



## Monroe County

# COMMUNITY HEALTH IMPROVEMENT PLAN ANNUAL PROGRESS REPORT

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**2020**

**Ron DeSantis**  
Governor

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State Surgeon General

**March 30, 2020**

**Produced by:**  
**Florida Department of Health**  
**Monroe County**

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# Introduction

This is the annual review report for Monroe County's 2019-2022 Community Health Improvement Plan (CHIP). The activities and collaborative efforts of the Florida Department of Health in Monroe County (DOH-Monroe) and community partners will be reflected within this report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is a community driven and collectively owned health improvement plan, DOH-Monroe is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

DOH-Monroe has continued its efforts at improving the health of Monroe County residents with the implementation of the MAPP Process (Mobilizing for Action through Planning and Partnerships). This has been done countywide since 2018. This report details the county's CHIP based on MAPP findings. To read the full reports of all the findings of the department's comprehensive studies in these micro-communities, please refer to the CHIP reports on the department's website: <http://monroe.floridahealth.gov/chip>.

## Overview of CHIP and Annual Review Meetings

### Original Community Health Improvement Planning Process

Where and how we live, learn, work, and play affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, DOH-Monroe led a comprehensive community health planning effort to measurably improve the health of Monroe County residents. This effort included two major phases:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Monroe County
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Monroe County

The 2019 Monroe County Community Health Improvement Plan was developed over the period February-March 2019, using the key findings from the CHA, which included qualitative data as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Monroe County assessment and planning process engaged community members and local public health partners through different avenues:

- a) The **Accreditation Steering Committee**, comprised of health department leadership, was responsible for overseeing the community health assessment, and overseeing the development of the community health improvement plan

- b) The **Performance Management Council**, comprised of health department staff, was responsible for reviewing documents and providing subject matter expertise and data for defined priorities
- c) The **CHIP Workgroups**, representing broad and diverse sectors of the community and organized around each health priority area, were responsible for developing the goals, objectives and strategies for theCHIP
- d) The **Community Health Advisory Group (CHAG)** was comprised of diverse leaders from Monroe County, representing sectors such as government, nonprofit organizations and coalitions, business and industry, health, education, and community services. This group was responsible for ensuring buy in from key stakeholders as well as alignment with the county’s strategic goals and priorities.

CHAG and community partners used common criteria and a multi-voting process to identify the following priority health issues that would be addressed in the CHIP:

STRATEGIC ISSUE AREA	GOAL
Health in All Policies	Goal 1: Promote Health in All Policies with local governments and agencies.
Access to Care	Goal 1: To increase access to community wide comprehensive primary care services for uninsured, Medicaid and underinsured populations. Goal 2: To establish a network increasing access to specialty, secondary and ancillary medical services, such as, specialty care, tertiary care, cardiology, radiology, cancer, surgery, and other services that take Medicaid/Medicare.
Mental Health and Substance Abuse	Goal 1: Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.

## **ANNUAL COMMUNITY HEALTH IMPROVEMENT PLAN PROGRESS MEETING(S)**

### **Strategic Issue Workgroups – Informing the CHIP Annual Meeting**

Each of the strategic issue areas has a respective workgroup. Community stakeholders meet at least once per quarter each year to track the implementation of the CHIP. Each workgroup has a chairperson leading the discussion. Workgroups track their progress for each strategy and objective, and continually assess the plan’s elements within their purview. Lessons learned and emerging best practices are documented and shared by representatives of the workgroup at the CHIP annual meeting. Agendas, sign-in sheets, and minutes for these meetings are available upon request.

## **COMMUNITY HEALTH IMPROVEMENT PLAN ANNUAL MEETING (3 LOCATIONS)**

There were three CHIP Annual meetings in Monroe County this year, one for each strategic issue area. The CHAG determined times and locations that would be conducive for larger in-person representation by community stakeholders in this 126-mile-long county. Each meeting included members of the CHAG and was at least one hour in length with ample discussion about progress made and improved strategies for tackling each objective. Meeting minutes can be found in the appendix section of this report.

## Health in All Policies – Strategic Issue 1 - (March 10, 2020)

Jody Gross of Leadership Monroe chaired the meeting which had a wide spectrum of stakeholders in attendance: including the Monroe County Mayor, Keys Energy Services, Keys Federal Credit Union as well as other large employers and organizations in Monroe County. The group reached consensus to continue to work toward HiAP goals using the strategies identified and implemented in the CHIP. Action items included:

- Group agreed to change core values from “social justice” to “social equity.”
- Provide HIAP presentations at Chamber of Commerce (Marianne Finizio) and lodging association (Heather Carruthers)
- Formation of a taskforce (Jody). Marianne and Priscilla Bennett volunteered. Taskforce will meet initially to revise partner guide and template. Deadline for partners to provide input to finalize guide is by April 10, 2020.
- Heather (BOCC) will identify staff member within the county to work on HIAP with Roman (County Administrator). She will also present at FL Association of Counties Annual Conference in June 2020.
- Marianne (CHI) will speak with someone in compliance and be sure it is incorporated into the committee meetings.
- Maureen (GCC) has policies and can implement partner guide with select ones.
- Jason (KWPD) is responsible for reviewing policies. He also has resources to reach out to promote HIAP, most of whom are law enforcement.

## Access to Care – Strategic Issue 2 - (December 2, 2019)

Michael Cunningham of the Area Health Education Center (AHEC) chaired the meeting. The workgroup agreed to continue to monitor *Access to Care* strategies identified and implemented in the CHIP. Action items included:

- Leah to send suggested locations based on ALICE (See Game Changer Potential Locations, below)
- Refer to grid and inquire with partners regarding how to better work to improve access and report back to Alison. Where do their services fit and what are the

expanding services offered that would also provide reduced cost to uninsured/underinsured? Where are there potential partnerships?

- Richard to work with United Way of the Florida Keys to integrate the Community Resource Guide with 211 Switchboard.
- Workgroup will consider ZOOM or other webinar format for next meeting for sustainability.
- Host a sub-conference meeting late January regarding complimenting resources existing in Monroe, not on mainland. Integrate LKMC/Mariners resource directories.
- Dinah to send job opportunities website (See Game Changer Job Postings).

### **Mental Health & Substance Abuse – Strategic Issue 3 - (February 24, 2020)**

Maureen Dunleavy of the Guidance Care Center chaired the meeting. Seventeen Monroe County organizations, businesses and agencies were represented. Adjustments were made to the existing strategies which appear in the current version of the CHIP. The CASPER objectives will be removed as the necessary resources to continue follow-up study is unavailable. Other strategies and objectives remain unchanged. Progress included:

- Poll on social media completed and results were reviewed. March 31 annual report will come out. Preliminary results are showing a downward trend in deaths which may be a result of extra funding from Irma, education and Narcan availability.
- Nar Can & Medication Assisted Treatment (MAT) for Opioid use. Narcan distribution continues at GCC sites and Monroe County Coalition (MCC) MCC reported on the numbers. In 2018 Key West had 54 overdoses and 2 deaths in 2019 46 overdoses and 0 deaths, which is evidence of progress.

### **ADOPTION OF CHIP REVISIONS**

Goals, strategies, and objectives remain the same for *Health in All Policies* and *Access to Care*. Revisions were made to the *Mental Health and Substance Abuse* strategic issue. All CASPER-related objectives for this health priority were removed in the revision process.

The CHIP, with revisions, was approved by the CHAG, the Accreditation Steering Committee Members, and Performance Management Council members. All stakeholders agree that the Monroe County Community Health Improvement Plan as revised, will continue to contribute to a comprehensive view of health and quality of life in Monroe County.

# 2019 Progress and 2020 Revisions

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether efforts are making a difference. Outcome indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies. The following pages outline the Goals, Objectives, Strategies, and Outcome Indicators for the three health priority areas. A list of partners and resources for each health priority area is in the appendix section of this report.

## Strategic Issue Area # 1: Health in All Policies

The World Health Organization (WHO) defines health as “the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. This means that health is more than being free of disease or not feeling sick; it is also a state of physical, mental, and social well-being. This state can bring about such feelings as happiness, contentment, and security.” In the United States, while an estimated 96% of health expenditures are directed toward health care, access to health care only accounts for 10% of a person’s health. Conversely, the environment and personal behavior, which is directly influenced by environmental conditions, account for nearly 70% of what determines a person’s health. Unfortunately, many Americans do not live and work in communities that were designed with health in mind. This explains some of why certain Americans are healthier than others and why Americans generally are not as healthy as they could be. For example, Healthy People 2020 states that “a lack of options for healthy, affordable food or safe places to play in some neighborhoods makes it nearly impossible for residents to make healthy choices. In contrast, people living in neighborhoods with safe parks, good schools, and high employment rates are provided with some of the key requirements to better health.”

A HiAP approach provides a systematic way to address important factors that determine health: environment and behavior. By considering health in governmental operations and policy decisions, communities have an opportunity to improve health outcomes. HiAP explicitly recognizes that health and wellbeing are largely influenced by measures that are often managed by non-health department government agencies. In this vein, a HiAP approach focuses on changing systems of decision-making, rather than changing a single decision. It engages diverse partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment.

### Goal 1: Promote Health in All Policies with local governments and agencies.

#### Strategy

- 1.1.1 Meet with stakeholders and decision-makers one-on-one to educate on the topic.
- 1.1.2 Hold trainings on the HiAP topic
- 1.1.3 Meet with governments, agencies, stakeholders and decision-makers to educate on the topic
- 1.1.4 Prepare presentation that HiAP workgroup can use to perform presentations and train them on how to use it in the community.
- 1.1.5 Educate on Benefits of Policy Change via Other Communication Methods: FDOH and workgroup will confirm those listed in email distribution list.
- 1.1.6 Develop HiAP materials to be used for media channels to educate and engage the community



Pictured: Health in All Policies Training by Bridget Kerner, National Association for County and City Health Officials presentation on Nov 19, 2019, City of Key West Commission Meeting.

- on topic.
- 1.1.7 HiAP Workgroup will solicit earned media by sending out information via their own channels of media.
- 1.1.8 Provide technical assistance to municipalities/agencies who want to adopt HiAP

**Objective 1.1: By June 30, 2022, increase the number of municipalities/agencies that incorporate HiAP into their processes from 0 to 1.**

**Key Partners:** Jody Gross, Key West Police Department, City of Key West, Womankind, Guidance Care Center.

2019 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend <sup>1</sup>	Status <sup>1</sup>
1	Number of trainings held among stakeholders, decision-makers, work group members, and jurisdictional staff.	0	2	4	June 30, 2022	▲	On Track
2	Number of community presentations given by staff or partners to stakeholders.	0	3	15	June 30, 2022	▲	On Track
3	Number of media channels used to educate on topic.	0	2	12	June 30, 2022	▲	On Track
4	Number of decision-makers met with on topic.	0	1	25	June 30, 2022	▲	On Track
5	Number of policies implementations.	0	0	1	June 30, 2022	▲	On Track
2020 Revisions							
N/A	N/A	N/A		N/A	N/A		
Rationale							
N/A							

<sup>1</sup>Refer to the trend and status descriptions on the following page

## Progress in 2019

The department is on target to completing all objectives on time. The department is developing a HIAP template and finalizing a partner guide with the help of the HIAP taskforce to better facilitate the community presentations and meetings with decision makers on the topic. The plan was initially to provide basic information on HIAP and begin conducting presentations and meetings immediately.

However, the workgroup strongly felt the need to develop materials that are better geared toward Monroe County partners and residents. A template and partner guide were determined to help aid in not only educating community stakeholders in HIAP, but also allow them to consider implementing it in their own agency. This partner guide and template is expected to be completed by the Fall of 2020. More presentations and meetings will follow to more effectively reach community stakeholders. (See partner guide).

## How Targets Were Monitored

For the five objectives, there were five ways the targets were monitored. Two HIAP trainings were held in-person at commission meetings by a representative from NACCHO in November 2019 who traveled from Washington, DC. Three presentations were provided on HIAP before three community meetings, including rotary clubs in Monroe County. Media also provided free-earned media and ran paid advertisements by the department to promote Health in All Policies. One decision-maker was met on the topic thus far. Chairwoman, Jody Gross and DOH-Monroe met with Mayor Heather Carruthers, for Monroe County, to discuss HIAP. The HIAP workgroup has yet to identify one agency where HIAP is implemented. The workgroup anticipates in increasing activity for these targets once the partner guide and template are completed by the taskforce.

# PARTNER GUIDE

*Our environment plays a much larger role in health outcomes than genetics and medical care. Partner agencies play a role in impacting the health of our community by reshaping environments within their capacity -whether it be through policies impacting their employees or the community they serve. I encourage you to work with one another to promote practices and policies for healthy environments and to shift the way of thinking toward the health in all policies approach. The co-benefits of the work will not only benefit our residents, but also your organization.*

*- Robert Eadie, JD, Health Officer/Administrator, Florida Department of Health in Monroe County*

## HEALTH IN ALL POLICIES Q&A

When you are in the process of developing, or revising a policy, consider community health by answering the following questions.

Question	Answer
How will this policy affect the health of our employees, customers, and the public?	
Would a change in the policy influence: <ul style="list-style-type: none"> <li>Behavior (i.e. eating habits, sleep, stress, drugs/alcohol/tobacco use, exercise, etc.)</li> <li>Or other external factors (i.e. travel, transportation, education, health care, housing, etc.)</li> </ul>	
Has there been any consideration on health improvement if the environment is changed?	
Are injuries and accidents likely? Preventable?	
Can the necessary training, equipment, and PPE (personal protective equipment) be provided?	
Are there risks to long term exposure to repetitive movements, hazardous materials or exposure to toxins, or natural environments (open water, sun, etc...)?	
What are mitigating and aggravating elements putting health and our organization at risk?	

Health in All Policies Partner Guide  
Developed by Monroe County HiAP Workgroup

# Strategic Issue Area #2: Access to Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health care impacts one's overall physical, social, and mental health status and quality of life.

Access to health care impacts:	Barriers to health services include:	These barriers to accessing health services lead to:
<ul style="list-style-type: none"> <li>• Overall physical, social, and mental health status</li> <li>• Prevention of disease and disability</li> <li>• Preventable hospitalization</li> <li>• Detection and treatment of health conditions</li> <li>• Quality of life</li> <li>• Preventable death</li> <li>• Life expectancy</li> </ul>	<ul style="list-style-type: none"> <li>• High cost of care</li> <li>• Inadequate or no insurance coverage</li> <li>• Lack of availability of services</li> <li>• Lack of culturally competent care</li> </ul>	<ul style="list-style-type: none"> <li>• Unmet health needs</li> <li>• Delays in receiving appropriate care</li> <li>• Inability to get preventive services</li> <li>• Financial burdens</li> <li>• Preventable hospitalizations</li> </ul>

## Understanding Access to Health Services

Access to health services is a broad and complex issue that encompasses four main components: coverage, services, timeliness, and workforce.

### Coverage

Uninsured people are less likely to receive medical care, more likely to die early and are more likely to have poor health status. The underinsured face a similar dilemma, despite having insurance. High out-of-pocket costs or deductibles create financial barriers to receiving care. Twenty-two (22%) percent of adults and 13% of children are uninsured which is higher than the State average. According to the Kaiser Family Foundation analysis of federal marketplace signup data by zip code, in 2015 in Monroe County:

- 9,810 people signed up for Marketplace coverage
- 18,478 is the estimated number of potential Marketplace enrollees in this area
- 53% percent of this area's potential market signed up for coverage

### Best Practices

The following program has been reviewed and have proven strategies to improve Access to Care: The Guide to Clinical Preventive Services 2014: Recommendations of the U.S. Preventive Services Task Force: The Guide to Clinical Preventive Services includes U.S. Preventive Services Task Force (USPSTF) recommendations on screening, counseling, and preventive medication topics. It presents clinical considerations for each topic. The guide comprises 64 preventive services presented in an easy-to-use, 1-page summary table format. In addition, the guide provides information on resources that clinicians can use to educate their patients on appropriate preventive services as well as brief descriptions of and links to tools that they can use to improve their practices. USPSTF is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services.

Goal 1: To increase access to community wide comprehensive primary care services for uninsured, Medicaid and underinsured populations.

**Strategies**

- 1.1.1 Work with local Federal Qualified Health Center (FQHC) to access Federal support of medical services filling gaps in coverage and care.
- 1.1.2 Work with local government and taxing district to support local health care service providers providing gap services and programs such as, HIV, women’s health, pre-natal care, pediatric services, dental, mental health and others

Objective 1.1: By December 31, 2022, decrease the percentage of Monroe County residents who are uninsured from 19.3% to the state’s average, 15%.

**Key Partners:** Florida Keys Area Health Education Centers, Rural Health Network of Monroe County, Womankind, Community Health of South Florida.

2019 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend <sup>1</sup>	Status <sup>1</sup>
1	Decrease the p percent of uninsured in Monroe County.	19. 3% Source: ACS, 2017 5-Year Estimate, S2701	17. 8% Source: ACS, 2018 5-Year Estimate, S2701	15%	December 31, 2022	▼	On Track
2020 Revisions							
N/ A	N/ A	N/ A		N/ A	N/ A		
Rationale							
N/ A							

<sup>1</sup>Refer to the trend and status descriptions on the following page

**Progress in 2019**

Access to Care partners worked together in encouraging residents to enroll in health insurance prior to and during open enrollment. Materials were available in English, Spanish, and Creole. Rural Health Network, Community Health of South Florida, Womankind, and Covering Florida offered free assistance for residents to apply. The department also worked with these agencies in promoting open enrollment over the radio, in-person presentations, in- person one-on-one assistance, paid advertisements, and earned media.

**How Targets Were Monitored**

This objective is on track. Based on the American Community Survey, 2018 5-year estimate, the percentage of uninsured Monroe County residents has decreased from 19.3 percent (2017) to 17.8 percent.



Get Covered, promotional flyer developed by partners to encourage residents to enroll during open enrollment period.

**Goal 2:** To establish a network increasing access to specialty, secondary and ancillary medical services, such as, specialty care, tertiary care, cardiology, radiology, cancer, surgery, and other services that take Medicaid/Medicare.

**Strategy**

- 2.1.1 Creating a primary care service delivery system that supports secondary care that then contracts and supports specialty, ancillary and tertiary care needs of this identified population.

**Objective 2.1:** By December 31, 2022, increase the number of medical providers by 10% (48 to 53) in Monroe County who offer specialty care and take Medicaid/Medicare.

**Key Partners:** Florida Keys Area Health Education Centers. Lower Keys Medical Center, Baptist Health of South Florida, Mariner’s Hospital, Fishermen’s Hospital, Good Health Clinic, Community Health of South Florida, and Rural Health Network Monroe County.

2019 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend <sup>1</sup>	Status <sup>1</sup>
1	Number of licensed active medical doctors in Monroe County	211	201	232	December 31, 2022	▼	Not on Track
2	Number of medical providers with specialties related to “cancer” that take Medicare in Monroe County	48	34	53	December 31, 2022	▼	Not on Track
2020 Revisions							
N/ A	N/ A	N/ A		N/ A	N/ A		
Rationale							
N/ A							

<sup>1</sup>Refer to the trend and status descriptions on the following page

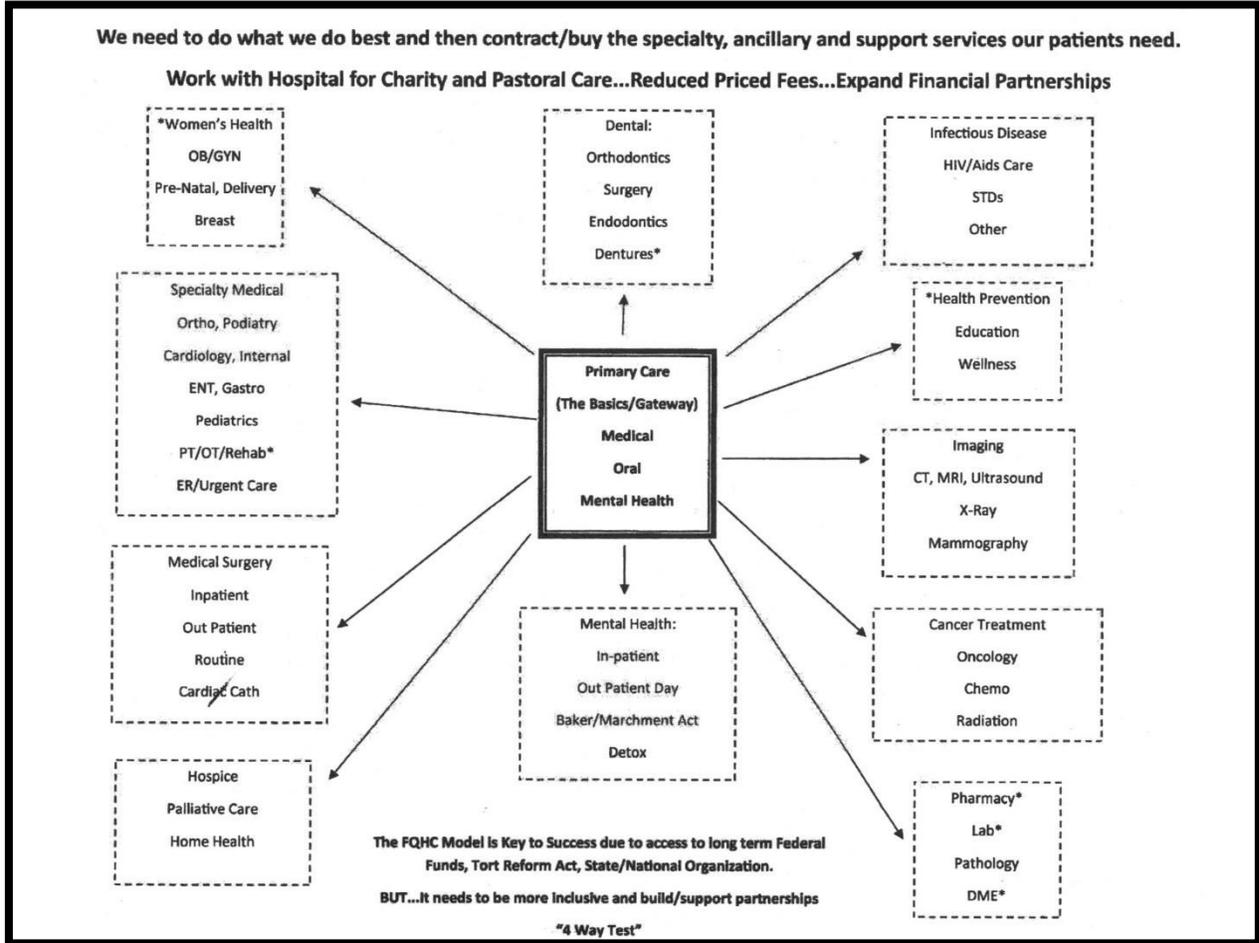
**Progress in 2019**

Community stakeholders worked toward the objectives of increasing the number of health care providers in Monroe County. There lies a challenge in attracting health care providers due to the cost of living and the rural nature of Monroe County. Partners, including our hospital representatives, Area Health Education Centers, and Federally Qualified Health Centers have worked to attract providers by offering competitive salaries, housing, and the ability to provide their services on a weekly or monthly basis while living in another county. However, this year health care providers have also retired or have moved to other counties this year, despite the work being done by partners to increase the number of providers delivering services in Monroe County.

**How Targets Were Monitored**

Targets were monitored using FLHealthSource.gov which provides data on the number of active licensed medical doctors in Monroe County. The number of medical providers with

specialties related to “cancer” and take Medicare was taken from Medicare.gov. In both cases, this number decreased. Key stakeholders will continue to work toward attracting more health care providers to better serve Monroe County residents.



Partner Matrix Developed by Access to Care Chairman, Michael Cunningham. Partners worked on improving collaboration of work within agencies to better serve Monroe County's residents.

## Strategic Issue Area # 3: Mental Health and Substance Abuse

Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life. Mental health includes emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. In 2016, Monroe County residents reported 3.7 poor mental health days per month.

While data is available for those who receive treatment, data on mental health of the general population is very limited, especially at the local level. Nationally, males are about four times more likely to commit suicide than females. Older males have higher rates of suicide than younger males. Monroe County has Florida's highest suicide rate; 27.7 per 100,000 residents, determined by 66 suicides over a three-year period from 2013 to 2015, which is nearly twice as high as the state.

### Goal 1: Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.

#### Strategies

- 1.1.1 Assessment to identify:
  - The existing number of mental/behavioral health care and substance abuse providers/resources currently available for adults, adolescents, and children at each level of care to support collaboration and efficient use of resources among providers.
  - Utilization of mental/behavioral health and substance abuse services to establish baseline for monitoring who currently uses these services in Monroe County.
  - Racial/ethnic/economic barriers that limit access to mental/behavioral health and substance abuse care.
  - Impact on Hurricane Irma and mentalhealth.
- 1.1.2 Establish formal partnerships with two (2) community-based organizations to promote existing culturally competent mental/behavioral health and substance abuse services and address inefficiencies through collaborative planning, service delivery, and resource sharing.
- 1.1.3 Engage media outlets to promote existing mental/behavioral health services in Monroe County.

**Objective 1.1:** By December 31, 2022, increase the number of residents who utilize mental trauma services and substance abuse services by 10% (4,316 to 4,748) in Monroe County by identifying the gaps and services needed.

**Key Partners:** Guidance Care Center, WestCare Inc., Thriving Minds of South Florida

2019 Performance							
Objective number	Objective	Baseline	Performance	Target value	Target date	Trend <sup>1</sup>	Status <sup>1</sup>
1	Number of residents in Monroe County who have utilized mental/behavioral health services	4316	8087	Increase of 10%	December 31, 2022	▲	On Track
2	Percentage of households exhibiting worsening health impacts since Hurricane Irma	17.6%	NO DATA	10%	December 31, 2022	N/A	Decision Required
3	Percentage of households that needed mental health care and were not able to Receive it	37.86%	NO DATA	30%	December 31, 2022	N/A	Decision Required
4	Percentage of respondents who have ever thought of killing themselves and exhibited damage to their home	10.1%	NO DATA	5%	December 31, 2022	N/A	Decision Required
2020 revisions							
2	Percentage of households exhibiting worsening health impacts since Hurricane Irma.	17.6%		Objective Removed per workgroup	N/A		
3	Percentage of households that needed mental health care and were not able to Receive it.	37.86%		Objective Removed per workgroup	N/A		
4	Percentage of respondents who have ever thought of killing themselves and exhibited damage to them home.	10.1%		Objective Removed per workgroup	N/A		
Rationale							
No data was available to monitor the progress of objectives derived from the CASPER study due to the lack of sustainable resources to reproduce a CASPER study. No data points from FLCHARTS are comparable.							

<sup>1</sup>Refer to the trend and status descriptions on the following page

**Progress in 2019**

The addition of 3,771 additional Monroe residents utilizing mental/behavioral health services in 2019 (+87%) is attributed to the funding supports, and subsequent service delivery enhancements that were available after Hurricane Irma. These were expanded in fiscal year 2019 by Executive Order 18-81 in response to the school shooting at Marjory Stoneman Douglas High School. Progress on the three objectives identified in the CASPER study cannot be determined at this time.

### How Targets Were Monitored

The Guidance Care Center provided client data for fiscal year 2019 that was used to determine the number of residents utilizing their services. No data was available to monitor the progress of objectives derived from the CASPER study due to the lack of sustainable resources to reproduce a CASPER study. No data points from FLCHARTS are comparable.

### Strategies

- 1.2.1. Conduct Mental Health First Aid training among public employees and agencies in Monroe County
- 1.2.2. Conduct racial/economic awareness training for all public employees and agencies in Monroe County as a first step in moving towards social determinants of mental/behavioral health

**Objective 1.2:** By December 31, 2022, increase the awareness and understanding of mental/ behavioral health and mental illness in Monroe County from 42% to 70%.

**Key Partners:** Baywood Health Associates, Guidance Care Center.

2019 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend <sup>1</sup>	Status <sup>1</sup>
1	Monroe County residents who are aware of mental/ behavioral health and mental illness services in Monroe County	42%	Pending 2020 Facebook survey	70%	December 31, 2022	▲	On Track
2020 Revisions							
N/ A	N/ A	N/ A		N/ A	N/ A		
Rationale							
N/ A							

<sup>1</sup>Refer to the trend and status descriptions on the following page

## Progress in 2019

A community survey was done in the summer of 2019 that incorporated a question about awareness of mental/behavioral health in Monroe County. The outcome of this question was intended to be the baseline of the data for this objective. However, it was not until the survey was complete when the workgroup realized that existing Guidance Care Center clients made up most the respondents of the assessment, thereby creating survey bias. In response, the workgroup decided to conduct a convenience sample survey on Facebook in December 2019. The survey sample was 21,084 Monroe County residents. Progress will be assessed later in the calendar year.

## How Targets Were Monitored

Another Facebook poll of Monroe County resident over the age of 18 is planned for late 2020. Results will appear in subsequent progress reports.

## Strategies

- 1.3.1. Train and inform opioid users and bystanders (friends, family, co-users) on overdose risk factors
- 1.3.2. Train groups who frequently come into contact with opioid users or overdose hot-spots (e.g., non-healthcare staff in police stations, hostels rehabilitation hostels, community agencies, and residential hotels) in the use of overdose reversal strategies such as the administration of Naloxone/Narcan.
- 1.3.3. Train and inform opioid users and bystanders (friends, family, co-users) on how to appropriately respond to an overdose by performing rescue breathing and administering Narcan.
- 1.3.4. Engage the community and promote safe storage and disposal of prescription drugs through prescription take back day.

**Objective 1.3: Reduce the number of annual opioid overdose deaths in Monroe County from 48 to 0 by December 31, 2022.**

**Key Partners:** Monroe County Coalition, Florida Medical Examiner, Monroe County Sheriff's Office, Key West Fire Rescue

2019 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend <sup>1</sup>	Status <sup>1</sup>
1	Number of fatal opioid overdoses	48	24	0	December 31, 2022	▼	On Track
2020 Revisions							
N/ A	N/ A	N/ A		N/ A	N/ A		
Rationale							
N/ A							

<sup>1</sup>Refer to the trend and status descriptions on the following page

## Progress in 2019

Medical Examiners District and Area of Florida		Total Prescription Drug Deaths in ME Deaths (Present and Cause)		
District	Area of Florida	2017	2018	Percent Change
16	Florida Keys	48	24	-50.0%
These tables are based on prescription drugs tracked by the Medical Examiners Commission and reported by Florida Medical Examiners.		These individuals died with one or more prescription drugs in their system. The drugs were identified as either the cause of death or merely present in the decedent and also may have been mixed with illicit drugs and/or alcohol.		

## How Targets Were Monitored

Florida Medical Examiners Report 2018 published November 2019.

## Strategies

1.4.1 Educate families about the risks associated with mental/behavioral health

**Objective 1.4: Reduce the number of annual suicides in Monroe County from 35 to 0 by December 31, 2022.**

**Key Partners:** Guidance Care Center, Thriving Minds of South Florida, Department of Children and Families

2019 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend <sup>1</sup>	Status <sup>1</sup>
1	Number of suicides	35	21*	0	December 31, 2022	▼	On Track
2020 Revisions							
N/ A	N/ A	N/ A		N/ A	N/ A		
Rationale							
N/ A							

\* FLCHARTS Provisional Data

<sup>1</sup>Refer to the trend and status descriptions on the following page

## Progress in 2019

Good progress in reducing the number of suicide deaths in Monroe was observed from the 2018 baseline level of 35 suicide deaths to the 2019 provisional level of 21 deaths attributed to suicide. This represents a 40% decrease. Possible contributing factors to the progress include enhanced mental health services in the county.

## How Targets Were Monitored

FLCHARTS data, The Florida Death county query, death counts by year by county (Monroe), suicide by Firearms, suicide by other & unspecified means.

# Trend and Status Descriptions

## \*Trend Descriptions:

- ▲ = Data trend is upward and in the desired direction for progress
- ▼ = Data trend is downward and in the desired direction for progress
- ▲ = Data trend is upward and in the undesired direction for progress
- ▼ = Data trend is downward and in the undesired direction for progress

## \*\*Status Descriptions:

- **On Track** = Objective progress is exceeding expectations or is performing as expected at this point in time
- **Not on Track** = Objective progress is below expectations at this point in time
- **Decision Required** = Objective is at risk of not completing/meeting goal. Management decision is required on mitigation/next steps.
- **Completed** = Objective has been completed or has been met and the target date has passed
- **Not Completed** = Objective has not been completed or has not been met and the target date has passed

# New Objectives

All objectives with exception to the Mental Health and Substance Abuse CASPER-related objectives remain the same for the CHIP per the consensus of the members of each strategic issue area workgroup. The CASPER-related objectives have been removed.

# Accomplishments

Goal	Objective	Accomplishment
<p>Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.</p>	<p>By December 31, 2022, increase the number of residents who utilize mental trauma services and substance abuse services by 10% in Monroe County by identifying the gaps and services needed.</p>	<p>The addition of 3,771 additional Monroe residents utilizing mental/behavioral health services in 2019 (+87%) is attributed to the funding supports, and subsequent service delivery enhancements that were available after Hurricane Irma. These were expanded in fiscal year 2019 by Executive Order 18-81 in response to the school shooting at Marjory Stoneman Douglas High School. Altogether, financial supports exceeded 2 million dollars. Three initiatives are sustainable for the foreseeable future: (1) Behavioral Health Counselors at every school, (2) Community Action Teams for ages 10-21, and (3) a Mobile Crisis Response Team started in January 2019 for additional triage.</p>
<p><b>Why This Accomplishment is Important for Our Community</b></p>		
<p>The population of Monroe county taken has a long history of behavioral health problems, such as excessive use of alcohol, drug overdoses, high suicide rates and poor mental health days. Accomplishing the goal of increased funding and developing sustainable mental health supports for the population is seen as an indicator of progress toward positive mental health in the population.</p>		

Goal	Objective	Accomplishment
<p>Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs</p>	<p>Reduce the number of annual opioid overdose deaths in Monroe County from 48 to 0 by December 31, 2022.</p>	<p>NARCAN availability in Monroe County has improved significantly. Anyone can get it at the Guidance Care Center, Monroe County Coalition and other locations regardless of prescription. EMS and Sherriff’s deputies carry it also, and anecdotal evidence suggests lives have been saved as a result of the more widespread use of NARCAN in Monroe county.</p> <p>Since 2010, the sheriff’s office has administered a drug drop off program. The program has successfully collected thousands of pills and containers of prescription and over-the-counter medications. These have been properly disposed of by the Sherriff’s Burn Unit. This program greatly reduces the possibility of the misuse of prescription and over-the- counter medications.</p> <p>The Florida Prescription Drug Monitoring Program, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the state of Florida. Monroe county health care establishments and public agencies are now using the system.</p>
<p><b>Why This Accomplishment is Important for Our Community</b></p>		
<p>In 2017, 48 drug overdose deaths were reported in Monroe county. This represents a significantly higher rate than the State of Florida. The accomplishments mentioned above are directly impacting the population. In 2018 there was a 50% reduction in overdose deaths in Monroe, and further reductions are expected as these methods become standard practice.</p>		

Goal	Objective	Accomplishment
<p>Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.</p>	<p>Reduce the number of annual suicides in Monroe County from 35 to 0 by December 31, 2022.</p>	<p>Good progress in reducing the number of suicide deaths in Monroe was observed from the 2018 baseline level of 35 suicide deaths to the 2019 provisional level of 21 deaths attributed to suicide. This represents a 40% decrease. Possible contributing factors to the progress include (1) enhanced mental health services in the county (Guidance Care Center and partner community groups), and (2) increased awareness due to the CASPER study.</p> <p>The Monroe County Community Assessment for Public Health Emergency Response (CASPER) was conducted from May 21 to May 23, 2019. A total of 231 questionnaires were completed. Using the modified Suicide Behavior Questionnaire-Revised (SBQ-R) score, 12.9% of respondents are at risk of dying by suicide. Although progress has been made, more work needs to be done.</p>

**Why This Accomplishment is Important for Our Community**

Suicide is a heart-breaking problem that has the potential to grow and needs to be addressed in as many ways as is possible. Understanding the risk factors, knowing the warning signs and what to do about them, is a crucial step. The more the awareness the greater the impact on suicide prevention.

# Conclusion

Community health assessments have become a standard in Monroe County many of which have been led and facilitated by DOH-Monroe. These assessments have been conducted at the micro-community level and at the countywide level. Assessments involve a multi-step process which starts with systematically collecting and analyzing data and the health needs of a community. Analyses of the assessments are being used to create programs to address the barriers as well as the identified and pressing public health needs and issues of the county. Analyses from DOH- Monroe-led assessments as old as eight years have been integrated into plans and continue to be addressed in certain municipalities, such as the City of Key West, Key Colony Beach, and Monroe County Board of County Commissioners.



*Pictured: DOH-Monroe, Bureau of Epidemiology, CDC staff members and volunteers of the Door to Door CASPER study*



*Pictured: The City of Key West proclaimed April 1-7, 2019 as National Public Health Week at the April 2nd commission meeting. National Public Health Week is an opportunity for communities across the US to reflect on the contributions of public health and highlight issues, such as disease control, environmental concerns, and preventable chronic diseases. Florida Department of Health in Monroe County's staffers were present to receive the decree. The proclamation touches in on the county's Community Health Assessment and Community Health Improvement Plan which revealed the county's priorities to be (1) Health in All Policies, (2) Access to Care, and (3) Mental Health and Substance Abuse*

The department has available data that can be used to set priorities and allocate available human resources. Continuous refinements of the CHIP can only be achieved by recurrent input of community members. The data results shown in the assessment give health authorities, such as DOH-Monroe, the valuable opportunity to guide the way for partners to strengthen and/or create local services and use these assessments to set the priorities to improve health. These are also appropriately called, “equity audits” (DOH-UK, 2004). These “equity audits” can be utilized to determine if, indeed, healthcare resources are being used and allocated in accordance with the community needs. Through regular meetings with community stakeholders, the department will continue to use evidence-based health processes, such as MAPP, to work together and guide them in addressing the county’s health priorities to ultimately improve public health in Monroe County.

# Appendices



## Monroe County Health Priority Meeting

### Access to Care

Monday, December 2; 11AM – 12:30PM

Florida Keys Area Health Education Center  
5800 Overseas Hwy # 38, Marathon, FL

**General Overview:** Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance. The purpose of this meeting is to share information in an open forum about one of Monroe County's health priorities identified in the Community Health Improvement Plan – Access to Care – and strategize actions steps for the improvement of health among residents.

### Agenda

Time	Topic	Lead
11AM	Welcome/Call to Order - Introductions (in person and phone line) - Overview	Michael Cunningham, Chair
11:05AM	Overview of Previous Meeting and Summary - Access to Care Goals and Objectives - UM's Game Changer Vehicle, Dinah Trevil, MPA, Director, Sylvester Office of Outreach and Engagement	Alison Kerr, DOH-Monroe
Discussion: Access to Care Strategies		
11:20AM	- Reduce percentage of uninsured. <ul style="list-style-type: none"> <li>• Open enrollment Nov 1-Dec 15</li> <li>• Continue Advertising Push</li> </ul> - Increase number of medical providers in county. <ul style="list-style-type: none"> <li>• Health Care Grid</li> <li>• Formation of Partnerships</li> <li>• How can you contribute to address this need?</li> </ul> - 211 Switchboard Provider Update and Medicaid/Medicare inclusion, Richard Shutes, 211 Helpline Director and Coralie Patterson, Senior Manager	Michael Cunningham, Chair
12:10pm	Open Floor - Inquire with each partner present	Michael Cunningham, Chair
12:25pm	Review of Action Items	Alison Kerr, DOH-Monroe
12:30pm	Adjourn All	Michael Cunningham, Chair

## **Monroe County Health Priority Meeting**

### **Access to Care – SIGN IN SHEET**

**Monday, December 2; 11AM – 12:30PM**

Florida Keys Area Health Education Center  
5800 Overseas Hwy # 38, Marathon, FL

**General Overview:** Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance. The purpose of this meeting is to share information in an open forum about one of Monroe County's health priorities identified in the Community Health Improvement Plan – Access to Care –and strategize actions steps for the improvement of health among residents.

Michael Cunningham (Chair and CEO of AHEC)  
Alison Kerr (DOH-Monroe)  
Nicole Norman (DOH-Monroe)  
Donna Stayton (DOH-Monroe)  
Christina Wood (Monroe County Coalition)  
Marianne Finizio (Community Health of South Florida)  
Pat Davis (Domestic Abuse Shelter)  
Meagan Hall (Catholic Charities)  
Jimmy Bass (Lower Keys Medical Center)  
Cali Roberts (Womankind)  
Kate Banic (Good Health Clinic)  
Priscilla Bennett (DOH-Monroe)  
James Cordell (Baptist Health of South Florida)  
Fernanda Kuchkarian (Health Foundation)  
Maureen Dunleavy (Guidance Care Center)  
Arianna Nesbitt (Fl Keys Healthy Start Coalition)  
Leah Stockton (United Way of the Florida Keys)  
Grace Morales (211 Switchboard)  
Dinah Trevil (University of Miami Game Changer)  
Erin Donald (Fl Keys Healthy Start Coalition)  
Rochelle Pearson (Rural Health Network of Monroe County)  
Richard Shutes (Jewish Community Service)  
Cora Patterson (Jewish Community Service)  
Mariette Rosario (Agency for Persons with Disabilities Southern Region)



**Monroe County Health Priority Meeting**

**Access to Care - MINUTES**

**Monday, December 2; 11AM – 12:30PM**

Florida Keys Area Health Education Center  
5800 Overseas Hwy # 38, Marathon, FL

**General Overview:** Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance. The purpose of this meeting is to share information in an open forum about one of Monroe County’s health priorities identified in the Community Health Improvement Plan – Access to Care—and strategize actions steps for the improvement of health among residents.

Topic	Lead
<p>Welcome/Call to Order</p> <ul style="list-style-type: none"> <li>- Introductions (in person and phone line)</li> <li>- Overview</li> </ul>	<p>Michael Cunningham (Chair and CEO of AHEC), Alison Kerr (DOH-Monroe) Nicole Norman (DOH-Monroe), Donna Stayton (DOH-Monroe), Christina Wood (Monroe County Coalition), Marianne Finizio (Community Health of South Florida), Pat Davis (Domestic Abuse Shelter), Meagan Hall (Catholic Charities), Jimmy Bass (Lower Keys Medical Center), Cali Roberts (Womankind), Kate Banic (Good Health Clinic), Priscilla Bennett (DOH-Monroe), James Cordell (Baptist Health of South Florida), Fernanda Kuchkarian (Health Foundation), Maureen Dunleavy (Guidance Care Center), Arianna Nesbitt (Fl Keys Healthy Start Coalition), Leah Stockton (United Way of the Florida Keys), Grace Morales (211 Switchboard), Dinah Trevil (University of Miami Game Changer), Erin Donald (Fl Keys Healthy Start Coalition), Jimmy Bass (Lower Keys Medical Center), Rochelle Pearson (Rural Health Network of Monroe County); Richard Shutes (Jewish Community Service), Cora Patterson (Jewish Community Service), and new member - Mariette Rosario (Agency for Persons with Disabilities Southern Region: Stream Lead/Comm. Affairs/ Intake &amp; Eligibility/Waitlist/SE and FCC Liaison, <a href="mailto:mariette.rosario@apdcares.org">mariette.rosario@apdcares.org</a>).</p>
<p>Overview of Previous Meeting and Summary</p> <ul style="list-style-type: none"> <li>- UM’s Game Changer Vehicle, Dinah Trevil, MPA, Director, Sylvester Office of Outreach and Engagement</li> </ul>	<p>Alison Kerr, DOH-Monroe provided overview of previous meeting and summary. UM’s Game Changer Vehicle, Dinah Trevil, MPA, Director, Sylvester Office of Outreach and Engagement said Game Changer vehicle is ready. UM is in the process of hiring staff members to work on the unit itself and are residents of Monroe. Dina will be sending the job opportunities website. Game Changer will be offering HPV testing, colorectal cancer screening, STI testing services, HPV and hepatitis vaccines. HPV positive clients will be navigated for follow up care and may be referred to Miami -Dade County. UM is working with local providers to link care locally, however as transportation to Miami-Dade will be a challenge for patients. They are projected to start in February.</p> <p>Strategic locations for Game Changer will be provided by group to UM with Leah Stockton’s help. Leah suggested to take data from ALICE report for locations including those with greatest need including Marathon and Tavernier. Suggestion to remove Founder’s Park and consider Key Largo Park instead. Twenty years ago, AHEC had access to a health services van that provided services on a consistent basis. This worked well for residents. Suggestion to consider integrating this schedule with the new Game Changer. UM will also have rotating schedule depending on need. Storage of vehicle, parking to be determined, but will be centrally located. It can be stored at county garage, facilities parking lot, etc.</p>

<p>Discussion: Access to Care Strategies</p>	<p>Michael Cunningham, Chair, opened discussion on Access to Care Strategies</p>
<p>Reduce percentage of uninsured.</p> <ul style="list-style-type: none"> <li>• Open enrollment Nov 1-Dec 15</li> <li>• Continue Advertising Push</li> </ul>	<p>Group came to consensus to continue monitoring this objective as planned. With another week and a half, group was encouraged to continue advertising push for open enrollment which ends December 15. Group reported outcomes:</p> <ol style="list-style-type: none"> <li>(1) Womankind hosted an insurance forum with 13 people in attendance, most of whom made an appointment with Greg Baumann, navigator for in person and by phone appointments. Baumann will be available again to offer additional open enrollment assistance at no cost. Overall, however, numbers seem to be down.</li> <li>(2) CHI developed flyers that were released countywide with radio advertisements and print advertisements. Outreach was also done at San Pablo church, other local churches, school district, and at Taste of the Island Event. CHI also has multiple outreach coordinators coming down from Miami to provide open enrollment assistance, one location being at the Marathon Library. Marianne can get final number of residents who signed up for open enrollment. Wanda with CHI also got two people at each event they attended to sign up.</li> <li>(3) Rural Health Network Monroe County saw 4 people one on one and revealed that there is no uptick. They disseminated the flyers, which helped, however not many registered.</li> <li>(4) AHEC used to have a contract to offer open enrollment services, however, it was not a good use of funds to continue.</li> </ol>
<p>Increase number of medical providers in county.</p> <ul style="list-style-type: none"> <li>• Health Care Grid</li> <li>• Formation of Partnerships</li> <li>• How can you contribute to address this need?</li> </ul>	<p>Group came to consensus to continue monitoring this objective as planned. Michael shared Health Care Grid he developed (<b>see attached</b>). Communication regarding existing services, transportation to the mainland, and new updates are always a challenge in Monroe County. Group was asked to look at grid, consider work implementation, and report back to Alison with overarching formation of strengthened partnerships and collaboration. Group will identify where resources are available, how they can contribute, how they can address this need, and share accordingly. Consider integration of services also for the older population.</p> <ul style="list-style-type: none"> <li>- <u>Good Health Clinic</u> services are now offered countywide. They serve at 200% poverty level which requires an annual application. Their health providers are accessible through Baptist health and offer pathology, imaging, and other testing services, working in partnership with Dr. Robinson. Their satellite clinic, Bayview Medical Building will be there for one more year. Patients now come up to Tavernier and Bayview. Public transportation needs to be improved, especially bus stop at Marathon Kmart transportation.</li> <li>- <u>CHI</u> is a one stop shop in Miami and they are working on expanding this concept in Monroe. Ribbon cutting ceremony for Grand Reopening of CHI in Marathon will take place on Jan 7 at 5pm. They are working on tightening referrals post diagnostic with a similar process to Good Health Clinic.</li> <li>- <u>Lower Keys Medical Center</u>, with increased need for obstetricians, is working on bringing on an OB, in addition to the one they currently have, Dr. Santiago. Dr. Delong will no longer be with us and we have begun site visits for potential candidates. Dr. Delong was a part time provider and we will be bringing in a full time OB/GYN physician. New interim director of Women's Services is Jolene Evans.</li> <li>- <u>Baptist Health Medical Group</u> is actively recruiting ARNP in Upper Keys and Gastroenterologist plus two primary care positions. Physical therapy, which is offered as "Fishermen's rehabilitation," is now open. Cancer treatment is provided at Baptist and will be provided at Fishermen's Hospital when they open in 2021. Manager of community health programs, Christine D. Wilson MPH, shared that from an imaging standpoint they offer discounted breast imaging in the months of May and October. From a Community Benefit perspective, they provide cash support to help the good health clinic in the keys, to help support providers for the uninsured. They also offer care on demand as a telehealth option for urgent care, free coupon code: CAREFREE.</li> <li>- <u>Rural Health Network Monroe County</u> will be hiring an orthodontic pediatric doctor. Most are currently part time, but this new doctor will be full-time. They are also currently credentialing a new orthodontist.</li> </ul>

211 Switchboard Provider Update and Medicaid/Medicare inclusion, Richard Shutes, 211 Helpline Director and Coralie Patterson, Senior Manager	<p>Richard Shutes, 211 Helpline Director, and Coralie Patterson, Senior Manager of 211 Switchboard were present and provided an overview of their agency. 211 started in 1968, an over the phone directory that offered dentistry and therapy. In the 2000s FCC passed "211," which became available nationwide to locate resources in their area. Miami-Dade took over Jewish Community Service, which also serves Monroe County. Funding is tied to Miami Dade, but collaboration is possible. Calls are routed to them offices in Miami from Monroe. They currently have low call volume from Monroe. The caveat to being added to database is that the agency must offer free or reduced prices. Staff members also answer the National Suicide Prevention Line and operators are trained in ASIST (Applied Suicide Intervention Skills Training) and can deescalate situations. They can answer 24/7 in multiple languages. Agency is not for profit and always at no cost to callers. Partners have ability to update their resources online themselves, otherwise 211 staffers can do this by making a phone call to them annually.</p> <ul style="list-style-type: none"> <li>- Alison sent out email to 300 agencies to update their profile. Amos Joe, who works with DOH -Monroe also called over 200 agencies to inquire about whether they take Medicaid and Medicare to have 211 update their database.</li> <li>- A standalone website can be developed so it is not mixed with Miami-Dade's database. 211 can provide website so it is specific to Monroe.</li> <li>- United Way's Community Resource Guide is used in Monroe currently with an available online mobile friendly version, which is the most up-to-date copy. This guide is updated annually. There are 8,000 paper copies that are continually disseminated with locations at the health department sites.</li> </ul>
Open Floor	CHI: responsible for bridging gap to Miami with CHI
Review of Action Items	<ul style="list-style-type: none"> <li>- Leah to send suggested locations based on ALICE (See Game Changer Potential Locations, below)</li> <li>- Refer to grid and inquire with partners regarding how to better work to improve access and report back to Alison. Where do their services fit and what are the expanding services offered that would also provide reduced cost to uninsured/underinsured? Where are there potential partnerships?</li> <li>- Richard to work with United Way of the Florida Keys to integrate the Community Resource Guide with 211 Switchboard.</li> <li>- Consider ZOOM or other webinar format for next meeting for sustainability.</li> <li>- Host a sub-conference meeting late January regarding complimenting resources existing in Monroe, not on mainland. Integrate LKMC/Mariners resource directories.</li> <li>- Dinah to send job opportunities website (See Game Changer Job Postings, below).</li> </ul>
Adjourn All	- Michael Cunningham adjourned meeting at 12:26pm

### Game Changer Job Postings

Game Changer Site <https://umiamihealth.org/sylvester-comprehensive-cancer-center/research/community-outreach-activity/game-changer-vehicle>

- Interested parties can apply for our Monroe Game Changer positions at [www.careers.med.miami.edu](http://www.careers.med.miami.edu) for the following positions
- APRN R100036062
- Community Health Educator R100035985
- Community Health Educator R100035983
- Community Health Educator R100035987
- Community Health Educator R100036060

### Game Changer Potential Locations

From Leah Stockton, United Way of the Florida Keys

Refer to Parks Book: <http://monroe.floridahealth.gov/files/documents/motion2019.pdf>

**Key West:**

- Truman Waterfront Park, by US Ingham Ship and splashpad, Property of the City of Key West; At Southard Street and Howard England Way, Key West; Refer to page 30 of parks book.
- Gato Building (Health Department Headquarters); 1100 Simonton St., Key West

**Lower Keys**

- Bernstein Park, Stock Island. This area has the highest percentage of ALICE residents in Monroe County; Property of Monroe County BOCC; 5<sup>th</sup> St and 5<sup>th</sup> Ave, Stock Island; Refer to page 24
- Baby's Coffee, Park adjacent has bathroom "Bay Point Park;" Coffee shop is private property, but adjacent Bay Point Park has restrooms; 6 West Circle Dr, Saddlebunch Key; Refer to page 21
- Sugarloaf School
- Big Pine Key Community Park; Property of Monroe County BOCC; 31009 Atlantis Rd, Big Pine Key; Page 20

**Marathon**

- Marathon has the 2<sup>nd</sup> highest ALICE percentage.
- KAIR
- Methodist Community Church as many people access resources there
- Marathon- City Hall
- Grassy Key Fire Station
- Layton Fire Station
- Marathon Community Park; Property of City of Marathon; 200 36<sup>th</sup> St, Marathon; Page 18

**Tavernier**

- Good Health Clinic
- Roth Building Health Department Site on 50 High Point Rd.
- Coral Isles Church
- Burton Church as many people already receive food and assistance there

**Key Largo**

- Key Largo Baptist has a food pantry- partnership opportunity for scheduling.
- Key Largo Community Park; Property of Monroe County BOCC; 500 St. Croix Place, Key Largo; Page 9



## Monroe County Health Priority Meeting

### Health in All Policies

**Bernstein Park, 6751 5th Street, Stock Island**

Tuesday, March 10, 2020, 10AM

**General Overview:** The purpose of this meeting is to share information in an open forum about one of Monroe County’s health priorities identified in the Community Health Improvement Plan -- Health in All Policies (HIAP) —and strategize actions steps for the improvement of health among residents.

### Agenda

Time	Topic	Lead
10AM	Welcome/Call to Order <ul style="list-style-type: none"> <li>• Introductions (in person and phone line)</li> <li>• Overview</li> </ul>	Jody Gross, Chair
10:10AM	Overview of Previous Meeting and Summary	Alison Kerr, DOH-Monroe
10:15AM	Discussion: <ul style="list-style-type: none"> <li>• Review HIAP Health Priority in the CHIP</li> <li>• Define HIAP in the FLKeys</li> <li>• Define Goals for this HIAP Workgroup</li> <li>• Review Mission, Vision, and Core Values</li> </ul>	Jody Gross, Chair
11:00AM	Open Floor	Jody Gross, Chair
11:20AM	Review of Action Items	Alison Kerr, DOH-Monroe
11:30AM	Adjourn All	Jody Gross, Chair



**Monroe County Health Priority Meeting**  
**Health in All Policies – SIGN IN SHEET**  
**Bernstein Park, 6751 5th Street, Stock Island**  
Tuesday, March 10, 2020, 10AM

General Purpose: Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance. The purpose of this meeting is to share information in an open forum about one of Monroe County's health priorities identified in the Community Health Improvement Plan -- Health in All Policies (HIAP) —and strategize actions steps for the improvement of health among residents.

Jody Gross (Chair)

Priscilla Bennett (DOH-Monroe)

Marianne Magner (Keys Federal Credit Union and FL Keys Society for Human Resource Management)

Cristina Wood (Monroe County Coalition)

Gricel Owen (Keys Energy Services) Heather

Arencibia (Keys Energy Services) Jason

Castillo (Key West Police Department)

Marianne Finizio (Community Health of South FL)

Heather Carruthers (Monroe County BOCC Mayor)

Chad Huff (Florida Keys Mosquito Control District)

Alison Kerr (DOH-Monroe).



## Monroe County Health Priority Meeting

### Health in All Policies - Minutes

**Bernstein Park, 6751 5th Street, Stock Island**

Tuesday, March 10, 2020, 10AM

General Purpose: Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance. The purpose of this meeting is to share information in an open forum about one of Monroe County’s health priorities identified in the Community Health Improvement Plan -- Health in All Policies (HIAP) —and strategize actions steps for the improvement of health among residents.

Topic	Minutes
<p>Welcome/Call to Order</p> <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Overview</li> </ul>	<p>Present: JodyGross(Chair), Priscilla Bennett(DOH-Monroe), Marianne Magner (Keys FederalCredit Union and FL Keys Society for Resource Management), Cristina Wood (Monroe County Coalition), Grisel Owen (Keys Energy Services), Heather Arencibia (Keys Energy Services), Jason Castillo (Key West Police Department), Marianne Finizio(Community Health of South FL), Heather Carruthers (Monroe County BOCC Mayor), Chad Huff (Florida Keys Mosquito Control District), Alison Kerr (DOH-Monroe).</p> <p>Alison provided an overview of HIAP. Jody provided overview of policies with emphasis on prevention, keeping people well. Provided overview of previous meeting and summary</p>
<p>Discussion:</p> <ul style="list-style-type: none"> <li>• Review HIAP Health Priority in the CHIP</li> <li>• Define HIAP in the FL Keys</li> <li>• Define Goals for this HIAP Workgroup</li> </ul>	<p>Jody introduced the HIAP Community Health Improvement Plan (CHIP) priorities with next goal to be for other organizations toadopt. Alison providedoverview of the three CHIP Priorities, partner guide, andhistory. Alison provided update with group on CHIPHIAP measures. Policy examples where partner guide can be used is: cell phone use, smoking, vaping, designated smoking areas, cost for insurance for smoking employees versus nonsmoking employees, vaccines, remote working with Cow KeyBridge construction, and more... Example was shared from St. Petersburg. Jody provided overview of health models, 8 dimensions of health, social determinants of health, and cost of environment and behavior versus access to care cost models.</p> <p>Partner Guide Feedback:</p> <ul style="list-style-type: none"> <li>- Maureen Dunleavy: Does not have additionalinput, did not take long to complete, focused on health policy.</li> <li>- Works for both HR, employees, and agency consumers.</li> </ul>

<ul style="list-style-type: none"> <li>• Review Mission, Vision, and Core Values</li> </ul>	<ul style="list-style-type: none"> <li>- If one agency uses partner guide for each policy, then that agency would have implemented health in all policies, which is the workgroup's goal by 2022.</li> <li>- For question → "Are injuries and accidents likely/preventable?" <ul style="list-style-type: none"> <li>- Should consider consequences of the policy, such as no smoking in restaurant forces consumers to smoke along the sidewalk, which can have other health impacts (injuries).</li> </ul> </li> <li>- For question → "What are mitigating and aggravating?" revise to "What are mitigating and aggravating elements of this policy?"</li> <li>- For question → "Has there been any consideration on health improvement if the environment is changed?" revise to "What will be the improvement if the environment is changed?" <ul style="list-style-type: none"> <li>- Each policy needs to be flexible. For each question, must read between the lines to determine response.</li> </ul> </li> <li>- For question → "Are there unintended consequences of this policy?" revise to "Will this policy reduce unintended consequences?"</li> </ul> <p>Additional Suggestions:</p> <ul style="list-style-type: none"> <li>- Overall goals, strategies, and objectives to remain the same, track progress quarterly.</li> <li>- Priscilla offered free resource available through her Tobacco Prevention Program at DOH, particularly smoking/vaping.</li> <li>- Heather suggested partner guide be done at state level, which can have a potentially large impact. Jody indicate that states, such as Nevada have implemented HIAP. Priscilla (DOH): Tobacco 21 is one policy at this level.</li> <li>- Provide HIAP presentations at Chamber of Commerce (Marianne Finizio) and lodging association (Heather Caruthers)</li> <li>- Formation of a taskforce (Jody) with a few people. Marianne and Priscilla Bennett volunteered.</li> <li>- Taskforce will meet initially to revise partner guide and template. Deadline for partners to provide input to finalize guide is by April 10, 2020.</li> </ul> <p>Jody shared Choose Health vision mission. Group agreed to change core values from "social justice" to "social equity."</p>
<p>Open Floor</p>	<p>Alison opened floor</p> <ul style="list-style-type: none"> <li>- Heather (BOCC) will identify staff member within the county to work on HIAP with Roman. She will also provide at FL Association of Counties Annual Conference in June 2020.</li> <li>- Marianne (CHI) will speak with someone in compliance and be sure it is incorporated into the committee meetings.</li> <li>- Maureen (GCC) has policies and can implement partner guide with select ones.</li> <li>- Jason (KWPD) is responsible for reviewing policies. He also has resources to reach out to to promote HIAP, most of whom are law enforcement.</li> </ul>

	<ul style="list-style-type: none"> <li>- Heather (Keys Energy) belong to groups of municipal organizations and Will get other participating agencies if they have groups. This is first meeting. Concern is health and safety of employees and consumers. Will use model and see where they can work into. They have a large policy book.</li> <li>- Chad Huff (FKMCD): Will speak with HR.</li> <li>- Marianne Magner: <ul style="list-style-type: none"> <li>- KFCU: Will share with CEO and Board.</li> <li>- FL Keys Society for Resource Management: Will share with 40 HR professionals including schools, hotels, banks, private, and government agencies.</li> </ul> </li> </ul>
Review of Action Items	<ul style="list-style-type: none"> <li>- Alison to send NACCHO webinars to group.</li> <li>- Will request for taskforce participation to review template and partner guide. Taskforce so far includes Priscilla and Marianne.</li> <li>- Alison to send partner guide for additional final input with deadline of April 10 and no more than 12 questions.</li> <li>- Alison to create one pager with concrete example and worksheet developed by Donna.</li> </ul>
Adjourn All	Meeting adjourned at 11:27PM

**Substance Abuse & Mental Health Planning Committee**  
**Monday – February 24 at 1 pm**  
MCSO Conference Room-Monroe County Detention Center- 2<sup>nd</sup> Floor

Call In: 1-888-240-2560 meeting number 5976660410

Agenda:

1. Minutes from December Meeting
2. Mental Health Program Planning
  - a. Suicide Prevention- Youth 100 day challenge event
  - b. Update on Post- Hurricane Irma Study – Casper (Dept of Health)
  - c. Community Health Improvement Plan Health Priority
2. Substance Abuse Planning
  - a. Opioid Planning and Medication Assisted Treatment
  - b. Update on NarCan Distribution
4. Roundtable Discussion

Meetings will be moved to every other month in 2020. All at Monroe County Sheriff's Office on the administrative conference room (same area as Muster Room). Meeting dates are as follows:

February 24, 2020; April 27, 2020; June 8, 2020; August 24, 2020; Oct 26, 2020 and Dec 7, 2020

**Substance Abuse & Mental Health Planning Committee  
Monday, February 24, 2020  
Sign in Sheet**

Maureen Dunleavy, GCC

Alison Kerr, DOH Monroe

Susan Moore, MC Coalition

Erin Donald, Healthy Start

Joe Laino; Thriving Minds South Florida

Joe Tripp, Key West Police Dept

Mel Gortarez, WomanKind

Cali Roberts, WomanKind

Marianne Finizo, CHI

Debra Lounders; Rural Health Network

Tom Hill, Firehood Foundation

Jo Terry, The Chip Terry Fund

Tom Goetz, Anchors Aweigh

Allison Katz, Drug Court

Patrice Schwermer, Catholic Charities

Sarah Van Caster, Domestic Abuse Shelter

Marie Guma, Brite Life Recovery

**Substance Abuse & Mental Health Planning Committee**  
**Monday, February 24, 2020**  
**Meeting Minutes**

**Attendees:** Maureen Dunleavy, GCC; Alison Kerr, DOH Monroe; Susan Moore, MC Coalition; Erin Donald, I lealthy Start; Joe Laino; Thriving Minds South Florida; Joe Tripp, Key West Police Dept; Mel Gorpare z, WomanK.ind; Cali Roberts, WomanKind, Marianne Fanizo, CHI; Debra Lounders; Rural Health Network; Tom Hill, Firehood Foundation; Jo Terry, The Chip TetTy Fund; Tom Goetz, Anchors Aweigh; Allison Katz, Dmg Court; Patrice Schwermer, Catholic Charities; Sarah Van Caster, Domestic Abuse Shelter; Marie Guma, Brite Life Recovery

1. Approval of minutes from December 2, 2019 meeting

**2. Mental Health Program Planning & Suicide Prevention**

- a. 100 Day Youth Challenge. Housing is related to suicide risk so county will be participating in the 100 Day Youth Challenge starting in March to focus on housing for young adults 18-24. Kick off meeting on Tuesday, March 3<sup>rd</sup> at the School Administrative Building 9 am - 5 pm. This is a national technical assistance project through rapid results institute
- b. Alison Kerr updated the group on the Post Hurricane Irma Study - Results indicate a link with hurricane and higher rate of suicide. Since results were significant it is being reviewed by experts and the Center for Disease Control. It should be available Spring 2020
- c. Community Health Improvement Plan Health Priority- CASPER objectives will be removed. Poll on social media completed and results re viewed. March 31 annual report will come out. Preliminary results and showing a downward trend in deaths which may be a result of extra funding from Irma, education and Narcan availability.
- d. Discussed Baker Act procedures and University of South Florida has annual report that looks at 10-year trends in all counties. Report is available for download at <https://www.usf.edu/cbcs/baker-act/>
- e. Guests Tom Hill and Jo Terry presented to discuss their education and advocacy for suicide prevention for firefighters and first responders. They will keep committee abreast of trainings offered in Monroe in the future.

**3. Substance Abuse Planning -**

1. Opioid Crisis- funding is currently available for substance abuse treatment including MAT for those adults who are child welfare involved. May only be available w/til June. GCC working with Wesley House and DCF to make sure if we have any parents who qualify are connected to GCC for services.
11. Nar Can & Medication Assisted Treatment (MAT) for Opioid use. Narcan distribution continues at GCC sites and Monroe County Coalition (MCC) MCC reported on the numbers. In 2018 Key West had 54 overdoses and 2 deaths in 2019 46 overdoses and 0 deaths
111. PSAs are running through Monroe County Coalition for substance abuse prevention "not even in your house"

**3. Roundtable Discussion & Announcements**

- a. Catholic Charities is bringing down training on Human Trafficking on March 23 & 24. There will be 2 sessions one for agencies and one for community residents. March 23<sup>rd</sup> will be Key West at the Harvey Government Center. 10 am- 12 pm will be Non-profits and community

**Community Health Improvement Plan Health Priority:**  
**Mental Health and Substance Abuse**

*Monroe County Community Health Improvement Plan 2019 -2022, Monroehealth.gov*

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**GOAL 1: Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.**

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**Objective 1.1: By 2022, increase the number of residents who utilize mental trauma services and substance abuse services in Monroe County by identifying the gaps and services needed.**

**Strategies:**

- Assessment to identify:
  - The existing number of mental / behavioral health care and substance abuse providers/ resources currently available for adult, adolescents, and children at each level of care to support collaboration and efficient use of resources among providers.
  - Utilization of mental/ behavioral health and substance abuse services to establish baseline for monitoring who currently uses these services in Monroe County.
  - Racial/ ethnic/ economic barriers that limit access to mental/ behavioral health and substance abuse care.
  - Impact on Hurricane Irma and mental health.
- Establish formal partnerships with two (2) community- based organizations to promote existing culturally competent mental/ behavioral health and substance abuse services and address inefficiencies through collaborative planning, service delivery, and resource sharing.
- Engage media outlets to promote existing mental/ behavioral health services in Monroe County.

**Objective 1.2: By 2022, increase the awareness and understanding of mental/ behavioral health and mental illness in Monroe County. Strategies**

- Conduct Mental Health First Aid training among public employees and agencies in Monroe County.
- Conduct racial/ economic awareness training for all public employees and agencies in Monroe County as a first step in moving towards social determinants of mental/ behavioral health.

**Objective 1.3: Reduce the number of opioid overdoses to meet specified targets by 2022**

**Strategies**

- Train and inform opioid users and bystanders (friends, family, co-users) on overdose risk factors.
- Train groups who frequently come into contact with opioid users or overdose hot-spots (e.g., non-healthcare staff in police stations, hostels, rehabilitation hostels, community agencies, and residential hotels) in the use of overdose reversal strategies, such as the administration of Naloxone/ Narcan.
- Train and inform opioid users and bystanders (friends, family, co-users) on how to appropriately respond to an overdose by performing rescue breathing and administering Narcan.
- Engage the community and promote safe storage and disposal of prescription drugs through prescription take back day.

**Objective 1.4: Reduce the number of suicides to meet specified targets by 2022**

**Strategies**

- Educate families about the risks associated with mental/ behavioral health

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**Partners:**

Department of Juvenile Justice  
Domestic Abuse Shelter  
Florida Council Against Sexual  
Violence  
Florida Keys Community College  
Florida Keys Healthy Start Coalition  
Guidance Care Center

Health Foundation of South Florida  
Key West Police Department  
Key Bridge Treatment Center  
Key West Business Guild  
Keys Health Ready Coalition  
Lower Keys Medical Center  
Monroe County Coalition  
Monroe County Sheriff's Office

Rural Health Network of Monroe  
County  
South Florida Behavioral Health  
Network  
State Attorney's Office  
Veteran's Affairs

## Comprehensive List of Community Partners

Health Priority 1: HiAP

Health Priority 2: Access to Healthcare

Health Priority 3: Mental/Behavioral Health and Substance Abuse

Priority Areas			Partners and Resources
1	2	3	Florida Department of Health in Monroe County
1	2	3	AH Monroe County
	2		Agency for Persons with Disabilities Southern Region
	2	3	Area Health Education Centers
	2	3	Baptist Health of South Florida and Fishermen's Hospital
	2	3	Catholic Charities
1	2	3	City of Key West, Mayor's Office and Commissioner's
	2	3	Community Health of South Florida
1	2	3	College of the Florida Keys
		3	Department of Children and Families
		3	Department of Juvenile Justice
	2	3	Domestic Abuse Shelter
	2	3	Florida Council Against Sexual Violence
1	2	3	Florida Keys Healthy Start Coalition
1			Florida Keys Mosquito Control District
1			FL Keys Society for Human Resource Management
1	2	3	Good Health Clinic
1	2	3	Guidance Care Center
		3	Guidance Care Center - CAC Board
1	2	3	Health Foundation of South Florida
1			Keys Energy Services
	2		Keys Health Ready Coalition
1		3	Key West Police Department
1	2		Leadership Monroe County
1	2		Lower Keys Medical Center
1	2	3	Monroe County Coalition
1			Monroe County Board of County Commissioners and
	2	3	Monroe County School District
1			SOS Foundation
1		3	South Florida Behavioral Health
1	2		United Way of Collier and the Florida Keys
	2	3	Rural Health Network of Monroe County
		3	Thriving Minds South Florida
		3	Veteran's Affairs
1	2	3	Womankind