health</p>	Jul 2011 and ongoing	Laura Chan, DOH; Consultant Alayne Unterberger; DOH representative	Deleted	The Hillsborough Prevention Collaborative is no longer active. Despite initial progress made on this CHIP through May 2012 (i.e. numerous meetings with partners; health department staff participation in the Hillsborough Prevention Collaborative; “Stop the Violence” meeting with community members; taskforce established to combat violence in East Tampa; and support of local officials), this priority area’s objective was dependent on involvement with system partners, and the partnership is no longer active. <i>Status, deleted.</i>
		B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016. * Note: Objective B is a proposed intervention, based on participant feedback to be shared with the collaborative. Implementation is pending acceptance by the Prevention Collaborative	<p><u>Strategy 1.</u> Build capacity of medical personnel to address issues of injury and violence and make necessary referrals to community agencies, including 2-1-1, beginning in 2012 and continuing through 2016.</p>	Aug 2011- May 2012	Hillsborough Prevention Collaborative; Trainers from Spring, Bay Care, Elder Abuse, CAC, Crisis Center, Hillsborough Prevention Collaborative; Injury and Violence Workgroup; CHIP Members		

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Injury and Violence			Strategy 2: Engage four health care provider centers or networks to receive Social Injury Resource and Awareness Training by 2016 and track the impact of training by process and outcome measures that reflect higher rates of calls to 2-1-1, increased referrals to injury and violence intervention services, increased numbers of trainings and selected pre- and post-test measures from providers trained	May 2012- Dec 2016	Hillsborough Prevention Collaborative; CHIP Members; Crisis Center 2-1-1 personnel; providers	Deleted	See previous page for status
Social and Mental Health	<u>New Goal:</u> Continue to support partnerships focused on behavioral and mental health	<u>New Objective:</u> Attend Monthly Central Florida Behavioral Health Network (CFBHN) Circuit 13 Consortium Meetings	Support	Ongoing	Office of Health Equity staff, DOH- Hillsborough County	<u>Previous Goals:</u> <u>Deleted</u> <u>New Goal:</u> <u>Ongoing</u>	Based on a review of activities related to this priority area, it was determined that the goals and objectives were not consistent with the current resources of the health department and the partners whom participated. However, a new goal has been developed, allowing us to maintain social and mental health as a priority area on our CHIP. Staff from the health department continue to participate in the Central Florida Behavioral Health Network Circuit 13 Consortium meetings and provide support to partners as appropriate. The status of this priority area is ongoing; however, previous goals and objectives have been deleted and replaced with updated applicable ones. <u>Status, previous goals-deleted, new goal-ongoing.</u>



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
<p>Maternal and Child Health</p>	<p>Raise awareness on infant mortality and morbidity as important health issues in Hillsborough County</p>	<p>Results from the next MAPP Community Health Survey (2015), will demonstrate that > than 3.8% of residents understand and have awareness on the incidence and impact of poor birth outcomes and the link between birth outcomes and the general health & wellbeing of the community and its residents. Baseline: In the HCHD 2010 Community Themes and Strengths survey only 3.8 % of respondents selected infant death as an important health problem. It was not in the top 10, but at the bottom, 20th of 21 in a list of important health issues.</p> <p><u>Target:</u> Increase percentage</p>	<p>Social Marketing, Advocacy, Education</p>	<p>2011-2015</p>	<p>HCHD</p>	<p>Ongoing</p>	<p>The health department is continuing to work with partners such as Healthy Start and Reach Up on committees and work groups. Additional activities include implementation of a new preconception and interconception health initiative. The HCHD is working on strategies that may be developed to assist in improving birth outcomes. Initial efforts are focused on preconception health education for at-risk populations. In future strategic planning we hope to identify and consider HCHD strategic focus areas that may be linked to community priority areas in order to ensure desired organizational and community outcomes.</p>



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Obesity	Reduce Prevalence of obesity in Hillsborough County	Create and implement a social marketing campaign that increases self awareness of negative consequences of being overweight/obese among a selected population of Hillsborough County residents by December 2012.	Social Marketing	May 2011- March 2013	Obesity Committee; social marketing expert and team; evaluation expert; all stakeholders	Ongoing	Partners in Obesity Prevention (POP) coalition continues to be the focus for working with partners and the community. Information on POP may be found at the website: http://partnersinobesityprevention.com/ The GIFT program continues to be successful. Data for 2011 indicates that 84 classes have been offered around the community in both English and Spanish; 548 people lost weight; 100% are educated on their BMI categories and the associated health risks; and 60% of all participants reported increase in physical activity
Communicable Diseases	Improve surveillance of communicable diseases in Hillsborough County	Improve provider reporting by 25% among clinical practices for all reportable infectious diseases by 2015. Current Measure/ Level of Reporting: TBD	Promote	Aug 2011- 2015; annual and ongoing evaluation	HCHD Epidemiology and Disease Control; possibly LDO	Ongoing	Efforts have focused on creating a methodology for accurately measuring and understanding the reporting gaps. Epidemiology and Disease Control Program discussions are ongoing.



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Chronic Diseases	Reduce disparities in Diabetes Hospitalizations and Deaths among vulnerable populations by first understanding community needs and assets	Determine availability of diabetes management/ education for those at risk or diagnosed with the disease and initiate plans to improve access and availability by December 2013.	Research	Sep 2011- Dec 2013	HCHD; Student; Chronic Disease Committee	Complete	Objective complete. Detailed asset mapping has been completed. Areas of the county with a high prevalence of deaths and hospitalizations were mapped with services. Results indicated a shortage of services, specifically diabetes self-management education, in the southern areas of the county and limited access and availability for low-income populations. The Hillsborough County Health Department launched "Manage Your Diabetes", a free diabetes self-management education program, in January 2012. The program consists of six 1 1/2 hour classes per session that cover a variety of diabetes self-care topics. Since January 2012, a total of ten "Manage Your Diabetes" series have been offered in Ruskin, Sun City, Town 'n Country, and Plant City. These locations were selected because of their high incidence of diabetes-related deaths and were in locations that lacked affordable options for diabetes self-management education. An evidence-based model was adopted and the classes are led by a registered dietitian who is a certified diabetes educator.



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Injury and Violence	Support and further the work of the Hillsborough Prevention Collaborative in addressing common root problems leading to disparities in injury and violence in our county	A. Integrate the Hillsborough County Health Department as a member agency in the Hillsborough Prevention Collaborative by having a Health Department representative actively participate by December 2011.	<p><u>Strategy 1.</u> Share the data and Stakeholder priorities that emerged from the CHIP process with the Hillsborough Prevention Collaborative members</p> <p><u>Strategy 2.</u> Assist the Hillsborough Prevention Collaborative with their on-going Needs Assessment process, reflecting the high priority given to injury and violence prevention across life-span as a priority in public health</p>	Jul 2011 and ongoing	Laura Chan, DOH; Consultant Alayne Unterberger; DOH representative	Ongoing	Dr. Alayne Unterberger facilitated a number of meetings with relevant partners in this priority area. Staff have been participating in the Hillsborough Prevention Collaborative. The Community Development Corporation (CDC) of Tampa hosted a "Stop The Violence" meeting Tuesday, April 10, 2012 from 6pm to 8pm at the Lee Davis Neighborhood Service Center with more than 100 persons from the neighboring community attending. A Task Force was established to address violence in East Tampa. Mrs. Chloe Coney from the Office of Congresswoman Kathy Castor and State Representative Betty Reed were present to give remarks and support.



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Injury and Violence	Support and further the work of the Hillsborough Prevention Collaborative in addressing common root problems leading to disparities in injury and violence in our county	B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016.	<u>Strategy 1.</u> Build capacity of medical personnel to address issues of injury and violence and make necessary referrals to community agencies, including 2-1-1, beginning in 2012 and continuing through 2016.	Aug 2011- May 2012	Hillsborough Prevention Collaborative; Trainers from Spring, Bay Care, Elder Abuse, CAC, Crisis Center, Hillsborough Prevention Collaborative; Injury and Violence Workgroup; CHIP Members	Ongoing	Dr. Alayne Unterberger facilitated a number of meetings with relevant partners in this priority area. Staff have been participating in the Hillsborough Prevention Collaborative. The Community Development Corporation (CDC) of Tampa hosted a "Stop The Violence" meeting Tuesday, April 10, 2012 from 6pm to 8pm at the Lee Davis Neighborhood Service Center with more than 100 persons from the neighboring community attending. A Task Force was established to address violence in East Tampa. Mrs. Chloe Coney from the Office of Congresswoman Kathy Castor and State Representative Betty Reed were present to give remarks and support.
		* Note: Objective B is a proposed intervention, based on participant feedback to be shared with the collaborative. Implementation is pending acceptance by the Prevention Collaborative	<u>Strategy 2:</u> Engage four health care provider centers or networks to receive Social Injury Resource and Awareness Training by 2016 and track the impact of training by process and outcome measures that reflect higher rates of calls to 2-1-1, increased referrals to injury and violence intervention services, increased numbers of trainings and selected pre- and post-test measures from providers trained	May 2012- Dec 2016	Hillsborough Prevention Collaborative; CHIP Members; Crisis Center 2-1-1 personnel; providers		



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Social and Mental Health	1: Every child living in Hillsborough County, by the time they are entering Kindergarten, will achieve and maintain a sense of worth, connection and the ability to contribute.	A. Organize working committee of mental health stakeholders to address social mental health needs	Advocacy	1 year	Children's Board of Hillsborough County; parents; family organizations	Ongoing	Dr. Richard Brisco, our community partner from Florida Mental Health Institute at USF, facilitated a number of meetings on these issues. Final discussions identified a need for the involvement of local policy makers. The HCHD will continue to support partners that are focused on these initiatives.
		B. Develop social marketing campaigns to raise the public awareness of the mental health needs of children birth to age 5 and the consequences of poor social-emotional development.		1-2 years	Children's Board of Hillsborough County; HCHD; parents; family organizations		
		C. Create and support a health care service system that integrates children's mental health and social development		2-3 years	Early Childhood Council of Hillsborough County; Child Abuse Council; Infant Mental Health Committee; Early Learning Coalition of Hillsborough County; parents; family organizations		
		D. Improve and expand mental health services for children under age 5 with risks, delays or disabilities.		3 years	Children's Board of Hillsborough County; S Gilyard (Center for Autism and Related Disorder); CMS; Infants and Young Children (IYC)/Early Steps; FDLRS; parents; family organizations		



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Social and Mental Health	1: Every child living in Hillsborough County, by the time they are entering Kindergarten, will achieve and maintain a sense of worth, connection and the ability to contribute.	E. Develop a coordinated system to screen and assess mental health needs for children birth to age 5.	Advocacy	2 years	S Gilyard (Center for Autism and Related Disorder); Greg Van Pelt (Early Childhood Council-ECC); Membership of Community Screening Initiative (CSI); Family Support and Resource Centers; Early Childhood Council of Hillsborough County; parents; family organizations; Early Learning Coalition of Hillsborough County	Ongoing	Dr. Richard Brisco, our community partner from Florida Mental Health Institute at USF, facilitated a number of meetings on these issues. Final discussions identified a need for the involvement of local policy makers. The HCHD will continue to support partners that are focused on these initiatives.
Social and Mental Health	2: To Improve the social and mental health of children, youth, adults and seniors in Hillsborough County.	Create a systems approach to improve child/youth social well-being.	Integration of services along the continuum of prevention and intervention	1 year through 5 years and ongoing	Children's Committee; Hillsborough Local Planning Team; Juvenile Justice Advisory Board; Florida Department of Health; Children's Board; Department of Juvenile Justice; Florida Department of Health: WIC outreach representative; TANIF-outreach		



Community Health Improvement Plan (CHIP) Biannual Monitoring Report – May 2012

Priority Area	Goal	Objective	Strategy	Time Frame	Responsible Team Members	Status <i>Ongoing</i> <i>Complete</i> <i>Deleted</i>	Explanation of Status and Summary of Key Activities this Reporting Period
Social and Mental Health	3: To Improve the social and mental health of adults in Hillsborough County	Integration of behavioral healthcare with primary healthcare by 2014	Form key stakeholders workgroup to identify assets and resources for recommendations for objective	1 year through 5 years and ongoing	Health Dept.; Central FL Behavioral Network; HMO's/AHCA Hillsborough County Health Plan; Building collaboration with existing partners; Substance Abuse and Domestic Violence; County Commissioner Murman Regional Council Chair (Currently, Mary Lunn Urley for Hillsborough County)	Ongoing	Dr. Richard Brisco, our community partner from Florida Mental Health Institute at USF, facilitated a number of meetings on these issues. Final discussions identified a need for the involvement of local policy makers. The HCHD will continue to support partners that are focused on these initiatives.
	4: To Improve the social and mental health of children, youth, adults and seniors in Hillsborough County	Within five years, integrate evidence-based mental health and substance abuse services for older adults into primary care settings	To educate older adults and the primary care system concerning opportunities for integrating care. Develop workgroup of stakeholders to explore implementation of integrated care – mental health, social service, primary care, older adults.	1 month through 5 years and ongoing	Representative of HCHD; health department representative co-facilitator	Ongoing	Dr. Richard Brisco, our community partner from Florida Mental Health Institute at USF, facilitated a number of meetings on these issues. Final discussions identified a need for the involvement of local policy makers. The HCHD will continue to support partners that are focused on these initiatives.