Florida Department of Health in Okaloosa County
2018 CHIP Progress Report
Community Health Improvement Plan
Annual Progress Report, 2018

Florida Department of Health in Okaloosa County
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Introduction

This is the annual review report for the 2018-2022 Okaloosa County Community Health Improvement Plan (CHIP). The activities and collaborative efforts of the Florida Department of Health in Okaloosa County (DOH-Okaloosa) and community partners will be reflected within the 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-Okaloosa is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

In November 2017, DOH-Okaloosa staff and community members met to review the 2017 Community Health Assessment and select priority health issues. At this meeting, the CHIP groups selected initial goals. The progress on the goals is updated regularly during CHIP group meetings and new goals are established. In addition, CHIP Champion and CHA Leadership Team meetings are held to discuss the group’s progress.
2018 Community Health Assessment Update

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Overview

In 2017, the Florida Department of Health in Okaloosa County (DOH-Okaloosa) published the second Community Health Assessment (CHA) using the Mobilizing for Action through Planning and Partnerships process. The CHA tells the story of health in Okaloosa County. It shares both the good things about our communities and the ways in which we can improve.

After the 2017 CHA was published, DOH-Okaloosa convened a meeting of approximately 60 community members. They reviewed the CHA and then voted to select the most important health concerns that they wanted to become Community Health Improvement Plan (CHIP) groups. For a CHIP group to be finalized, there had to be at least one community member “Champion.” Champions would go on to serve as a lead for the group and coordinate meetings. As a result of the meeting, four new CHIP groups were formed and one of the 2013 CHIP groups voted to continue their work. The CHIP groups are completely community-led, with over 180 residents and 75 organizations represented.

Over the past years, these groups have worked tirelessly to improve the health of Okaloosa County residents. Their work has led to many successes, including improving health outcomes for infants. From 2016 to 2017, the black infant mortality rate dropped from 10.2 to 7.5 per 1,000 live births!

However, the CHA and CHIP groups are essential to improving the health of our communities now more than ever. According to the CDC, the U.S. life expectancy has declined in recent years due to an increase in deaths from drug overdoses and suicide. From 2007-2014, the leading cause of injury death among 15 to 64-year-olds in Okaloosa County was motor vehicle accidents. In 2015-2017, the leading cause of death for this population changed to poisoning, most commonly due to overdose or excessive use of drugs.

As you read the 2018 CHA Update, think about how you can become involved. We all have a role to play in making Okaloosa County a healthier place to live, learn, work, and play!

Key Terms

Health equity means that everyone should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, ethnic background or abilities.

A disparity is when different groups of people have very different levels of health for no obvious reason. For example, it is important to know if people in one part of our county are sicker than people in the rest of the county. We would want to figure out what is going on and identify opportunities for better health.

The social determinants of health mean that our health is impacted by many different things. Access to fresh foods, stable housing, safe neighborhoods, good jobs and quality schools are all important in helping us stay healthy.
Promoting Healthy Lifestyles

People who are overweight or obese have greater risks for many leading causes of death. These include heart disease, stroke, diabetes and some cancers.3

FACT

People who are overweight or obese have greater risks for many leading causes of death. These include heart disease, stroke, diabetes and some cancers.3

“IT’S easy to just go through a drive-thru and get a calorie-filled hamburger, fries, and a soda.” - Key Informant, 2016

The Fresh Access Bucks program promotes healthy choices by making fresh, locally-grown produce available to SNAP recipients.4

The Okaloosa County Extension Office offers free classes and workshops on food safety, food preservation, budgeting for food, and meal preparation.5

Beach wheelchairs are available at multiple Okaloosa County parks. They are free to use for both residents and visitors.6
participated in the Healthy Okaloosa program during the 2017-2018 year, reaching over 19,000 students.8

Okaloosa County residents who live in households with annual incomes of less than $25,000 per year are more likely to be inactive or insufficiently active than adults in households making $50,000 or more per year.

43% of Okaloosa County middle school and high school students participate in sports at school.7

“Physical well-being plays a large part in the mental health of the community.” - Key Informant, 2016

“Promoting Healthy Lifestyles CHIP Group Progress

“My favorite thing about the Healthy Okaloosa program is the number of people that you interact with and the amount of information that you learn.” - Ray Nelson, Okaloosa County NAACP

8 Promoting Healthy Lifestyles CHIP meetings were held in 2018, with 20 total members.

In 2018, the Promoting Healthy Lifestyles CHIP group promoted the Healthy Okaloosa Worksites program at 4 community events. As a result, the program certified 6 new worksites.

The group hosted a Healthy Okaloosa Worksites Fall Crawl Walking Challenge to encourage employees to exercise during the holiday season. 4 worksites participated, logging over 5 million steps!
Drug Endangered Children & Communities

5% of high school students and 1% of middle school students in Okaloosa County report having sold drugs.7

In the past 11 years, the annual prescribing rate for high dosage opioids has decreased by 57% nationwide.3

In Florida, the total number of drug-related deaths increased by 22% from 2015 to 2016.9

“We have inadequate mental health and substance abuse services in Okaloosa.”

“There has been an increase recently in violence, such as shootings, that are related to drugs.”

“There is no pediatric mental health inpatient care in the county. Most of the [Okaloosa County School District] expulsions seen are for drug abuse, students with prescription drugs.”

Race Disparity

Unintentional Poisoning Deaths by Race2

White residents are more likely to die due to an unintentional poisoning than Black residents in Okaloosa County. Unintentional Poisoning is most commonly due to overdose or excessive use of drugs.

In the United States, approximately 130 people die each day from overdoses involving prescription opioids.3

Key Informant Quotes8

In the past 11 years, the [Okaloosa County School District] expulsions seen are for drug abuse, students with prescription drugs.
Nearly 40% of high school and 21% of middle school students in Okaloosa County report having used illicit drugs in their lifetime.7

From 2016 to 2017, Okaloosa County Emergency Medical Services (EMS) observed a 32% increase in the need to administer Narcan™, a drug used to reverse the effects of opioid overdoses.9

Drug Endangered Children & Communities
CHIP Group Progress

“The Okaloosa Drug Endangered Children and Communities (DEC-C) Alliance committee has done amazing things in 2018. The message of how drug endangered children are profoundly affected and how we can be proactive and think outside the box to ensure they are identified, protected, healthy, and get the happy childhoods they so deserve continues into 2019,” - Jennifer Clark, Emerald Coast Children’s Advocacy Center

9 DEC-C CHIP meetings were held in 2018, with 52 total members.

25 individuals were trained by the National Alliance for DEC. Together, they provided 8 training sessions which reached over 100 individuals.

North Okaloosa Medical Center, Fort Walton Beach Medical Center, and Okaloosa County Emergency Medical Services collaborated to implement cord blood testing procedures. The procedures allow for faster treatment for babies experiencing Neonatal Abstinence Syndrome (NAS). NAS is a drug withdrawal syndrome that occurs among infants after exposure to opioids during pregnancy.10

In Florida, these drugs caused the most deaths during 2016.9

- Cocaine
- Benzodiazepines (tranquilizers such as Valium and Xanax)
- Fentanyl
- Morphine
- Fentanyl Analogs
- Heroin
- Alcohol

Cocaine
Benzodiazepines (tranquilizers such as Valium and Xanax)
Fentanyl
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- Fentanyl
- Morphine
- Fentanyl Analogs
- Heroin
- Alcohol
From 2010 to 2018, the number of homeless veterans in the U.S. decreased by nearly 50%.

In 2017, there were 192 foster children in Okaloosa County.

- From 2017 to 2018, Opportunity Place provided shelter and support to over 200 single women and families.
- In 2018, Others of Destin provided services and support to over 700 families.
- The Crestview Area Shelter for the Homeless helped approximately 200 individuals in 2017 by providing food, clothing, referrals and job assistance.
- In 2017, the Emerald Coast Children’s Advocacy Center’s multi-disciplinary team assisted over 750 children.

In Florida, mental illness and substance misuse are the top disabling conditions that lead to homelessness.

- 62% are male
- 19% are children
- 56% are White
- 9% are Veterans

Over 630 students in the Okaloosa County School District experienced homelessness during the 2017-2018 school year.

In 2017, almost 150 Okaloosa County children were removed from their homes due to parental drug abuse.

In 2017, there were 192 foster children in Okaloosa County.

23% of Okaloosa County residents who live in households with annual incomes of less than $25,000 had poor mental health on 14 or more of the past 30 days.
“Our biggest accomplishment so far is identifying how little we know about our local housing inventory, and identifying steps to gather that information and connect the right agencies to instigate change. *Everybody knows there is a problem—now we have a group doing something to change it.*” - Tracey Williams, United Methodist Children’s Home

**8 Strengthening Families CHIP meetings** were held in 2018, with 27 total members.

**19 individuals were trained by the Florida Housing Coalition** on the funding and resources available for the development of affordable housing sites.

The group developed a **housing assessment survey** to learn about the affordable housing available in Okaloosa County. The survey responses are used by social service providers to connect their clients to housing options.

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**Poverty Disparity**

**Okaloosa Poverty Rates by Race/Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino (Of Any Race)</td>
<td>19%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>18%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>13%</td>
</tr>
<tr>
<td>White</td>
<td>11%</td>
</tr>
<tr>
<td>Asian</td>
<td>10%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islande</td>
<td>5%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>4%</td>
</tr>
</tbody>
</table>

**51% of elementary students** in Okaloosa County come from families who do not make enough money to pay for their school lunches.²

**19% of children** in Okaloosa County are living in poverty.⁷
## Preventing Injuries

In 2017, falls were the cause of nearly **1 out of every 3** Emergency Department visits and 3 out of every 5 injury hospitalizations in Okaloosa County.²

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Leading Cause of Injury Death in Okaloosa County²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1</td>
<td>Suffocation due to unsafe sleep practices</td>
</tr>
<tr>
<td>1-14</td>
<td>Drowning</td>
</tr>
<tr>
<td>15-64</td>
<td>Poisoning, most commonly due to overdose or excessive use of drugs</td>
</tr>
<tr>
<td>65+</td>
<td>Falls</td>
</tr>
</tbody>
</table>

From 2007-2014, the leading cause of injury death of Okaloosans aged 15 to 64-years-old was **motor vehicle accidents**, but from 2015-2017 this changed to poisoning.²

In 2016, Florida had the **2nd highest number of pedestrian fatalities** per 100,000 population in the United States.¹⁹

From 2015-2017, **three bicyclists and 19 pedestrians were killed** in Okaloos County by motor vehicles.²

In 2017, **3,183 Floridians died** and **72,598 were hospitalized** due to unintentional falls.²

- In 2018, the Florida Department of Health Bureau of Preparedness and Response supplied **5 Stop the Bleed kits** to DOH-Okaloosa. The Stop the Bleed kits can be used by staff to respond to a bleeding emergenc.²⁰
- The West Florida Area Health Education Center offers free **Tai Chi and fall prevention classes** to Okaloosa County seniors.²¹
• Okaloosa ranked in the top 10 worst counties in Florida for boating accidents in 2017.22
• Operator inexperience and inattention were the two leading causes of boating accidents.22

Preventing Injuries CHIP Group Progress

“As a committee, we have chosen to address several injury issues. We have brought together a great group of community partners in a collaborative effort to help make Okaloosa County safer.” - Christopher “Chris” Missler, Fort Walton Beach Medical Center (FWBMC)

17 Preventing Injuries CHIP meetings and subcommittee meetings were held in 2018, with 40 total members.

650+ individuals were trained in the Stop the Bleed program. Stop the Bleed teaches basic bleeding control techniques to stop bleeding from any cause (i.e. shootings, explosions) until medical help arrives.23

The FWBMC and the Okaloosa County Sheriff’s Office collaborated with DOH-Okaloosa’s Epidemiology Section on an analysis of motor vehicle accident data. The analysis was presented by DOH-Okaloosa to the CHIP group and used to inform strategies.

FWBMC, NOMC, and Twin Cities Hospital implemented opioid prescribing guidelines for their emergency departments county-wide.

“Opioid abuse has been detrimental on the health of our community and often has a negative impact on our hospital staff. Many of the opioid overdoses and events end with less than optimal outcomes. Our staff are engaged in taking care of the patients and want to see positive outcomes.” - Daniel “Danny” Shearn, North Okaloosa Medical Center (NOMC)
Reducing Infant Mortality

Infant Mortality Rate
Per 1,000 Births

4.9

6.1

*Goal: 6.0

Okaloosa
Florida

Infant mortality is the death of a baby before his or her first birthday. The infant mortality rate is an important marker of a community’s overall health. From 2016 to 2017, Okaloosa’s black infant mortality rate decreased from 10.2 to 7.5 per 1,000 births.

*Based on Healthy People 2020

Race Disparity
Infant Mortality by Race

Even though Black infants only make up 11% of births in Okaloosa County, these infants make up one quarter of all infant deaths.

- Okaloosa County loses an average of two babies each year due to unsafe sleeping practices.
- The average age of infants who suffocate during sleep is 2 months, before most infants develop head control.
- Nearly half of all caregivers do not receive correct advice on safe sleep practices from their healthcare provider.

Why do babies die?

Prematurity

More than 1 out of every 10 babies in Okaloosa County are born too early, and that number is slowly rising.

Unsafe Sleep

87% of accidental infant deaths in the past 12 years were related to unsafe sleep. 40% of those deaths occurred in the Ocean City and Wright communities of Fort Walton Beach.

Homicide

In 2017, there were 23 infant homicides in the state of Florida.

Birth Defects

Birth defects account for 33% of all infant deaths in Okaloosa County.

Complications

In 2017, women in Okaloosa County were more likely to receive early and adequate prenatal care compared to women in Florida.
Reducing Infant Mortality
CHIP Group Progress

“We began working together with our community partners in 2016 and developed a ‘Recipe for a Healthy Baby.’ The recipe included four simple ingredients: breastfeed your baby, safe sleep for baby, never shake a baby, and quit [nicotine] for baby. Members of this group are as committed today as we were in 2016. We are getting the message out and this group continues to work tirelessly to have an impact.” - Ardelle Bush, Healthy Start of Okaloosa and Walton Counties

6 Improving Infant Mortality CHIP meetings were held in 2018, with 39 total members.

4,000 educational board books were distributed to hospitals, child care center staff, and church nursery workers to educate new parents on safe sleep practices.

An analysis of infant mortality data was completed to learn more about the disparities that exist in Okaloosa County. The analysis was presented by DOH-Okaloosa to the CHIP group and used to inform strategies.

Two life-size crib displays were placed at both DOH-Okaloosa locations and other sites to educate on safe sleep practices.

Geographic Disparity
Infant Mortality Rate by Region

° FACT
The communities in Okaloosa County with the highest infant mortality rates are the same ones with the lowest median household incomes and the lowest percentage of high school graduates.°
Acknowledgments
The Florida Department of Health in Okaloosa County thanks the following individuals and organizations for their invaluable contributions to this report:

CHA Leadership Team
Al McDonough, Okaloosa County Sheriff’s Office
Anthony Sawyer, 90Works, Inc.
Christopher Saul, Okaloosa County
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Dick Rynearson, City of Fort Walton Beach
Erin Archer, USAF, BSC, 1 SOAMDS/SPGM
Lida Deonarine, North Okaloosa Medical Center
Renea Black, Early Learning Coalition of the Emerald Coast
Rick Owen, United Way of Okaloosa and Walton Counties
Ted Corcoran, Greater Fort Walton Beach Chamber of Commerce
Teri Schroeder, Okaloosa County School District
Yvette Torry, S4P Synergy, Inc.

CHIP Champions
Alicia Booker, Eglin Air Force Base
Ardelle Bush, Healthy Start of Okaloosa and Walton Counties
Christopher “Chris” Missler, Fort Walton Beach Medical Center
Jennifer Clark, Emerald Coast Children’s Advocacy Center
Jessica Trimboli, Okaloosa County Sheriff’s Office
Kay Leaman, HealthyDay HealthyLife
Ray Nelson, Okaloosa County NAACP
Sarah Yelverton, Homelessness and Housing Alliance of Okaloosa and Walton Counties
Tracey Williams, First United Methodist Children’s Home

Together we can make Okaloosa County a healthier place to live, learn, work and play. Join the Healthy Okaloosa Collaborative by contacting us at HealthyOkaloosa5210@flhealth.gov
Sources


*For the specific date ranges used to collect the asterisked data, please contact HealthyOkaloosa5210@flhealth.gov. Thank you!
Revisions

Revisions to the CHIP were made after careful review of the goals, objectives, strategies and measures of the 2018-2022 CHIP. Recommended changes were made based on the following parameters:

- Availability of data to monitor progress – performance measures that had county-level data available were preferred, etc.
- Change in level of resources and community assets
- Change in priorities
- Change in health status indicators
- Newly developing or newly identified health issues

Strategic Issue Area #1: Promoting Healthy Lifestyles

The Promoting Healthy Lifestyles CHIP group decided to discontinue their work due to the Champions schedule changes and lack of availability. The group will resume at a later date, if scheduling allows.

Strategic Issue Area #2: Drug Endangered Children & Communities

Goal 1: To raise awareness of the issue of drug endangered children (DEC).

Objective 1.1: To update the DEC-C CHIP Group mission statement by April 30, 2019.

  Strategy 1.1.1: Craft and approve updated Okaloosa DEC mission statement.

Objective 1.2: Develop and produce DEC informational pamphlets by June 30, 2019.

  Strategy 1.2.1: Identify key components needed in pamphlets.
  Strategy 1.2.2: Identify a funding source for the pamphlets.
  Strategy 1.2.3: Produce draft, review draft, and finalize design for the pamphlet.

Objective 1.3: Provide 12 DEC training sessions by December 31, 2019.

  Strategy 1.3.1: Identify priority audiences.

Objective 1.4: Host two town hall meetings by December 31, 2019.

  Strategy 1.4.1: Determine key sites/location to hold town hall meetings.
Strategy 1.4.2: Collaborate with key partners to organize and hold town hall meetings.

<table>
<thead>
<tr>
<th>Revised CHIP Group Outcomes</th>
<th>Current Strategic Objective</th>
<th>Indicator (Data Source)</th>
<th>Current Level</th>
<th>Target</th>
<th>Explanation for Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>To update the DEC-C CHIP Group mission statement by April 30, 2019.</td>
<td>New for 2019</td>
<td>Recorded in meeting minutes</td>
<td>0 mission statement revisions</td>
<td>1 revised mission statement</td>
<td>With the addition of new members and changes over the past year, the group felt it was necessary to update the mission statement to better reflect the group.</td>
</tr>
<tr>
<td>Develop and produce DEC informational pamphlets by June 30, 2019.</td>
<td>New for 2019</td>
<td>Pamphlet developed</td>
<td>0 pamphlets</td>
<td>1 pamphlet</td>
<td>New addition for 2019, due to need for increased awareness of local efforts and issues.</td>
</tr>
<tr>
<td>Provide 12 DEC training sessions by December 31, 2019.</td>
<td>Educate at least 100 professionals on Drug Endangered Children (DEC) by December 30, 2018.</td>
<td>Sign-in sheets, recorded in meeting minutes</td>
<td>8 DEC training sessions</td>
<td>20 DEC training sessions</td>
<td>The indicator was shifted from the total number of professionals trained to the total number of sessions held.</td>
</tr>
<tr>
<td>Host two town hall meetings by December 31, 2019.</td>
<td>New for 2019</td>
<td>Sign-in sheets, recorded in meeting minutes</td>
<td>0 town hall meetings held</td>
<td>2 town hall meetings held</td>
<td>New addition for 2019, due to need for increased awareness of local efforts and issues.</td>
</tr>
</tbody>
</table>

Goal 2: To increase DEC-C CHIP Group member education.

Objective 2.1: To develop and implement a DEC-C CHIP Group new member orientation by June 30, 2019.

Strategy 2.1.1: Create a training session.

Objective 2.2: To increase current member education by holding quarterly networking and education sessions by June 30, 2019 and quarterly thereafter.
Strategy 2.2.1: Locate local and regional experts to invite for educational sessions.

Strategy 2.2.2: Locate sponsors and/or funding source for quarterly breakfast meetings.

Strategy 2.2.3: Schedule quarterly networking and education sessions.

<table>
<thead>
<tr>
<th>Revised CHIP Group Outcomes</th>
<th>Current Strategic Objective</th>
<th>Indicator (Data Source)</th>
<th>Current Level</th>
<th>Target</th>
<th>Explanation for Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop and implemented a DEC-C CHIP Group new member orientation by June 30, 2019.</td>
<td>New for 2019</td>
<td>New member orientation process developed, recorded in meeting minutes</td>
<td>0</td>
<td>1</td>
<td>New addition for 2019, due to need for new member education and support.</td>
</tr>
<tr>
<td>To increase current member education by holding quarterly networking and education sessions by June 30, 2019 and quarterly thereafter.</td>
<td>New for 2019</td>
<td>Quarterly education and networking meetings held</td>
<td>0</td>
<td>1/quarter, ongoing</td>
<td>New addition for 2019, due to need for increased and ongoing group member education.</td>
</tr>
</tbody>
</table>

**Strategic Issue Area #3: Strengthening Families**

Goal 1: To assess available affordable housing and current housing options.

Objective 1.1: Conduct one complete assessment of the available affordable housing and current housing options by July 1, 2019.

Strategy 1.1.1: Locate a team to conduct the housing assessment.

Strategy 1.1.2: Develop a system for recording responses to the housing questionnaire.

Strategy 1.1.3: Conduct and record the housing assessment.

<table>
<thead>
<tr>
<th>Revised CHIP Group Outcomes</th>
<th>Current Strategic Objective</th>
<th>Indicator (Data Source)</th>
<th>Current Level</th>
<th>Target</th>
<th>Explanation for Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct one complete assessment of the available</td>
<td>Conduct one complete assessment of the</td>
<td>Housing Assessment, noted in minutes</td>
<td>1 Housing Survey completed, 0</td>
<td>1 assessm ent</td>
<td>The team was unable to complete the assessment fully</td>
</tr>
</tbody>
</table>
affordable housing and current housing options by July 1, 2019.

available affordable housing and current housing options by December 31, 2018.

assessments completed in 2018. In 2019, the team has access to a new HHA staff member who can assist in the assessment completion and the goal was renewed.

Goal 2: To increase collaboration with community partners to better coordinate access to housing for low-resource community members.

Objective 2.1: Incorporate the Homelessness and Housing Alliance (HHA) Continuum of Care (CoC) into the Local Housing Assistance Plan (LHAP) by May 31, 2022.

Strategy 2.1.1: Determine contacts for LHAP development and implementation.

Strategy 2.1.2: Request meeting with proper contacts to discuss incorporation of HHA CoC into plan.

Objective 2.2: Host a lunch-and-learn event for the Emerald Coast Association of Realtors by April 30, 2019.

Strategy 2.2.1: Collaborate with the Fort Walton Beach Chamber of Commerce staff to set up a meeting date/time.

Strategy 2.2.2: Develop meeting materials including PowerPoint and packet.

Strategy 2.2.3: Invite participants to meeting.

Objective 2.3: Hold two meetings with Housing Authority offices to better coordinate resources and support partner organization clients by December 31, 2019.

Strategy 2.3.1: Contact housing authority office and request to schedule a meeting.

Strategy 2.3.2: Develop a listing of questions and concerns to discuss during the meeting.

Revised CHIP Group Outcomes | Current Strategic Objective | Indicator (Data Source) | Current Level | Target | Explanation for Revision
--- | --- | --- | --- | --- | ---
Incorporate the HHA CoC into the Local Housing Assistance Plan (LHAP) by May 31, 2022. | New for 2019 | LHAP document, with HHA CoC included | 0 HHA CoC inclusion in LHAP | 1 HHA CoC inclusion in LHAP | HHA CoC inclusion in the LHAP would allow for CHIP group members to provide feedback on city
Host a lunch-and-learn event for the Emerald Coast Association of Realtors by April 30, 2019.

- New for 2019
- Sign-in sheet, noted in meeting minutes
- 0 events held
- 1 event held

While the CHIP group members discussed holding a lunch-and-learn in 2018, no formal goal was set. This goal was added in 2019 to meet the target.

Hold two meetings with Housing Authority offices to better coordinator resources and support partner organization clients by December 31, 2019.

- New for 2019
- Noted in meeting minutes
- 0 meetings held
- 2 meetings held

While the CHIP group members discussed holding meetings with housing authority offices in 2018, no formal goal was set. This goal was added in 2019 to meet the target.

**Strategic Issue Area #4: Preventing Injuries**

Goal 1: To reduce the number of injuries and injury-related deaths in Okaloosa County.

Objective 1.1: To reassess and expand opioid prescription guidance for hospital emergency departments by December 31, 2019.

    Strategy 1.1.1: Reconvene Opioid Subcommittee.
    Strategy 1.1.2: Discuss progress and further implementation of opioid guidelines.

Objective 1.2: To decrease the number of traumatic brain injuries due to falls by 15% by December 31, 2022.

    Strategy 1.2.2: Determine format of fall prevention activity data collection.
    Strategy 1.2.3: Analyze falls data from Fort Walton Beach Medical Center Level II Trauma Center.
    Strategy 1.2.4: Implement a falls prevention program(s).
    Strategy 1.2.5: Develop a fall risk checklist for older and/or at-risk adults.
Strategy 1.2.6: Distribute falls risk checklist to older and/or at-risk adults.

Objective 1.3: To decrease the rate of total motor vehicle crashes (MVCs) per 100,000 population by 10% by December 31, 2022.

Strategy 1.3.1: Analyze MVC data including location and injury severity score.

Strategy 1.3.2: Research best-practices in addressing MVCs-related injuries and fatalities.

Objective 1.4: To decrease the number of pedestrian injuries and fatalities due to MVCs by 10% by December 31, 2022.

Strategy 1.4.1: Analyze MVC data including location and injury severity score.

Strategy 1.4.2: Research best-practices in addressing pedestrian injuries and fatalities.

Goal 4: To educate Okaloosa County residents on bleeding control techniques.

Objective 4.1: To educate 350 additional Okaloosa County residents on the Stop the Bleed techniques by December 31, 2019.

Strategy 4.1.1: Contact local organizations and business to schedule training sessions.

<table>
<thead>
<tr>
<th>Revised CHIP Group Outcomes</th>
<th>Current Strategic Objective</th>
<th>Indicator (Data Source)</th>
<th>Current Level</th>
<th>Target</th>
<th>Explanation for Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>To educate 350 additional Okaloosa County residents on the Stop the Bleed techniques by December 31, 2019.</td>
<td>To educate 300 Okaloosa County residents on the Stop the Bleed techniques by December 31, 2018.</td>
<td>Sign-in sheets, number recorded in meeting minutes</td>
<td>700 individuals trained</td>
<td>1,050 individuals trained</td>
<td>The group will continue training residents on the Stop the Bleed program in 2019. The goal was adjusted to add additional training participants and extend the year to 2019.</td>
</tr>
</tbody>
</table>

**Strategic Issue Area #5: Reducing Infant Mortality**

Goal 1: To educate Okaloosa County infant caregivers on best practices in infant care including safe sleep guidelines, tobacco cessation, preventing Shaken Baby Syndrome, and breastfeeding.

Objective 1.1: To distribute safe sleep education to 100% of new parents who are discharged from Okaloosa County hospitals by June 30, 2019.
Strategy 1.1.1: Continue to collaborate with Okaloosa County birthing facilities to distribute safe sleep educational books.

Strategy 1.1.2: Continue to conduct a follow-up assessment and/or survey to determine effectiveness of safe sleep educational books.

Objective 1.2: To distribute Healthy Start online and print resource guides to 500 infant caregivers by June 1, 2020.

Strategy 1.2.1: Continue to distribute printed Healthy Start local resource guides.

Strategy 1.2.2: Continue to distribute electronic Healthy Start local resource guides.

Objective 1.3: To display Shaken Baby Syndrome models in 2 Okaloosa County birthing facilities by June 30, 2020.

Strategy 1.3.1: Obtain administrative approval for displays at all Okaloosa County birthing facilities.

Strategy 1.2.2: Train birthing facility staff on demonstrating the Shaken Baby Syndrome simulator.

Goal 2: To decrease the number of Okaloosa County residents that use or initiate the use of nicotine products.

Objective 2.1: To decrease the number of pregnant women who use nicotine products by 2% by June 1, 2020.

Strategy 2.1.1: Continue implementation of SCRIPT tobacco cessation program with Healthy Start clients.
## Accomplishments

The five Community Health Improvement Plan (CHIP) groups formed in the 2018-2022 cycle have already made tremendous impacts to Okaloosa County. Below are few examples of the accomplishments the groups have made in 2018:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>To raise awareness of the issue of drug endangered children (DEC).</td>
<td>Train 7 Okaloosa County-based professionals to be DEC trainers by June 30, 2018.</td>
<td>23 individuals completed a Train-the-Trainer course led by representatives from the National DEC Alliance. The trained group members led 8 trainings in 2018, reaching over 100 community members.</td>
</tr>
</tbody>
</table>

How it’s important for our community: Community education is a key component of decreasing the number of drug endangered children in Okaloosa County. The train-the-trainer session enabled members of DEC-C to teach the public to look for signs of drug endangered environments and how to take action. “The Okaloosa DEC-C Alliance committee has done amazing things in 2018. The message of how drug endangered children are profoundly affected and how we can be proactive and think outside the box to ensure they are identified, protected, healthy, and get the happy childhoods they so deserve continues into 2019,” DEC-C Champion Jennifer Clark stated of the group’s work.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce the number of injuries and injury-related deaths in Okaloosa County.</td>
<td>To implement a county-wide opioid prescription guidance for hospital emergency departments by December 31, 2018.</td>
<td>An Opioid Prescribing Subcommittee was developed by the Preventing Injuries group aimed at decreasing the number of newly addicted individuals due to prescription opioids. It led to the development of a set of opioid prescribing guidelines that is now fully implemented in all three of the county’s emergency departments – Fort Walton Beach Medical Center, North Okaloosa Medical Center, and Twin Cities Hospital.</td>
</tr>
</tbody>
</table>

How it’s important for our community: Like many states across the nation, Florida has seen significant impacts from the opioid crisis. Deaths related to opioids, such as heroin and fentanyl, increased by 80% in Florida from 2014-2015 (Florida Department of Law Enforcement, 2016). Okaloosa County Emergency Medical Services (EMS) has observed a 219% increase in the need to administer Narcan, a drug used to reverse the effects of opioid overdose, since 2013 (Okaloosa County EMS, 2017). In addition, the OCSO reported a nearly 400% increase in heroin and fentanyl-related arrests from 2014-2016 (OCSO, 2017). To address this issue, the Preventing Injuries group’s Opioid Prescribing Subcommittee began limiting the prescriptions of narcotics given to patients with acute or chronic non-malignant pain in emergency departments. The group believes this limitation could lead to a decrease in the development of new addiction.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>To educate Okaloosa County infant caregivers on best practices in safe sleep</td>
<td>To distribute safe sleep education to 100% of new parents who are Eglin Air Force Base Hospital, Fort Walton Beach Medical Center, North Okaloosa Medical Center, and Sacred Heart of the Emerald Coast are providing</td>
<td></td>
</tr>
</tbody>
</table>


infant care including safe sleep guidelines, tobacco cessation, preventing Shaken Baby Syndrome, and breastfeeding. | discharged from Okaloosa County hospitals by June 30, 2019. | safe sleep books to every new parent that gives birth at their sites. In addition, the books have been distributed to child care centers, church nurseries, and clinic offices in at-risk areas.

How it’s important for our community: 91% of accidental deaths among infants less than one year old in Okaloosa were the result of unsafe sleeping environments. Infants in Okaloosa County are two times as likely to die of suffocation as infants in Florida as a whole. “Members of this group are as committed today as we were in 2016. The Sleep Baby, Safe and Snug book, written by Dr. John Hutton, is an educational book that is evidence-based. The book educates parents on safe sleep environments in a storybook format that is easy to understand. “We are getting the message out and this group continues to work tirelessly to have an impact,” said Reducing Infant Mortality Champion Ardelle Bush of the group’s work.
Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through regular CHIP group meetings wherein action lists are reviewed and updated. The groups will discuss progress and make changes to strategies as needed. CHIP Champion meetings will continue to be held to report on progress and challenges, along with connecting groups who may benefit from collaborating. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year by March. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community’s health, improving where we live, work and play and realize the vision of a healthier Okaloosa County.
Appendices

The following section contains meeting agenda, minutes, and sign-in sheets that showcase the process of reporting on goal progress at CHIP Champion and CHA Leadership team meetings (Appendices A-J). Appendix K contains a complete listing of partners who participating in CHIP group progress during the 2018 year. Appendices L-P provides the CHIP groups meeting agendas, minutes, and sign-in sheets from all meetings to provide additional details on progress and participant roles.

A. March CHIP Champion Meeting Agenda
B. March CHIP Champion Meeting Minutes
C. March CHIP Champion Sign-in Sheet
D. July CHIP Champion Agenda
E. July CHIP Champion Minutes
F. July CHIP Champion Sign-in Sheet
G. Annual CHIP Review Meeting Agenda
H. Annual CHIP Review Community Meeting Minutes
I. Annual CHIP Review Community Meeting Sign-in Sheet
J. Annual CHIP Review Community Meeting PowerPoint
K. Comprehensive List of Community Partners
L. Promoting Healthy Lifestyles Meeting Records
M. Drug Endangered Children & Communities Meeting Records
N. Strengthening Families Meeting Records
O. Preventing Injuries Meeting Records
P. Reducing Infant Mortality Meeting Records
Appendix A: March CHIP Champion Meeting Agenda
Purpose: Engage the Community Health Improvement Plan (CHIP) Champions on topics related to the 2018-2022 CHIP workgroups through an open two-way dialogue.

Welcome & Introductions

Health Equity Game

CHIP Group Worksheet
  - Goals
  - Steps to reach goals

CHIP Group Updates
  - Members
  - Progress
  - Needs

Next Steps

Meeting Evaluation
Appendix B: March CHIP Champion Meeting Minutes
MINUTES

**Purpose:** Engage the Community Health Improvement Plan (CHIP) Champions on topics related to the 2018-2022 CHIP workgroups through an open two-way dialogue.

**Present:** Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Ray Nelson, Okaloosa County NAACP; Brandi Gill, Florida Department of Health in Walton County (DOH-Walton); Ryan Mims, DOH-Walton; Ardelle Bush, Healthy Start of Okaloosa and Walton Counties; Teresa Heddall, Healthy Start of Okaloosa and Walton Counties; Kay Leaman, HealthyDay HealthyLife; Sarah Yelverton, Homelessness and Housing Alliance; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carrie Ziegler, DOH-Okaloosa; Amanda Colwell, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Chandra Williams, DOH-Okaloosa; Katie McDeavitt, DOH-Okaloosa; Kat Beedie, DOH-Okaloosa; Carissa Hickok, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

**Absent:** Diane Keller, City of Fort Walton Beach; Jessica Trimboli, Okaloosa County Sheriff’s Office; Jennifer Clark, Emerald Coast Children’s Advocacy Center; Tracey Williams, Fresh Start

**Welcome**
- Dr. Karen Chapman welcomed attendees and ask attendees to introduce themselves.
- Sydney Harper shared an overview of the agenda.

**Life Course Game**
- Sydney led attendees in playing the Life Course game.
- Attendees were given “birth certificates” at the start of the game that identified social and biological-based factors that help determined the player’s life course. When participants rolled the dice, they received cards that identified risk factors and protective factors that either pushed down or lifted their overall health trajectory and life course. The game concluded with players rolling the dice a final time to determine their end-of-life outcomes (ex. retirement, age at death).
- Following the Life Course game, attendees participated in a discussion of the game and the questions and thoughts it raised.

**Community Health Improvement Plan (CHIP) Group Worksheet**
- Attendees separated into groups by CHIP teams and received a CHIP Team Worksheet (see attachments).
- The CHIP teams participated in an open discussion, using the CHIP Team Worksheet to identify their group’s targets by answering the following questions:
  - What is your goal?
  - When do you want to accomplish your goal?
MINUTES

- What steps does your group need to take to reach your goal?

CHIP Group Updates

- Each group’s CHIP Champion provided an overview of their CHIP Group Worksheet and quarterly accomplishments.
- Sarah Yelverton provided an overview of the Strengthening Families group’s CHIP Team Worksheet (see attachment). The goals selected by the group include:
  - Goal #1: Assess available affordable housing options in Okaloosa County by December 31, 2018.
  - Goal #2: Educate community partners on the types of affordable housing grants, and the process by which to apply, by July 31, 2018.
  - Goal #3: Provide technical assistance to key partners (i.e. county and city officials, bankers, housing developers) by June 30, 2018.
- Sarah shared that the Strengthening Families CHIP team plans to develop a team and/or intern staff to complete an Okaloosa County housing inventory.
- Sarah shared that she has requested technical assistance and training from Florida Housing to educate the team on affordable housing options.
- Ardelle Bush provided an overview of the Improving Infant Mortality group’s CHIP Team Worksheet (see attachment). The goals selected by the group include:
  - Goal #1: Distribute safe sleep books to discharging parents at all local birthing hospitals for one year by June 30, 2019.
  - Goal #2: Distribute Healthy Start Local Resource Directories in online and print formats by June 20, 2020.
  - Goal #3: Decrease smoking rates among pregnant women in Okaloosa County on an ongoing basis.
  - Goal #4: Provide Shaken Baby Model demonstrations to all new Okaloosa County parents at Labor and Delivery units in Okaloosa County hospitals by June 30, 2020.
- Ardelle shared an update from Alicia Booker, Co-Champion, who could not attend the meeting. North Okaloosa Medical Center (NOMC) in Crestview, Florida has added “Recipe for a Healthy Baby” information to their rotating television screens. In addition, NOMC has developed a birthing center guide for new parents and breastfeeding support groups. The NOMC Labor and Delivery Unit has also implemented the use of a Shaken Baby Syndrome simulator doll to provide a demonstration with every new mother.
- Ardelle shared that Healthy Start will complete the development of their updated Local Resource Directory by March 9, 2018. The document will be provided to the public in both online and print formats. “Recipe for a Healthy Baby” educational information is included throughout the directory.
- Ardelle shared that safe sleep models have now been placed in the DOH-Okaloosa WIC offices, and another will be placed in the immunization offices by April 1, 2018.
- Ardelle shared that Healthy Start continues to work on recruiting a volunteer to develop a Healthy Start mobile application.
MINUTES

- Christopher “Chris” Missler provided an overview of the Preventing Injuries group’s CHIP Team Worksheet (see attachment). The goals selected by the group include:
  - Goal #1: Implement an Okaloosa County-wide opioid prescription guidance in hospitals by December 31, 2018.
  - Goal #2: Decrease falls and traumatic brain injuries through fall prevention education and outreach by December 31, 2022.
  - Goal #3: Decrease the number of motor vehicle and pedestrian deaths due to motor vehicle crashes to zero deaths by December 31, 2022.
- Chris shared that a meeting of local hospital representatives has been scheduled for March 26, 2018 to begin developing a county-wide opioid prescription guidance.
- Chris shared that the Preventing Injuries CHIP Team’s Fall Subcommittee is working to determine baseline data for use in a future fall prevention grant application.
- Ray Nelson and Kay Leaman provided an overview of the Promoting Healthy Lifestyles group’s CHIP Team Worksheet (see attachment). The goals selected by the group include:
  - Goal #1: Hold five Healthy Okaloosa Worksites recruitment presentations by July 1, 2018.
  - Goal #2: Develop a plan to launch a Healthy Okaloosa Faith-Based Program by August 31, 2018.
- Ray shared that Chandra Williams, DOH-Okaloosa Health Educator, presented to the Fort Walton Beach Chamber of Commerce on the Healthy Okaloosa Worksites program. The Promoting Healthy Lifestyles CHIP Team plans to conduct follow-up phone calls and emails with interested parties to begin their certification process.
- Ray shared that the Promoting Healthy Lifestyles CHIP Team hopes to expand their efforts into the faith-based community to reach more community members.
- Diane Keller of the City of Fort Walton Beach is the Champion of the Mental Health and Substance Abuse Solutions CHIP group. She was unable to attend the meeting. The group has had one meeting thus far and will formulate goals after they are fully established.
- Jennifer Clark of the Emerald Coast Children’s Advocacy Center and Jessica Trimboli of the Okaloosa County Sheriff’s Office are Co-Champions of the Drug Endangered Children and Communities (DEC-C) CHIP Group. They were unable to attend the meeting; however, the group has already established goals including hosting a National DEC Train-the-Trainer session.

Meeting Evaluation
- Attendees were asked to complete the meeting evaluation.
- DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 2:45 p.m.
Next meeting time/date will be determined via Doodle Poll
Appendix C: March CHIP Champion Sign-in Sheet
**Purpose:** Engage the Community Health Improvement Plan (CHIP) Champions on topics related to the 2018-2022 CHIP workgroups through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Allen</td>
<td>Florida</td>
<td><a href="mailto:chrisallen.misslee@hcahealthcare.com">chrisallen.misslee@hcahealthcare.com</a></td>
<td>888-315-4244</td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:sydney.harper@health.gov">sydney.harper@health.gov</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Amanda Colwell</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:amanda.colwell@health.gov">amanda.colwell@health.gov</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Ray Nelson</td>
<td>Okaloosa NAACP</td>
<td><a href="mailto:ocn@health.gov">ocn@health.gov</a></td>
<td>420-0724</td>
</tr>
<tr>
<td>Brandi Gill</td>
<td>Walter P-DOH</td>
<td><a href="mailto:brandi.gill@flhealth.gov">brandi.gill@flhealth.gov</a></td>
<td>401-4235</td>
</tr>
<tr>
<td>Ryan Minns</td>
<td>DOH Walton</td>
<td><a href="mailto:ryan.minns@flhealth.gov">ryan.minns@flhealth.gov</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Adelle Bush</td>
<td>Healthy Start</td>
<td><a href="mailto:adelle@hsoc.org">adelle@hsoc.org</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Jessica Hood</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:jessica@hsoc.org">jessica@hsoc.org</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Lynn Wadsworth</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:lynn.wadsworth@flhealth.gov">lynn.wadsworth@flhealth.gov</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Carrie Zeiger</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:carrie.zeiger@flhealth.gov">carrie.zeiger@flhealth.gov</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Angie McWilliam</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:angie.mcwilliam@flhealth.gov">angie.mcwilliam@flhealth.gov</a></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Charlene Williams</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:charlene.williams@flhealth.gov">charlene.williams@flhealth.gov</a></td>
<td>850-315-4244</td>
</tr>
</tbody>
</table>
**Purpose:** Engage the Community Health Improvement Plan (CHIP) Champions on topics related to the 2018-2022 CHIP workgroups through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katie McDeavitt</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:Katie.mcDeavitt@finehealth.gov">Katie.mcDeavitt@finehealth.gov</a></td>
<td>850-470-3488</td>
</tr>
<tr>
<td>Karen Chapman</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:Karen.Chapman@finehealth.gov">Karen.Chapman@finehealth.gov</a></td>
<td>850-433-9245</td>
</tr>
<tr>
<td>Kat Beedie</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:Katherine.beedie@finehealth.gov">Katherine.beedie@finehealth.gov</a></td>
<td>850-833-9065</td>
</tr>
<tr>
<td>Kay Leaman</td>
<td>Healthy Day Healthy Life</td>
<td><a href="mailto:succeed@healthdayhealthylife.com">succeed@healthdayhealthylife.com</a></td>
<td>850-436-4060</td>
</tr>
<tr>
<td>Carissa Thoene</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:Carissa.Thoene@finehealth.gov">Carissa.Thoene@finehealth.gov</a></td>
<td>850-433-9240</td>
</tr>
<tr>
<td>Sarah Yelverton</td>
<td>HHA</td>
<td><a href="mailto:Sarah.Yelverton@finehealth.org">Sarah.Yelverton@finehealth.org</a></td>
<td>850-830-8228</td>
</tr>
</tbody>
</table>
Appendix D: July CHIP Champion Agenda
AGENDA

Purpose: Engage the Community Health Improvement Plan (CHIP) Champions on topics related to the 2018-2022 CHIP workgroups through an open two-way dialogue.

Welcome & Introductions

Upstream Video

Health Equity Exercise

CHIP Group Updates
  - Members
  - Progress

CHIP Group Worksheet
  - Progress on steps to reach goals
  - Development of new goals

Next Steps

Meeting Evaluation
Appendix E: July CHIP Champion Minutes
MINUTES

Purpose: Engage the Community Health Improvement Plan (CHIP) Champions on topics related to the 2018-2022 CHIP workgroups through an open two-way dialogue.

Present: Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Brandi Gill, Florida Department of Health in Walton County (DOH-Walton); Ryan Mims, DOH-Walton; Jessica Trimboli, Okaloosa County Sheriff’s Office; Jennifer Clark, Emerald Coast Children’s Advocacy Center; Sarah Yelverton, Homelessness and Housing Alliance; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carrie Ziegler, DOH-Okaloosa; Amanda Colwell, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Taela Cintron, DOH-Okaloosa; Katie McDeavitt, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

Absent: Tracey Williams, United Methodist Children’s Home; Ray Nelson, Okaloosa County NAACP; Ardelle Bush, Healthy Start of Okaloosa and Walton Counties; Kay Leaman, HealthyDay HealthyLife; Kat Beedie, DOH-Okaloosa; Carissa Hickok, DOH-Okaloosa

Welcome
- Sydney Harper welcomed attendees and attendees to introduce themselves.
- Sydney shared an overview of the agenda.

Health Equity Exercise
- Sydney shared the “Upstream Solution” video, developed by Prevent Child Abuse Arizona, with attendees.
- Sydney and Taela Cintron led attendees in the “Zoe’s Story” activity, to help exemplify the social determinants of health (see attachment).

CHIP Group Updates
- Each Community Health Improvement Plan (CHIP) Champion provided an overview of their CHIP Group’s quarterly accomplishments.
- Sarah Yelverton of the Homelessness and Housing Coalition and Tracey Williams of the United Methodist Children’s Home Northwest Florida Ministries serve as the Co-Champions of the Strengthening Families CHIP Group. Sarah provided an update on their group’s progress.
- Sarah shared that the Strengthening Families CHIP team plans developed a housing inventory questionnaire that will be used to complete an assessment of the housing availability in Okaloosa County. This is an ongoing project that will be updated regularly.
- Sarah shared that an on-site technical assistance visit has been scheduled with the Florida Housing Coalition on August 21, 2018 from 1:00 p.m. – 5:00 p.m. During the
visit, the Florida Housing Coalition will provide an in-depth review of four grant opportunities that Okaloosa organizations could apply for in the future.

- Sarah shared that the group also hopes to schedule a meeting, in collaboration with the Fort Walton Beach Chamber of Commerce’s Ted Corcoran, with Okaloosa County landlords. The meeting would be an opportunity to learn the landlord’s reservations about accepting housing vouchers and to share the benefits of doing accepting them.

- Ardelle Bush of Healthy Start of Okaloosa and Walton Counties and Alicia Booker of Eglin Air Force Base are the Co-Champions of the Improving Infant Mortality CHIP Group. Taela provided a group update on their behalf.

- Taela shared that the “Sleep Baby, Safe and Snug” educational board books on safe sleep are now being given to every new parent in all Okaloosa County birthing facilities. In addition, the books have been distributed to all Healthy Okaloosa Child Care centers.

- Taela shared that she is currently contacting businesses and organizations to request that they place “floor talkers” (large stickers that are placed directly onto the floor) in key areas of their stores. The “floor talkers” will feature safe sleep education.

- Ray Nelson of Okaloosa County NAACP and Kay Leaman of HealthyDay HealthyLife are the Co-Champions of the Promoting Healthy Lifestyles CHIP Group. Taela provided a group update on their behalf.

- Taela shared that she presented at a Fort Walton Beach Chamber of Commerce Lunch and Learn event on the Healthy Okaloosa Worksites program. Because of the presentation, two new worksites are in the process of certifying.

- Taela shared that the group is working to develop a health and wellness resource listing. First, the group is determining the wellness resources available in Fort Walton Beach, FL by asking local businesses and organizations to complete a short survey. The resource listing would ideally be merged into an already active resource guide, i.e. 2-1-1’s website.

- Jennifer Clark of the Emerald Coast Children’s Advocacy Center and Jessica Trimboli of the Okaloosa County Sheriff’s Office are Co-Champions of the Drug Endangered Children and Communities (DEC-C) CHIP Group. Jennifer and Jessica provided an update on their group’s progress.

- Jennifer shared information about the Handle with Care program. In the program, school teachers and staff are informed when a child experiences a traumatic event (i.e. parent is arrested). This allows the teachers and staff to handle the child(ren) with care, when behavioral issues occur because of the trauma. The Handle with Care program will be implemented in the 2018-2019 school year.

- Jessica shared that multiple Okaloosa County professionals were trained at the National Alliance for Drug Endangered Children (DEC)Train-the-Trainer session that was held June 19-21, 2018 at Twin Cities Hospital. The individuals received training on how to educate the public on DEC, and they have already begun to schedule presentations.

- Jennifer shared that CDAC Behavioral Healthcare is distributing resource stickers to first responders and other professionals in the Circuit 1 region, including Okaloosa
Florida Department of Health in Okaloosa County
Community Health Improvement Plan (CHIP) Champion Quarterly Meeting
DOH-Okaloosa Fort Walton Beach Auditorium
July 10, 2018 2:00PM-3:30PM

MINUTES
County. The stickers aid professionals in connecting residents with needed behavioral health resources.

- Christopher “Chris” Missler of the Fort Walton Beach Medical Center serves as the Champion of the Preventing Injuries CHIP group. Chris provided an update on his group’s progress.
- Chris shared that he is collaborating with the Okaloosa County Sheriff’s Office to distribute water koozies to residents and tourists at Crab Island. The koozies contain water safety educational messages.
- Chris shared that because of the CHIP group, Gulf Power met with the City of Destin officials to encourage increased roadway lighting in key areas of Highway 98. The lighting was approved, and will be placed beginning in 2019.
- Dr. Karen Chapman shared that a meeting of local hospital representatives was held wherein the group developed a county-wide opioid prescription guidance. The hospital CEOs will release a joint press release on the guidelines and publicize the changes.
- Dr. Chapman shared information about the Stop the Bleed program, which educates lay people on how to stop bleeding in emergency situations. An overview of the contents of a Stop the Bleed kit was provided to attendees.
- Chris shared that over 500 Okaloosa County residents have been trained in Stop the Bleed thus far, including 260 students at Crestview High School.
- Dr. Chapman shared that there is a Stop the Bleed phone application that contains tips and videos.

Community Health Improvement Plan (CHIP) Group Worksheet
- Attendees separated into groups by CHIP teams and received a CHIP Team Worksheet (see attachment for completed worksheets).
- The CHIP teams participated in an open discussion, using the CHIP Team Worksheet to identify their group’s new targets by answering the following questions:
  o What is your goal?
  o When do you want to accomplish your goal?
  o What steps does your group need to take to reach your goal?

Meeting Evaluation
- Attendees were asked to complete the meeting evaluation.

Meeting adjourned at 3:30 p.m.
Next meeting time/date TBD
Appendix F: July CHIP Champion Sign-in Sheet
**Purpose:** Engage the Community Health Improvement Plan (CHIP) Champions on topics related to the 2018-2022 CHIP workgroups through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Brandi Gill</td>
<td>DOH-Walton</td>
<td><a href="mailto:Jou.morse@healthfla.gov">Jou.morse@healthfla.gov</a></td>
<td>850-315-4244</td>
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<tr>
<td>Ryan Mims</td>
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<td>Chris Misske</td>
<td>FWBar</td>
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<tr>
<td>Jessica Trinboli</td>
<td>OCSD DEC-secy</td>
<td><a href="mailto:jdt@mindspring.com">jdt@mindspring.com</a></td>
<td>850-461-9769</td>
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<tr>
<td>Jennifer Clare</td>
<td>CAC</td>
<td><a href="mailto:jennifer@decc.com">jennifer@decc.com</a></td>
<td>850-833-9237 ext.223</td>
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<tr>
<td>Lynn Wadsworth</td>
<td>DOH Okaloosa</td>
<td>Lynn.Wadsworth@ healthfla.gov</td>
<td>850-344-6007</td>
</tr>
<tr>
<td>Karen Casper</td>
<td>DOH-Okaloosa</td>
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<tr>
<td>Trisha Dall</td>
<td>DOH-OKALOOSA</td>
<td><a href="mailto:trisha.dall@healthfla.gov">trisha.dall@healthfla.gov</a></td>
<td>850-689-7859</td>
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<tr>
<td>Angie McWilliams</td>
<td>DOH-OKALOOSA</td>
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<td>Carrie Zeldor</td>
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<td>Amanda Colwell</td>
<td>DOH-OKALOOSA</td>
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Appendix G: Annual CHIP Review Meeting Agenda
Florida Department of Health in Okaloosa County
Community Health Assessment (CHA) Leadership Team and
Community Health Improvement Plan (CHIP) Champion Quarterly Meeting
Fort Walton Beach Chamber of Commerce
January 30, 2019 2:00PM-4:00PM

AGENDA

Purpose: Engage the Community Health Assessment (CHA) Leadership Team and Community Health Improvement Plan (CHIP) Champions on the 2018 CHA Update and topics related to the 2018-2022 CHIP workgroups through an open, two-way dialogue.

Welcome & Introductions

Special Topic Presentation
- Recovery Oriented Systems of Care (ROSC)

2018 CHA Update Review
- Overview & Key Terms
- Promoting Healthy Lifestyles
- Drug Endangered Children & Communities
- Strengthening Families
- Preventing Injuries
- Improving Infant Mortality

CHIP Group Updates
- Progress
- 2019 Goals

Next Steps

Meeting Evaluation
Appendix H: Annual CHIP Review Community Meeting Minutes
MINUTES

Purpose: Engage the Community Health Assessment (CHA) Leadership Team and Community Health Improvement Plan (CHIP) Champions on the 2018 CHA Update and topics related to the 2018-2022 CHIP workgroups through an open, two-way dialogue.

Attendees: Sarah Yelverton, Homelessness and Housing Alliance; Major Erin Archer, Hurlburt Field; Renea Black, Early Learning Coalition of the Emerald Coast; Marlee Tucker, Early Learning Coalition of the Emerald Coast; Ana Pollard, Early Learning Coalition of the Emerald Coast; Solange Jones, Emerald Coast Children’s Advocacy Center; Anthony Sawyer, 90Works; Tracey Williams, United Methodist Children’s Home; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carrie Ziegler, DOH-Okaloosa; Amanda Colwell, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Taela Cintron, DOH-Okaloosa; Katie Scott, DOH-Okaloosa; Kat Beedie, DOH-Okaloosa; Trisha Dall, DOH-Okaloosa; Carissa Hickok, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

Welcome
- Dr. Karen Chapman welcomed attendees and attendees to introduce themselves.
- Dr. Chapman shared an overview of the agenda.

Special Topic Presentation
- Amanda Colwell led a presentation on the Recovery Oriented Systems of Care (ROSC) initiative being promoted throughout the State of Florida (see attachment). The mission of ROSC is to enhance the system of care to shift from an acute care model to a recovery-based model of care.
- Amanda shared an overview of the ROSC goals, which include the following:
  - Promote good quality of life, community health and wellness for all.
  - Prevent the development of behavioral health conditions.
  - Intervene earlier in the progression of illnesses.
  - Provide resources to help individuals and families to sustain their wellness and build meaningful lives in their communities.
  - Reduce the harm caused by substance use and mental health conditions on individuals, families and communities.
- Amanda shared that ROSC-based activities are already being implemented in Okaloosa County (i.e. Handle with Care policy, Mental Health First Aid programs, Opioid Prescribing Guidelines).
- In Okaloosa County, the ROSC effort is being led by Jennifer Williams of the Department of Children and Families and Tracie Moorer of Big Bend Community Based Care. To become involved in the initiative, please contact them at Jennifer.Williams1@myfamilies.com or Tracie.Moorer@bigbendcbc.org, respectively.
2018 Community Health Assessment (CHA) Update

- Dr. Chapman shared an overview of the CHA and Community Health Improvement Plan (CHIP) processes.
- Dr. Chapman shared that DOH-Okaloosa conducts a CHA every five years, using the Mobilizing for Action through Planning and Partnerships process. The CHA is reviewed by the public and their feedback guides the development of a final version. The final CHA was presented to the public at a meeting held in November 2017. The attendees voted to select the most important health concerns that they wanted to become Community Health Improvement Plan (CHIP) groups. A CHIP document is developed using the goals and objectives determined by the CHIP group members.
- Dr. Chapman shared that the CHA and CHIP are updated annually.
- A discussion took place on the definitions of health equity, disparity, and the social determinants of health. Dr. Chapman shared the importance of addressing disparities and the social determinants of health within the CHIP group efforts to foster health equity.
- Sydney Harper shared an overview of the Promoting Healthy Lifestyles pages. Key data points in the page included the leading causes of death in Okaloosa County, the connection between income and physical activity levels, and the role physical health plays in mental health.
- Amanda Colwell shared an overview of the Drug Endangered Children and Communities pages. Key data points in the page included the increase in drug-related deaths, middle and high school student drug use, and racial disparities among those who die by unintentional positioning, most commonly due to overdose of excessive use of drugs.
- Carrie Ziegler shared an overview of the Strengthening Families pages. Key data points in the page included data on the individuals experiencing homelessness, Okaloosa County’s poverty disparities, the number of foster children in Okaloosa County, and the services provided by Okaloosa County organizations in 2017-2018.
- Kat Beedie shared an overview of the Preventing Injuries pages. Key data points in the page included leading causes of injury death in Okaloosa County, the importance of fall prevention for older adults, and the increase in unintentional poisoning deaths among 15 to 64-year-olds in Okaloosa County.
- Lynn Wadsworth shared an overview of the Improving Infant Mortality pages. Key data points in the page included the decrease in the black infant mortality rate in Okaloosa County and the racial and geographic disparities that exist in infant mortality rates.

CHIP Group Updates

- Sydney shared that each CHIP Group consists of DOH-Okaloosa staff members, local organization leaders, and community members. Each group’s CHIP Champion
minutes

or DOH-Okaloosa representative shared an overview of their 2018 progress on the CHIP strategies and objectives.

- Ray Nelson of Okaloosa County NAACP and Kay Leaman of HealthyDay HealthyLife are the CHIP Champions of the Promoting Healthy Lifestyles group.
- Sydney shared that the group had eight meetings in 2018, with a total of 20 members. The group focused on promoting DOH-Okaloosa’s Healthy Okaloosa Worksites program. The program aids worksites in developing health policies and programs for their employees. The CHIP team members promoted the program at four community events. As a result, six new worksites were certified.
- Sydney shared that the group also created a Fall Crawl Walking Challenge to promote physical activity at worksites. Four worksites participated in the challenge, logging over five million steps.
- Jennifer Clark of the Emerald Coast Children’s Advocacy Center and Jessica Trimboli of the Okaloosa County Sheriff’s Office are Co-Champions of the Drug Endangered Children and Communities (DEC-C) CHIP Group.
- Amanda shared that the group had nine meetings in 2018, with a total of 52 members. The group focused on increasing awareness of the National Alliance for DEC programming and policy changes.
- Amanda shared that the group held a training led by the National Alliance for DEC, with 25 individuals receiving certification to be community trainers. Collectively, these trainers have held eight sessions reaching over 100 individuals.
- Amanda shared that North Okaloosa Medical Center (NOMC), Fort Walton Beach Medical Center (FWBMC), and Okaloosa County Emergency Medical Services collaborated to implement cord blood testing procedures. The procedures allow for faster treatment for babies experiencing Neonatal Abstinence Syndrome (NAS). NAS is a drug withdrawal syndrome that occurs among infants after exposure to opioids during pregnancy.
- Amanda shared that the group also implemented the Handle with Care program. In the program, school teachers and staff are informed when a child experiences a traumatic event (i.e. parent is arrested). This allows the teachers and staff to handle the child(ren) with care, when behavioral issues occur because of the trauma.
- Sarah Yelverton of the Homelessness and Housing Coalition and Tracey Williams of the United Methodist Children’s Home Northwest Florida Ministries serve as the Co-Champions of the Strengthening Families CHIP Group.
- Sarah shared that an on-site technical assistance visit was with the Florida Housing Coalition. During the visit, the Florida Housing Coalition provided an in-depth review of four grant opportunities that Okaloosa organizations could apply for in the future. Sarah shared that the Strengthening Families CHIP team plans developed a housing inventory questionnaire that will be used to complete an assessment of the housing availability in Okaloosa County. This is an ongoing project that will be updated regularly.
MINUTES

- Sarah shared that the group plans to hold a meeting with property owners and landlords. The meeting would be an opportunity to learn the landlord’s reservations about accepting housing vouchers and to share the benefits of doing accepting them.
- Tracey shared that the group plans to connect with local realty organizations to add keywords (i.e. “Accepts Section 8”) to the MLS system so that service providers will be able to easily learn which properties would be the best fit for their client.
- Christopher “Chris” Missler of the Fort Walton Beach Medical Center serves as the Champion of the Preventing Injuries CHIP group.
- Kat shared that the FWBMC and the Okaloosa County Sheriff’s Office collaborated with DOH-Okaloosa’s Epidemiology Section on an analysis of motor vehicle accident data. The analysis was presented by DOH-Okaloosa to the CHIP group and used to inform strategies.
- Kat shared that a meeting of local hospital representatives was held wherein the group developed a county-wide opioid prescription guidance. The hospital CEOs will release a joint press release on the guidelines and publicize the changes.
- Kat shared that over 700 Okaloosa County residents have been trained in the Stop the Bleed program, which educates lay people on how to stop bleeding in emergency situations. Those who are trained include service organization employees, high school students, and general community members.
- Ardelle Bush of Healthy Start of Okaloosa and Walton Counties is the Champion of the Improving Infant Mortality CHIP Group.
- Lynn shared that the “Sleep Baby, Safe and Snug” educational board books on safe sleep are now being given to every new parent in all Okaloosa County birthing facilities. In addition, the books have been distributed to all Healthy Okaloosa Child Care centers, church nurseries, and clinic waiting rooms.
- Taela shared that she is currently contacting businesses and organizations to request that they place “floor talkers” (large stickers that are placed directly onto the floor) in key areas of their stores. The “floor talkers” feature safe sleep education.
- Amanda shared that the goals and objectives of each group are monitored by DOH-Okaloosa staff and community partners. DOH-Okaloosa staff will report on the progress at CHIP group meetings and CHIP Quarterly meetings.

Next Steps

- Dr. Chapman asked attendees to complete the “CHA Update Feedback” form (see attachment). The feedback given on the forms will be used to shape the final 2018 CHA Update document.
- Dr. Chapman shared that the CHIP group meetings are open to the public and provided the February 2019 meeting schedule:
  - Promoting Healthy Lifestyles - TBD
  - Drug Endangered Children and Communities - Tuesday, February 26 at 9:00 a.m., Emerald Coast Children’s Advocacy Center
MINUTES

- Strengthening Families - Wednesday, February 6 at 1:00 p.m., DOH-Okaloosa Fort Walton Beach Location
- Preventing Injuries - Wednesday, February 27 at 9:00 a.m., Fort Walton Beach Medical Center
- Improving Infant Mortality - Thursday, February 7 at 3:00 p.m., DOH-Okaloosa Fort Walton Beach Location

Meeting Evaluation

- Attendees were asked to complete the meeting evaluation.

Meeting adjourned at 3:45 p.m.
Next meeting time/date TBD
Appendix I: Annual CHIP Review Community Meeting Sign-in Sheet
## CHA Leadership Team/CHIP Champion Meeting
### Greater Fort Walton Beach Chamber of Commerce
34 Miracle Strip Parkway SE, Fort Walton Beach, Florida
January 30, 2019 2:00 p.m. - 4:00 p.m.

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<th>First Name</th>
<th>Organization</th>
<th>Contact Email</th>
<th>Contact Phone</th>
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<td>Erin</td>
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<tr>
<td>Beedle</td>
<td>Kat</td>
<td>Florida Department of Health in Okaloosa County</td>
<td><a href="mailto:kat.beedle@flhealth.gov">kat.beedle@flhealth.gov</a></td>
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<tr>
<td>Black</td>
<td>Renee</td>
<td>Early Learning Coalition of Okaloosa and Walton Counties - The Emerald Coast</td>
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<td>Karen</td>
<td>Florida Department of Health in Okaloosa County</td>
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<td>Dall</td>
<td>Trisha</td>
<td>Florida Department of Health in Okaloosa County</td>
<td><a href="mailto:trisha.dall@flhealth.gov">trisha.dall@flhealth.gov</a></td>
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<td>Gill</td>
<td>Brandi</td>
<td>Department of Health - Walton</td>
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<td>Rynearson</td>
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<td>9Works</td>
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<td>Scott</td>
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<td><a href="mailto:katie.scott@flhealth.gov">katie.scott@flhealth.gov</a></td>
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<td><strong>Early Learning Coalition</strong></td>
<td><a href="mailto:mtucker@elc-ec.org">mtucker@elc-ec.org</a></td>
<td>850-344-3687</td>
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<td>Wadsworth</td>
<td>Lynn</td>
<td>Florida Department of Health in Okaloosa County</td>
<td><a href="mailto:lynn.wadsworth@fhealth.gov">lynn.wadsworth@fhealth.gov</a></td>
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<td>Tracey</td>
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<td>Owens</td>
<td>Rick</td>
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<td><a href="mailto:rick@unitedway.org">rick@unitedway.org</a></td>
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<td>Yelverton</td>
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Appendix J: Annual CHIP Review Community Meeting PowerPoint
Special Topic Presentation: Recovery Oriented Systems of Care
Public Health Approach and ROSC
What is ROSC?

ROSC

LE

DCF, ME, Provider

Medical, Behavioral Health

School Personnel

Community

DJJ, DOC

Peers
What determines our health?

- Economic Stability
- Education
- Social & Community Context
- Health & Health Care
- Neighborhood & Built Environment
## ROSC Primary Goals

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<tr>
<th>Action</th>
<th>Description</th>
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<tr>
<td>Promote</td>
<td>Promote good quality of life, community health and wellness for all</td>
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<tr>
<td>Prevent</td>
<td>Prevent the development of behavioral health conditions</td>
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<tr>
<td>Intervene</td>
<td>Intervene earlier in the progression of illnesses</td>
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<tr>
<td>Provide</td>
<td>Provide resources to help individuals and families to sustain their wellness and build meaningful lives in their communities</td>
</tr>
<tr>
<td>Reduce</td>
<td>Reduce the harm caused by substance use &amp; mental health conditions on individuals, families and communities</td>
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• Strength based to promote health and a meaningful, fulfilling life
• Anchored in community, grounded in partnership and transparency
• Person and family directed
• Supportive of multiple pathways, encourage choice
• Based on family inclusion, peer culture, support and leadership
• Holistic, culturally competent and trauma informed
• Focused on needs, safety and resilience of children and adolescents
What we have

Law Enforcement  Medical, Behavioral Health  DCF, ME, Provider  School Personnel  DJJ, DOC  Peers  Community

What we want

DCF, ME, Provider  School Personnel  Community  LE  ROSC

Medical, Behavioral Health  DJJ, DOC  Peers
CHIP, ROSC and SOC

- Community based
- Participating agencies have a deep commitment to improving health outcomes
- Includes impacted community
- Multidiscipline collaboration
- Culturally and linguistically competent
- Established priorities with actionable plans to address needs
- Measurable objectives
Big Picture

**Priority**
Access to recovery oriented system of care for adults and children

**Goal**
Enter the system of care to shift from an acute care model to a recovery based model of care

**Objective**
Implement sustainable system of care and recovery oriented best practices throughout the system
ROSC Priorities

1. Promoting Collaborative Service Relationships
2. Training and Technical Assistance
3. Promote Community Integration
4. Increase Peer-based Recovery Support Services
5. Develop a Strong Recovery-Oriented Workforce
ROSC Coalitions
Jennifer Williams
Quality Improvement Specialist ROSC
Department of Children and Families
850-566-5486
Jennifer.Williams1@myfamilies.com

Tracie Moorer
Care Coordination Specialist Circuit 1
Big Bend Community Based Care
850-815-9303
Tracie.Moorer@bigbendcbc.org
DOH-Okaloosa Update:
2018 Community Health Assessment
OKALOOSA COUNTY
Community Health Assessment
2018 Update
The CHA/CHIP Process

1. Conduct MAPP Assessment Process
2. Initial CHA Developed
3. The Public Reviews & Edits CHA
4. Final CHA Published
5. Priority Areas Chosen & CHIP Groups Form
6. CHIP is Developed
7. CHA & CHIP Updated Annually
What is health equity?
What is a disparity?
What are the social determinants of health?
Overview

In 2017, the Florida Department of Health in Okaloosa County (DOH-Okaloosa) published the second Community Health Assessment (CHA) using the Mobilizing for Action through Planning and Partnerships (MAPP) process. The CHA tells the story of health in Okaloosa County. It shares both the good things about our communities and the ways in which we can improve.

After the 2017 CHA was published, DOH-Okaloosa convened a meeting of approximately 60 community members. They reviewed the CHA and then voted with their feet to select the most important health concerns that they wanted to become Community Health Improvement Plan (CHIP) groups. For a CHIP group to be finalized, there had to be at least one community member “Champion.” Champions would go on to serve as a lead for the group and coordinate meetings. As a result of the meeting, four new CHIP groups were formed and one of the 2013 CHIP groups voted to continue their work. The CHIP groups are completely community-led, with over 180 residents and 75 organizations represented.

Over the past few years, these groups have worked tirelessly to improve the health of Okaloosa County residents. Their work has led to many successes, including improving health outcomes for infants. From 2016 to 2017, the black infant mortality rate dropped from 10.2 to 7.5 per 1,000 live births.

However, the CHA and CHIP groups are essential to improving the health of our communities now more than ever. According to the CDC, the U.S. life expectancy has declined in recent years due to an increase in deaths from drug overdoses and suicide. From 2007-2014, the leading cause of injury death among 15 to 24-year-olds in Okaloosa County was motor vehicle accidents. In 2015-2017, the leading cause of death for this population changed to poisoning, most commonly due to overdose or excessive use of drugs.

As you read the 2018 CHA Update, think about how you can become involved. We all have a role to play in making Okaloosa County a healthier place to live, learn, work and play!
Promoting Healthy Lifestyles

Cancer 27%
Heart Disease 24%
Strokes 5%
Injuries 7%
Chronic Lower Respiratory Disease 8%
All Other Causes 28%

Leading Causes of Death in Okaloosa County
2015-2017

Facts:
- The Fresh Access Bucks program promotes healthy choices by making fresh, locally-grown produce available to SNAP recipients.
- The Okaloosa County Extension Office offers free classes and workshops on food safety, food preservation, budgeting for food, and meal preparation.
- Beach wheelchairs are available at multiple Okaloosa County parks. They are free to use for both residents and visitors.

FACT
People who are overweight or obese have greater risks for many leading causes of death. These include heart disease, stroke, diabetes and some cancers.

Income Disparity
Physical Activity by Income

Okaloosa County residents who live in households with annual incomes of less than $25,000 per year are more likely to be inactive or insufficiently active than adults in households making $50,000 or more per year.

43% of Okaloosa County middle school and high school students participate in sports at school.

Promoting Healthy Lifestyles
CHIP Group Progress

"My favorite thing about the Healthy Okaloosa program is the number of people that you interact with and the amount of information that you learn." - Ray Nelson, Okaloosa County NAACP

8 Promoting Healthy Lifestyles CHIP meetings were held in 2018, with 20 total attendees.

In 2018, the Promoting Healthy Lifestyles CHIP group promoted the Healthy Okaloosa Worksite program at 4 community events. As a result, the program certified 6 new worksites.

The group hosted a Healthy Okaloosa Worksite Fall Crawl Walking Challenge to encourage employees to exercise during the holiday season. 4 worksites participated, logging over 5 million steps.

"Physical well-being plays a large part in the mental health of the community." - Key Informant, 2016

It's easy to just go through a drive-thru and get a calorie-filled hamburger, fries, and a soda." - Key Informant, 2016
“It’s easy to just go through a drive-thru and get a calorie-filled hamburger, fries, and a soda.” - Key Informant, 2016

“Physical well-being plays a large part in the mental health of the community.” - Key Informant, 2016

participated in the Healthy Okaloosa program during the 2017-2018 year, reaching over 19,000 students.
Drug Endangered Children & Communities

5% of high school students and 1% of middle school students in Okaloosa County report having sold drugs.¹

Race Disparity

White residents are more likely to die due to an unintentional poisoning than Black residents in Okaloosa County.

In the past 11 years, the annual prescribing rate for high dosage opioids has decreased by 57% nationwide.³

In Florida, the total number of drug-related deaths increased by 22% from 2015 to 2016.²

Key Informant Quotes

“We have inadequate mental health and substance abuse services in Okaloosa.”

“There has been an increase recently in violence, such as shootings, that are related to drugs.”

There is no pediatric mental health inpatient care in the county. Most of the [Okaloosa County School District] expulsions seen are for drug abuse, students with prescription drugs.”

Nearly 40% of high school and 21% of middle school students in Okaloosa County report having used illicit drugs in their lifetime.¹

From 2016 to 2017, Okaloosa County Emergency Medical Services (EMS) observed a 32% increase in the need to administer Narcan™, a drug used to reverse the effects of opioid overdose.²

Drug Endangered Children & Communities

CHIP Group Progress

“The Okaloosa Drug Endangered Children and Communities (DEC-C) Alliance committee has done amazing things in 2018. The message of how drug endangered children are profoundly affected and how we can be proactive and think outside the box to ensure they are identified, protected, healthy, and get the help they need in their childhood continues into 2019.”- Jennifer Clark, Emerald Coast Children’s Advocacy Center

9 DEC-C CHIP meetings were held in 2018, with 52 total attendees.

25 individuals were trained by the National Alliance for DEC. Together, they provided 8 training sessions which reached over 100 individuals.

North Okaloosa Medical Center, Fort Walton Beach Medical Center, and Okaloosa County Emergency Medical Services collaborated to implement cord blood testing procedures. These procedures allow for faster treatment for babies experiencing Neonatal Abstinence Syndrome (NAS). NAS is a drug withdrawal syndrome that occurs among infants after exposure to opioids during pregnancy.⁶
Nearly 40% of high school and 21% of middle school students in Okaloosa County report having used illicit drugs in their lifetime.⁷

“There is no pediatric mental health inpatient care in the county. Most of the [Okaloosa County School District] expulsions seen are for drug abuse, students with prescription drugs.”

Race Disparity: Unintentional Poisoning Deaths by Race:²

White residents are more likely to die due to an unintentional poisoning than Black residents in Okaloosa County.

In Florida, these drugs caused the most deaths during 2016:⁹

- Cocaine
- Benzodiazepines (tranquilizers such as Valium and Xanax)
- Fentanyl
- Morphine
- Fentanyl Analogs
- Heroin
- Alcohol
Strengthening Families

The faces, ages, and situations of those who are homeless in Florida are widely varied. Homelessness can impact families with children, young adults, unaccompanied youth, couples, and single men and women.

Over 830 students in the Okaloosa County School District experienced homelessness during the 2017-2018 school year.12

Poverty Disparity
Okaloosa Poverty Rates by Race/Ethnicity

- Hispanic or Latino (of any race): 19%
- Black or African American: 18%
- Two or More Races: 13%
- White: 11%
- Asian: 10%
- Native Hawaiian or Other Pacific Islander: 5%
- American Indian or Alaska Native: 4%

“[There are] few housing options for individuals who make $10-15 an hour.” - Key informant, 2016

FACT

In Florida, mental illness and substance misuse are the top disabling conditions that lead to homelessness.10

- From 2017 to 2018, Opportunity Place provided shelter and support to over 200 single women and families.12
- In 2018, Others of Destin provided services and support to over 700 families.11
- The Creighton Area Shelter for the Homeless helped approximately 200 individuals in 2017 by providing food, clothing, referrals and job assistance.11
- In 2017, the Emerald Coast Children’s Advocacy Center’s multi-disciplinary team assisted over 750 children.16

In 2017, almost 150 Okaloosa County children were removed from their homes due to parental drug abuse.14

In 2017, there were 192 foster children in Okaloosa County.14

23% of Okaloosa County residents who live in households with annual incomes of less than $25,000 had poor mental health or 14 or more of the past 30 days.8

51% of elementary students in Okaloosa County come from families who do not make enough money to pay for their school lunches.8

19 individuals were trained by the Florida Housing Coalition on the funding and resources available for the development of affordable housing sites.

The group developed a housing assessment survey to learn about the affordable housing available in Okaloosa County. The survey responses are used by social service providers to connect their clients to housing options.

FACT

15% of children in Okaloosa County are living in poverty.

8 Strengthening Families CHIP meetings were held in 2018, with 27 total attendees.
Poverty Disparity: Okaloosa Poverty Rates by Race/Ethnicity

- Hispanic or Latino (Of Any Race): 19%
- Black or African American: 18%
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"There are few housing options for individuals who make $10-15 an hour." - Key Informant, 2016
Preventing Injuries

**Boating Accidents**

**Preventing Injuries**

**CHIP Group Progress**

As a committee, we have chosen to address several injury issues. We have brought together a great group of community partners in a collaborative effort to help make Okaloosa County safer.” - Christopher “Chris” Meehan, Fort Walton Beach Medical Center (FWBMC)

17 Preventing Injuries CHIP meetings and subcommittee meetings were held in 2018, with 40 total attendees.

650+ individuals were trained in the Stop the Bleed program. Stop the Bleed teaches basic bleeding control techniques to stop bleeding from any cause (e.g., shootings, explosions) until medical help arrives.

The FWBMC and the Okaloosa County Sheriff’s Office collaborated with DOH-Okaloosa’s Epidemiology Section on an analysis of motor vehicle accident data. The analysis was presented by DOH-Okaloosa to the CHIP group and used to inform strategies.

FWBMC, NOMC, and Twin Cites Hospital implemented opioid prescribing guidelines for their emergency departments county-wide.

---

In 2017, falls were the cause of nearly 1 out of every 3 Emergency Department visits and 3 out of every 5 injury hospitalizations in Okaloosa County. In 2017, 3,183 Floridians died and 72,596 were hospitalized due to unintentional falls.

From 2007-2014, the leading cause of injury death of Okaloosas aged 15 to 64-years-old was motor vehicle accidents, but from 2015-2017 this changed to poisoning.

In 2016, Florida had the 2nd highest number of pedestrian fatalities per 100,000 population in the United States.

From 2015-2017, three bicyclists and 19 pedestrians were killed in Okaloosa County by motor vehicles.

In 2018, the Florida Department of Health Bureau of Preparedness and Response supplied 5 Stop the Bleed kits to DOH-Okaloosa. The Stop the Bleed kits can be used by staff to respond to a bleeding emergency.

The West Florida Area Health Education Center offers Tai Chi and fall prevention classes to Okaloosa County seniors.

“Opioid abuse has been detrimental on the health of our community” and often has a negative impact on our hospital staff. Many of the opioid overdoses and events end with less than optimal outcomes. Our staff are engaged in taking care of the patients and want to see positive outcomes.” - Daniel “Danny” Shearn, North Okaloosa Medical Center (NOMC)
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Leading Cause of Injury Death in Okaloosa County</th>
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<tr>
<td>Less than 1</td>
<td>Suffocation due to unsafe sleep practices</td>
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<td>1-14</td>
<td>Drowning</td>
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<tr>
<td>15-64</td>
<td>Poisoning, most commonly due to overdose or excessive use of drugs</td>
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<tr>
<td>65+</td>
<td>Falls</td>
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</tbody>
</table>

“Opioid abuse has been detrimental on the health of our community and often has a negative impact on our hospital staff. Many of the opioid overdoses and events end with less than optimal outcomes. Our staff are engaged in taking care of the patients and want to see positive outcomes.” - Daniel “Danny” Shearn, North Okaloosa Medical Center (NOMC)

- Okaloosa ranked in the top 10 worst counties in Florida for boating accidents in 2017.

- Operator inexperience and inattention were the two leading causes of boating accidents.
Improving Infant Mortality

Infant Mortality Rate
Per 1,000 Births

- 8.1
- Florida
- 4.9
- Okalusa

Infant mortality is the death of a baby before his or her first birthday.

The infant mortality rate is an important marker of a community's overall health.

From 2016 to 2017, Okalusa's black infant mortality rate decreased from 10.2 to 7.8 per 1,000 births.

Race Disparity
Infant Mortality by Race

- Even though Black infants only make up 11% of births in Okalusa County, these infants make up one quarter of all infant deaths.

Geographic Disparity
Infant Mortality Rate by Region

- Okalusa County loses an average of two babies each year due to unsafe sleeping practices.
- The average age of infants who suffocate during sleep is 2 months, before most infants develop head control.
- Nearly half of all caregivers do not receive correct advice on safe sleep practices from their healthcare providers.

Why do babies die?

Prematurity
Unsafe Sleep
Homicide
Birth Defects
Complications

- More than 1 out of every 10 babies born in Okalusa County are born too early, and that number is slowly rising.

- 87% of accidental infant deaths in the past 12 years were related to unsafe sleep. 40% of those deaths occurred in the Ocean City and Wright communities of Fort Walton Beach.

- In 2017, there were 23 infant homicides in the state of Florida.

- In 2017, women in Okalusa County were more likely to receive early and adequate prenatal care compared to women in Florida.

FACT

The communities in Okalusa County with the highest infant mortality rates are the same ones with the lowest median household incomes and the lowest percentage of high school graduates.

Improving Infant Mortality
CHIP Group Progress

"We began working together with our community partners in 2016 and developed a ‘Recipe for a Healthy Baby.’ The recipe included four simple ingredients: breastfeeding your baby, safe sleep for baby, never shake a baby, and quit (nicotine) for baby. Members of this group are as committed today as we were in 2016. We are getting the message out and this group continues to work tirelessly to have an impact." - Ardele Bush, Healthy Start of Okalusa and Walton Counties

6 Improving Infant Mortality CHIP meetings were held in 2016, with 39 total attendees.

4,000 educational board books were distributed to hospitals, child care center staff, and church nursery workers to educate new parents on safe sleep practices.

An analysis of infant mortality data was completed to learn more about the disparities that exist in Okalusa County. The analysis was presented by DOH-Okalusa to the CHIP group and used to inform strategies.

Two life-size crib displays were placed at both DOH-Okalusa locations and other sites to educate on safe sleep practices.
Infant Mortality Rate
Per 1,000 Births

*Goal: 6.0

4.9
Okaloosa
Florida

6.1

Infant mortality is the death of a baby before his or her first birthday. The infant mortality rate is an important marker of a community's overall health. From 2016 to 2017, Okaloosa’s black infant mortality rate decreased from 10.2 to 7.5 per 1,000 births.

Race Disparity
Infant Mortality by Race

Even though Black infants only make up 11% of births in Okaloosa County, these infants make up one quarter of all infant deaths.

Geographic Disparity
Infant Mortality Rate by Region

Rates per 1,000 Live Births

3.5 - 5.3

5.4 - 7.2

7.3 - 9.1

9.2 - 11.0
The CHIP Groups Include:

- DOH
- OKALOOSA
- STAFF MEMBERS
- LOCAL
- ORGANIZATION
- LEADERS
- COMMUNITY
- MEMBERS
Promoting Healthy Lifestyles

“My favorite thing about the Healthy Okaloosa program is the number of people that you interact with and the amount of information that you learn.” - Ray Nelson, Okaloosa County NAACP

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Decreasing Drug Endangered Children & Communities

“The Okaloosa Drug Endangered Children and Communities (DEC-C) Alliance committee has done amazing things in 2018. The message of how drug endangered children are profoundly affected and how we can be proactive and think outside the box to ensure they are identified, protected, healthy, and get the happy childhood they so deserve continues into 2019.” - Jennifer Clark, Emerald Coast Children’s Advocacy Center

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Strengthening Families

“Our biggest accomplishment so far is identifying how little we know about our local housing inventory, and identifying steps to gather that information and connect the right agencies to instigate change. Everybody knows there is a problem—now we have a group doing something to change it.” - Tracey Williams, United Methodist Children’s Home

8 Strengthening Families CHIP meetings were held in 2018, with 27 total attendees.

19 individuals were trained by the Florida Housing Coalition on the funding and resources available for the development of affordable housing sites.

The group developed a housing assessment survey to learn about the affordable housing available in Okaloosa County. The survey responses are used by social service providers to connect their clients to housing options.
Preventing Injuries

“As a committee, we have chosen to address several injury issues. We have brought together a great group of community partners in a collaborative effort to help make Okaloosa County safer.” - Christopher “Chris” Missler, Fort Walton Beach Medical Center (FWBMC)

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Two life-size crib displays were placed at both DOH-Okaloosa locations and other sites to educate on safe sleep practices.
CHIP Team Goals

- Formed by CHIP Team members
- Tracked by DOH-Okaloosa staff
- Updated every year
Next Steps:
Feedback Sheets & Upcoming Meetings
Upcoming Meetings

- Promoting Healthy Lifestyles
  - TBD

- Drug Endangered Children and Communities
  - Tuesday, February 26 at 9:00 a.m., Emerald Coast Children’s Advocacy Center

- Strengthening Families
  - Wednesday, February 6 at 1:00 p.m., DOH-Okaloosa Fort Walton Beach Location

- Preventing Injuries
  - Wednesday, February 27 at 9:00 a.m., Fort Walton Beach Medical Center

- Improving Infant Mortality
  - Thursday, February 7 at 3:00 p.m., DOH-Okaloosa Fort Walton Beach Location
Any Questions?

HealthyOkaloosa5210@flhealth.gov
850-344-0662
Thank You!

Please complete the meeting evaluation!
Appendix K: Comprehensive List of Community Partners
Appendix K

Community Involvement

The following contributors provided valuable input for the development of the Community Health Improvement Plan (CHIP) groups and their action plans. Their work and dedication to the process of improving health in Okaloosa County is greatly appreciated. The work reviewed in the 2018 CHIP Annual Progress Report is a direct result of many individuals, organizations, and agencies engaged in improving the health and quality of life in Okaloosa County.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title, Organization</th>
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<tbody>
<tr>
<td>Alicia Booker</td>
<td>Director of Marketing and Community Outreach, North Okaloosa Medical Center</td>
</tr>
<tr>
<td>Ardelle Bush</td>
<td>Executive Director, Healthy Start of Okaloosa and Walton Counties</td>
</tr>
<tr>
<td>Christopher “Chris” Missler</td>
<td>Trauma Educator and Injury Prevention Coordinator, Fort Walton Beach Medical Center</td>
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<td>Jennifer Clark</td>
<td>Chief of Operations, Emerald Coast Children’s Advocacy Center</td>
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<td>Jessica Trimboli</td>
<td>Investigator, Okaloosa County Sheriff’s Office</td>
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<td>Kay Leaman</td>
<td>Owner, HealthyDay HealthyLife</td>
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<td>Ray Nelson</td>
<td>President, Okaloosa County NAACP</td>
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<tr>
<td>Sarah Yelverston</td>
<td>Executive Director, Homelessness &amp; Housing Alliance</td>
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<td>Tracey Williams</td>
<td>Executive Director, Fresh Start</td>
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<td>Al McDonough</td>
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<td>Anthony Sawyer</td>
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<td>Dick Rynearson</td>
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<td>Renea Black</td>
<td>Executive Director, Early Learning Coalition of Okaloosa and Walton Counties</td>
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<td>Rick Owens</td>
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<td>Ted Corcoran</td>
<td>Executive Director/CEO, Fort Walton Beach Chamber of Commerce</td>
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<td>Teri Schroeder</td>
<td>Program Director of Student Services, Okaloosa County School District</td>
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<td>Tracey Vause</td>
<td>Emergency Medical Services (EMS) Division Chief, Okaloosa County EMS</td>
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<td>Wesley Boles</td>
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Appendix L: Promoting Healthy Lifestyles Meeting Records
Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

1. Welcome & Introductions
2. Review of Previous Minutes
3. Promoting Healthy Lifestyles Member Recruitment
4. Promotion of Healthy Okaloosa Worksites Program
5. Next Steps
6. Meeting Evaluation
AGENDA
Purpose:
Engage Community Partners to kick-off the Promoting Healthy Lifestyles meeting through an open two-way dialogue.

Present: Vicky Stever, Okaloosa County Public Library Cooperative; Kathy Houchins, White Wilson Community Foundation; Ray Nelson, Okaloosa NAACP; Kay Leaman, HealthyDay HealthyLife; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed; Dr. Karen Chapman, Florida Department of Health in Okaloosa County; Amanda Colwell, Florida Department of Health in Okaloosa County; Carissa Hickok, Florida Department of Health in Okaloosa County; Chandra Williams, Florida Department of Health in Okaloosa County; Chandra Williams, Florida Department of Health in Okaloosa County; Sydney Harper, Florida Department of Health in Okaloosa County

Absent: Paige Duncan, West Florida Area Health Education Center; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, Florida Department of Health in Okaloosa County; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute

Welcome
- Ray Nelson and Kay Leaman welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

Communication Discussion
- Ray led a discussion of how to best communicate among the group.
- Attendees agreed that the Facebook group and texting service were the best way to communicate.
- Kay showed attendees how to join the Facebook group. Ray collected cellphone numbers to add to the texting service via the sign-in sheet.

Review of Previous Minutes
- Ray provided a review of the November 11, 2017 CHA Agency Partner Meeting.
- The identified priority areas of the group include poor nutrition, lack of physical activity, unhealthy weight, tobacco/nicotine use, chronic disease and access to healthy weight.
- The short-term goal of the group is to provide 5 presentations to Okaloosa County community organizations by July 1, 2018 to build community support, educate the community, improve family health and increase awareness of the problem.

Group Vision Discussion
- Ray led a discussion of the group’s vision statement. He provided the following statement and requested edits:
MINUTES

- A community where every resident can access information and tools to garner community support and build personal skills for a healthier lifestyle.

- Group members agreed the statement should be simplified and include the phrase “inform, inspire and empower.”

- Kathy Houchins suggested members create vision statements and post on the Facebook group. After members post their statement ideas, a poll will be created to vote on the final version.

Group Priorities Discussion

- The group discussed the priority areas and whether to select one issue to focus on or address the issues broadly.

- The group could not come to a consensus on which area(s) to work on during the meeting; therefore, Ray stated he would post a poll on the Facebook group.

Review of Healthy Okaloosa Worksites

- Kay shared about her involvement with the Healthy Okaloosa Worksites program and introduced the program’s lead, Chandra Williams. Chandra provided an overview of the Healthy Okaloosa Worksites program (see attached slideshow).

- Kathy suggested speaking to local Lions and Rotary clubs to spread the message of Healthy Okaloosa Worksites and the Promoting Healthy Lifestyles group.

- Vicky Stever suggested that the group focus on promoting the Healthy Okaloosa Worksites program.

- Alice Turner suggested targeting worksites in the Ocean City-Wright area of Fort Walton Beach, to make an impact on the disparities mentioned in the Community Health Assessment (CHA).

Actions

- Create a post on the “Healthier Okaloosa” Facebook group regarding the vision statement for the group. – Kay by 1/18/2018

- Create a poll on the “Healthier Okaloosa” Facebook group to choose the top three identified priorities. – Ray by 1/18/2018

- Share the “Healthy Okaloosa” Facebook group on the “Healthier Okaloosa” Facebook group so members can join. – Sydney by 1/18/2018

- Comment on the “Healthier Okaloosa” Facebook group post with edits to the vision statement and vote on the final versions. – All by 1/23/2018

- Vote in the priorities poll on the “Healthier Okaloosa” Facebook group. – All by 1/23/2018

- Add members cellphone numbers to texting service. – Ray by 1/23/2018

- Add listing of Healthy Okaloosa Worksites to “Healthier Okaloosa” Facebook page. – Chandra by next meeting, TBD

Meeting Evaluation

- The team was asked to complete the meeting evaluation. DOH-Okaloosa staff will review feedback and share at the next meeting.
MINUTES

Meeting adjourned at 9:20 a.m.
Next meeting TBD via Doodle or Facebook poll
Promoting Healthy Lifestyles #1

Early win identified as Public Awareness

Identified Priorities
1. Poor Nutrition
2. Lack of Physical Activity
3. Unhealthily Weight
4. Tobacco/Nicotine Use - Not in our arena
5. Chronic Disease
6. Access to Healthy Food

Vision Statement
A community where every resident can access information and tools to garner community support and build personal skills for a healthier lifestyle.

Goal
By July 1, 2018 a total of 5 presentations will be given to Okaloosa County community organizations.
- build community support
- educate the community
- improve family health
- increase awareness of the problem

Priorities:
- Three (3) most important to improve county health
- We can address and make an impact within a reasonable time period (1 July 18)
- Accomplish with reasonable/limited funding
- If selected, items can have an impact on the three not selected

Target Audiences – Who is our primary target audience
Sectors of the community – government, business and non-profit, health care, education, churches, and ordinary citizens

1. Where is the greatest need?
2. Who will provide the greatest support?
3. What age group should we focus our attention
4. Community should feel that it created the initiative and has ownership
What is the hook? How to get people involved?

How do we tie together parents and children?

Events/Action Items

6. Health Fair (Service Oriented)
5. Cooking Demo
4. Farmer's Market
3. Field Days
2. Establish Educational Seminars
1. Community into Exercise Challenge

Focus Areas

5. Sponsorship
4. Support
3. Education
2. Consumption
1. Exercise/Activity

What sources are available?

Who is our target audience?

What new lines of communication do we wish to establish?

What established email groups and other lines of communication are already in

Communication
### Sign In Sheet

**Purpose:**
Engage the community on topics related to the promotion of healthy lifestyles through an open two-way dialogue.

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<td>Sydney Harper</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:sydney.harper@health.gov">sydney.harper@health.gov</a></td>
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<td>Carissa Hinkle</td>
<td>DOH - Okaloosa</td>
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<td>Vicky Stever</td>
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<td>KATHY Houchins</td>
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<td>DOTH - Okaloosa</td>
<td><a href="mailto:amanda.colwell@health.gov">amanda.colwell@health.gov</a></td>
<td>850-344-4762</td>
</tr>
<tr>
<td>Karen Chapman</td>
<td></td>
<td><a href="mailto:karen.chapman@health.gov">karen.chapman@health.gov</a></td>
<td>850-833-9245</td>
</tr>
<tr>
<td>Janet Chubb</td>
<td>Cabana.org</td>
<td><a href="mailto:haywood1@cabana.org">haywood1@cabana.org</a></td>
<td>850-217-0846</td>
</tr>
<tr>
<td>Rachael Hefnerbach</td>
<td>Fresh Access Bucks</td>
<td><a href="mailto:rachael@fageinfo.org">rachael@fageinfo.org</a></td>
<td>214-678-7473</td>
</tr>
<tr>
<td>Mary Alice Turner</td>
<td>Self</td>
<td><a href="mailto:malice.turner@gmail.com">malice.turner@gmail.com</a></td>
<td>703-622-8185</td>
</tr>
</tbody>
</table>
AGENDA

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

1. Welcome & Introductions
2. Review of Previous Minutes
3. Promoting Healthy Lifestyles Member Recruitment
4. Promotion of Healthy Okaloosa Worksites Program
5. Next Steps
6. Meeting Evaluation
AGENDA
MINUTES

**Purpose:** Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

**Present:** Vicky Stever, Okaloosa County Public Library Cooperative; Kathy Houchins, White Wilson Community Foundation; Ray Nelson, Okaloosa NAACP; Kay Leaman, HealthyDay HealthyLife; Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carissa Hickok, DOH-Okaloosa; Chandra Williams, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

**Absent:** Paige Duncan, West Florida Area Health Education Center; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed

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**Welcome**
- Ray Nelson and Kay Leaman welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

**Review of Previous Minutes**
- Ray and Kay provided a review of the January 16, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes.
- No changes were made to the minutes.

**Mission Statement & Priority Areas**
- Ray and Kay shared that members voted on the Promoting Healthy Lifestyle CHIP Group's mission statement via a Facebook poll. The following statement was chosen:
  - Empowering the Okaloosa community with opportunities to achieve a healthy lifestyle.
- Ray and Kay shared that the group’s top three priority areas were also chosen via a Facebook poll. The top three areas chosen were:
  - Unhealthy weight
  - Poor nutrition
  - Lack of physical activity

---

**Healthy Okaloosa Worksites**
- The group agreed to focus on increasing participation in the Healthy Okaloosa Worksites (HOW) program as their first goal.
- Chandra Williams shared that the HOW program has a short PowerPoint presentation that can be used to educate businesses on the program, including the program’s requirements and benefits.
Community Health Improvement in Okaloosa County
Promoting Healthy Lifestyles Meeting
Florida Department of Health in Okaloosa County
February 27, 2018  4:00 p.m.  – 5:00 p.m.

MINUTES

• Kay suggested that each member contact 1-3 Okaloosa County businesses and encourage them to join the HOW program. She shared that she can provide one on one training with any members who are interested.
• Kathy Houchins suggested promoting the program through the Fort Walton Beach Chamber of Commerce. She shared that speaking at First Friday Coffee meetings, sending email blasts to chamber members, and hosting lunch and learns are great ways to reach local businesses.
• Kathy shared that she will request a 5-minute time slot at the March 2, 2018 First Friday Coffee meeting. In addition, she will request a lunch and learn event.
• Vicky Stevers suggested making a flyer that provides information about the HOW program, so members could hand them out to interested business owners and staff.
• Chandra shared a HOW palm card with the group. The group suggested adding the phone number contact information to the card.
• Ray suggested drafting a letter that could be sent to business owners and staff who may be interested in joining HOW.
• Kathy suggested arranging lunch and learn sessions on the HOW program at every chamber office in Okaloosa County.
• Kathy suggested distributing the HOW palm cards at the Multi-Chamber Business Expo. Kay shared that she can assist at the event.
• Ray suggested encouraging churches, private schools, fraternities, and sororities to join the HOW program.
• Kathy suggested working with the White Wilson Community Foundation to produce billboards encouraging HOW participation.

Member Recruitment

• Kay suggested inviting staff members from Run With It to join the group.

Actions

• Request a 5-minute time slot at the March 2, 2018 First Friday Coffee meeting. – Kathy by 3/1/2018
• Request availability information for a lunch and learn to promote the HOW program. – Kathy by 3/20/2018
• Update the HOW palm card to include contact information. – Chandra by 3/1/2018
• Print updated HOW palm cards for the First Friday Coffee meeting. – Chandra by 3/1/2018
• Distribute HOW palm card at Multi-Chamber Business Expo. – Kathy and Kay by 3/13/2018

Meeting Evaluation

• The team was asked to complete the meeting evaluation.

Meeting adjourned at 5:02 p.m.
Next meeting will be held on April 17th from 8:00 a.m.  – 9:00 a.m. at DOH-Okaloosa
Purpose:
Engage the community on topics related to the promotion of healthy lifestyles through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Carissa Hickok</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:carissa.hickok@flhealth.gov">carissa.hickok@flhealth.gov</a></td>
<td>850-833-9240</td>
</tr>
<tr>
<td>Kathy Houckins</td>
<td>WWCF</td>
<td><a href="mailto:khouchins53@gmail.com">khouchins53@gmail.com</a></td>
<td>850-244-9860</td>
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<tr>
<td>Ray Nelson</td>
<td>Co-Champion</td>
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<td>same</td>
</tr>
<tr>
<td>Kay Lenman</td>
<td>Co-Champion</td>
<td>same</td>
<td>same</td>
</tr>
<tr>
<td>Amanda Colwell</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:amanda.colwell@flhealth.gov">amanda.colwell@flhealth.gov</a></td>
<td>344-0073</td>
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<tr>
<td>Vicky Stever</td>
<td>Okaloosa County Public Library Co-op</td>
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</tr>
<tr>
<td>Chandra Williams</td>
<td>DOH</td>
<td><a href="mailto:chandra.williams@flhealth.gov">chandra.williams@flhealth.gov</a></td>
<td>344-0073</td>
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Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

1. Welcome & Introductions
2. Review of Previous Minutes
3. Promoting Healthy Lifestyles Member Recruitment
4. Promotion of Healthy Okaloosa Worksites Program
5. Next Steps
6. Meeting Evaluation
Florida Department of Health in Okaloosa County
Promotion Healthy Lifestyles CHIP Meeting
221 Hospital Drive Fort Walton Beach, Fl. 32548
April 16, 2018 8:00AM – 9:30AM

AGENDA
MINUTES

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

Present: Kathy Houchins, White Wilson Community Foundation; Ray Nelson, Okaloosa NAACP; Kay Leaman, HealthyDay HealthyLife; Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carissa Hickok, DOH-Okaloosa; Chandra Williams, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Paige Duncan, West Florida Area Health Education Center

Absent: Vicky Stever, Okaloosa County Public Library Cooperative; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed

Welcome
- Ray Nelson and Kay Leaman welcomed attendees and shared a brief overview of the agenda.
- All in attendees were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- The February 27, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes were distributed for review.
- No changes were made to the minutes.

Promotion of Healthy Okaloosa Worksites Program
- A discussion took place on the need to increase participation in the Healthy Okaloosa Worksites (HOW) program.
- Chandra Williams shared that no new worksites requested to join following the Fort Walton Beach Chamber of Commerce’s First Friday Coffee presentation or the Chamber Expo palm card distribution event.
- Kathy Houchins suggested promoting the program through the Fort Walton Beach Chamber of Commerce’s Coastlines newspaper insert and a Lunch and Learn event. She shared that hosting a lunch and learn would be a great way to provide detailed information about the program to business leaders.
- Kay suggested that the group write articles for inclusion in the monthly HOW newsletter. She shared that she will send the most recent HOW newsletter to group’s members via email and request submissions.
- Kathy shared that she will write an article on the changes Nautilus Condominiums staff have made through the HOW program.
- Kathy suggested writing a monthly article in Coastlines about health topics.
MINUTES

- Sydney shared that the monthly HOW newsletter would be a great resource for pre-written articles on health topics.
- Ray suggested asking the Northwest Florida Daily News to write an article about the HOW program. The group agreed and expressed the need to publicize the success of the Community Health Improvement Plan (CHIP) groups.
- Kathy suggested holding a competition among businesses within similar industries (i.e. vacation rentals, churches) to promote the HOW program and encourage healthy choices.
- A discussion took place on ways to hold a competition among HOW sites. Group members were tasked to consider competition ideas and share with the group at the next meeting.
- Ray suggested collaborating with local businesses to provide incentives for businesses to join HOW (i.e. free gym passes).
- Kathy shared that the Fort Walton Beach Chamber of Commerce has a directory of member organizations that could be used as contacts for incentives.
- Ray suggested developing a listing of community resources that could be shared with the public.

Promoting Healthy Lifestyles Member Recruitment

- A discussion took place on the need to recruit additional members for the Promoting Healthy Lifestyles CHIP team.
- Kay and Ray shared that they will reach out to the previously active members to see if they would still like to participate.
- Kay suggested inviting staff members from Run with It to join the group.

Actions

- Request an article slot in an upcoming edition of Coastlines. – Kathy by 4/18/2018
- Request availability information for a lunch and learn to promote the HOW program. – Kathy by 4/18/2018
- Write HOW article for Coastlines. – Sydney by 5/15/2018
- Send email to Promoting Healthy Lifestyles CHIP team to request articles for the Healthy Okaloosa Worksites newsletter. – Katy by 5/15/2018
- Write an article on Nautilus Condominiums progress with the HOW program. – Kathy by 5/30/2018
- Contact Run with It to gauge interest in joining the Promoting Healthy Lifestyles CHIP team and promoting the HOW program. – Kay by 5/30/2018
- Determine ideas for a competition among HOW sites and share with the group. – All by next meeting
- Contact local businesses to determine what resources they offer that may be used in promoting healthy lifestyles. – Ray by 5/30/2018
- Request the Fort Walton Beach Chamber of Commerce to become a HOW worksite. – Kathy by 4/18/2018

Meeting Evaluation

- The team was asked to complete the meeting evaluation.

Meeting adjourned at 9:15 a.m.
Next meeting will be held on May 15th, 2018 from 8:00 a.m. – 9:00 a.m. at DOH-Okaloosa
Purpose:
Engage the community on topics related to the promotion of healthy lifestyles through an open two-way dialogue.

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<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
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</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOH - Okaloosa</td>
<td>sydney.harper@healthfloridagov</td>
<td>850-244-0162</td>
</tr>
<tr>
<td>Kathy Hatcher</td>
<td>Walgreen Foundation</td>
<td>kathyn.hatcher@gov</td>
<td>850-344-9860</td>
</tr>
<tr>
<td>Carissa Abbott</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:carissa.abbott@flhealth.gov">carissa.abbott@flhealth.gov</a></td>
<td>850-833-9240</td>
</tr>
<tr>
<td>Kay Zimmerman</td>
<td>Healthy Day Healthy Life</td>
<td><a href="mailto:kay.zimmerman@healthdayhealthylife.com">kay.zimmerman@healthdayhealthylife.com</a></td>
<td>850-426-4060</td>
</tr>
<tr>
<td>Paige Duncan</td>
<td>WFAHE</td>
<td><a href="mailto:p.duncan@wfahe.org">p.duncan@wfahe.org</a></td>
<td>850-403-1357</td>
</tr>
<tr>
<td>Chandra Williams</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:chandra.williams@flhealth.gov">chandra.williams@flhealth.gov</a></td>
<td></td>
</tr>
<tr>
<td>Roy Nelson</td>
<td>MPACP</td>
<td><a href="mailto:roy.nelson@flhealth.gov">roy.nelson@flhealth.gov</a></td>
<td>920-0246</td>
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MINUTES

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

Present: Kathy Houchins, White Wilson Community Foundation; Ray Nelson, Okaloosa NAACP; Kay Leaman, HealthyDay HealthyLife; Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carissa Hickok, DOH-Okaloosa; Chandra Williams, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Paige Duncan, West Florida Area Health Education Center

Absent: Vicky Stever, Okaloosa County Public Library Cooperative; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed

Welcome
- Ray Nelson and Kay Leaman welcomed attendees and shared a brief overview of the agenda.
- All in attendees were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- The February 27, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes were distributed for review.
- No changes were made to the minutes.

Promotion of Healthy Okaloosa Worksites Program
- A discussion took place on the need to increase participation in the Healthy Okaloosa Worksites (HOW) program.
- Chandra Williams shared that no new worksites requested to join following the Fort Walton Beach Chamber of Commerce’s First Friday Coffee presentation or the Chamber Expo palm card distribution event.
- Kathy Houchins suggested promoting the program through the Fort Walton Beach Chamber of Commerce’s Coastlines newspaper insert and a Lunch and Learn event. She shared that hosting a lunch and learn would be a great way to provide detailed information about the program to business leaders.
- Kay suggested that the group write articles for inclusion in the monthly HOW newsletter. She shared that she will send the most recent HOW newsletter to group’s members via email and request submissions.
- Kathy shared that she will write an article on the changes Nautilus Condominiums staff have made through the HOW program.
- Kathy suggested writing a monthly article in Coastlines about health topics.
Sydney shared that the monthly HOW newsletter would be a great resource for pre-written articles on health topics.

Ray suggested asking the Northwest Florida Daily News to write an article about the HOW program. The group agreed and expressed the need to publicize the success of the Community Health Improvement Plan (CHIP) groups.

Kathy suggested holding a competition among businesses within similar industries (i.e. vacation rentals, churches) to promote the HOW program and encourage healthy choices.

A discussion took place on ways to hold a competition among HOW sites. Group members were tasked to consider competition ideas and share with the group at the next meeting.

Ray suggested collaborating with local businesses to provide incentives for businesses to join HOW (i.e. free gym passes).

Kathy shared that the Fort Walton Beach Chamber of Commerce has a directory of member organizations that could be used as contacts for incentives.

Ray suggested developing a listing of community resources that could be shared with the public.

A discussion took place on the need to recruit additional members for the Promoting Healthy Lifestyles CHIP team.

Kay and Ray shared that they will reach out to the previously active members to see if they would still like to participate.

Kay suggested inviting staff members from Run with It to join the group.

Request an article slot in an upcoming edition of Coastlines. – Kathy by 4/18/2018

Request availability information for a lunch and learn to promote the HOW program. – Kathy by 4/18/2018

Write HOW article for Coastlines. – Sydney by 5/15/2018

Send email to Promoting Healthy Lifestyles CHIP team to request articles for the Healthy Okaloosa Worksites newsletter. – Katy by 5/15/2018

Write an article on Nautilus Condominiums progress with the HOW program. – Kathy by 5/30/2018

Contact Run with It to gauge interest in joining the Promoting Healthy Lifestyles CHIP team and promoting the HOW program. – Kay by 5/30/2018

Determine ideas for a competition among HOW sites and share with the group. – All by next meeting

Contact local businesses to determine what resources they offer that may be used in promoting healthy lifestyles. – Ray by 5/30/2018

Request the Fort Walton Beach Chamber of Commerce to become a HOW worksite. – Kathy by 4/18/2018

The team was asked to complete the meeting evaluation.

Meeting adjourned at 9:15 a.m.

Next meeting will be held on May 15th, 2018 from 8:00 a.m. – 9:00 a.m. at DOH-Okaloosa
MINUTES

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

Present: Ray Nelson, Okaloosa NAACP; Kay Leaman, HealthyDay HealthyLife; Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carissa Hickok, DOH-Okaloosa; Taela Cintron, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Jill Krug, West Florida Regional Planning Council

Absent: Vicky Stever, Okaloosa County Public Library Cooperative; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed; Kathy Houchins, Nautilus Condominiums

Welcome
- Ray Nelson and Kay Leaman welcomed attendees and shared a brief overview of the agenda.
- All in attendees were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- The April 16, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes were reviewed.
- Ray suggested a change to the 2nd section’s last bullet point. The updated minutes will be sent with the May 15, 2018 minutes to the group via email.

Promoting Healthy Lifestyles Member Recruitment
- A discussion took place on the need to recruit additional members for the Promoting Healthy Lifestyles CHIP team.
- Kay and Ray shared that they reached out to previously active members to see if they would still like to participate, but have not received any responses.
- Ray suggested changing the meeting time and date to attract more members.

Promotion of Healthy Okaloosa Worksites Program
- A discussion of the group’s goals took place. Ray shared that a goal of the group was to provide five presentations to the public by the end of June 2018. Two of the presentations have been completed (Fort Walton Beach Chamber of Commerce’s First Friday Coffee and the Multi-Chamber Expo) and one will be held next month (Fort Walton Beach Chamber of Commerce’s Lunch and Learn).
- Amanda Colwell suggested utilizing partner meetings attended by the Florida Department of Health in Okaloosa County (DOH-Okaloosa) staff members to present Healthy Okaloosa Worksites.
MINUTES

- Ray shared a draft of a letter and SurveyMonkey questionnaire for businesses, to be sent through the Okaloosa County Chamber of Commerce offices (see attachment). The letter will encourage recipients to complete a survey that contains questions about the health promotion services the business can provide (see attachment). The information collected from the survey will be added to a health promotion resource listing.

- The following changes were suggested to the letter:
  - Amanda suggested changing “what we require” to “what we need.”
  - Sydney Harper suggested shortening the letter and using a bulleted list to make the letter easier to read.
  - Kay suggested including the benefits of the Healthy Okaloosa worksites program.

- The following changes were suggested to the survey:
  - Kay suggested adding “active lifestyle gear,” “fitness instruction,” and “healthy foods” to the “What type of health promotion services are available through your organization” question.
  - Sydney suggested asking participants to specify whether the cost for presentations is per presentation or per participant in the “If a cost is associated with your presentation, what is the general price range” question.
  - Amanda suggested adding a question on whether participants would like to be added to the Healthy Okaloosa Speaker’s Bureau.

- DOH-Okaloosa staff shared that no new worksites requested to join following the Fort Walton Beach Chamber of Commerce’s First Friday Coffee presentation or the Chamber Expo palm card distribution event. Direct communication with individuals is more effective in their experiences.

- A discussion took place on whether to call the individuals prior to or after sending the letter.

- Amanda suggested that Taela Cintron call health and wellness businesses directly first, to gauge their interest.

West Florida Regional Council

- Jill Krug shared information about the West Florida Regional Council’s (WFRC) work in the region. WFRC has various programs including low-income housing assistance, Safe Routes to Schools, and grant assistance.

- Jill shared that WFRC has a comprehensive education program on bicycle and pedestrian safety for children. In addition, WFRC has bicycle helmets that can be given to youth at no cost through events like bike rodeos (bicycle riding expos).

- Jill shared that WFRC also provides community grants through the non-profit arm of their organization.

- Kay suggested collaborating to develop signage along sidewalks to encourage physical activity (i.e. “Stop here at do 15 jumping jacks!” “Did you know that ½ your plate should be fruits and vegetables?” or “Stop here and do 10 squats!”).

- Jill shared that two of her coworkers focus on the Safe Routes to Schools program, and she will encourage them to attend future meetings.

Actions

- Write an article on Nautilus Condominiums progress with the HOW program. – Kathy by 5/30/2018
Community Health Improvement in Okaloosa County
Promoting Healthy Lifestyles Meeting
Florida Department of Health in Okaloosa County
May 15, 2018  8:00 a.m. – 9:30 a.m.

MINUTES

- Contact Run with It to gauge interest in joining the Promoting Healthy Lifestyles CHIP team and promoting the HOW program. – Kay by 5/30/2018
- Determine ideas for a competition among HOW sites and share with the group. – All by next meeting
- Contact 25 local businesses to determine what resources they offer that may be used in promoting healthy lifestyles. – Taela by 6/30/2018
- Select a new meeting time and/or date to attract additional members. – Sydney, Ray and Kay by 5/30/2018
- Complete update of the survey for businesses. – Ray and Kay by 5/30/2018
- Complete update of the letter for businesses. – Ray and Kay by 5/30/2018

Meeting Evaluation

- The team was asked to complete the meeting evaluation.

Meeting adjourned at 9:15 a.m.
Next meeting TBD
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<tr>
<td>Ray Nelson</td>
<td></td>
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<td>Cassie Houston</td>
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Purpose:
Engage the community on topics related to the promotion of healthy lifestyles through open two-way dialogue.

Sign in Sheet

May 16, 2018 8:00AM-9:30AM
DOH-Okeechobee - Fort Walton Beach Auditorium
Okeechobee County Health Meeting
Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

1. Welcome & Introductions
2. Review of Previous Minutes
3. Promoting Healthy Lifestyles Member Recruitment
4. Promotion of Healthy Okaloosa Worksites Program
5. Next Steps
6. Meeting Evaluation
Florida Department of Health in Okaloosa County
Promotion Healthy Lifestyles CHIP Meeting
221 Hospital Drive Fort Walton Beach, Fl. 32548
June 27, 2018 1:00PM – 2:30PM

AGENDA
MINUTES

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

Present: Ray Nelson, Okaloosa NAACP; Kay Leaman, HealthyDay HealthyLife; Taela Cintron, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Vicky Stever, Okaloosa County Public Library Cooperative; Cassidy Beale, Select Physical Therapy

Absent: Amanda Colwell, DOH-Okaloosa; Carissa Hickok, DOH-Okaloosa; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed; Kathy Houchins, Nautilus Condominiums; Jill Krug, West Florida Regional Planning Council

Welcome
- Ray Nelson and Kay Leaman welcomed attendees and shared a brief overview of the agenda.
- All in attendees were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- The May 15, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes were reviewed and approved.

Promoting Healthy Lifestyles Member Recruitment
- A discussion took place on the need to recruit additional members for the Promoting Healthy Lifestyles CHIP team.
- Summer is a slow time of the year for all the CHIP groups. Should pick up after Labor Day.
- After next meeting, we will determine the frequency needed for future meetings. Afternoon meetings work best for members. GoToMeeting is helpful for members who cannot travel to meetings.

Promotion of Healthy Okaloosa Worksites Program
- A discussion of the group’s goals took place. Ray shared that a goal of the group was to provide five presentations to the public by the end of June 2018. Three of the presentations have been completed (Fort Walton Beach Chamber of Commerce’s First Friday Coffee, the Multi-Chamber Expo, and Fort Walton Beach Chamber of Commerce’s Lunch and Learn).
- Ray shared his edited draft letter and SurveyMonkey questionnaire for businesses. The letter will encourage recipients to complete a survey that contains questions about the health promotion services the business can provide. The information collected from the survey will be added to a health promotion resource listing. The survey is now published and only has 7 questions.
Community Health Improvement in Okaloosa County
Promoting Healthy Lifestyles Meeting
Florida Department of Health in Okaloosa County
June 27, 2018  1:00 p.m. – 2:30 p.m.

MINUTES

- Ray provided a list of FWB Chamber members to call. He suggested that we focus on FWB area first and then branch out to other cities.
- Taela Cintron will be calling the provided list next week. It was encouraged to send Taela any other business contacts that others may have connections with.
  - It was suggested to ask the survey questions while already talking to them on the phone to save time for the business.
- Sydney Harper suggested adding these businesses who complete the survey to the Speaker’s Bureau that we already have established and partnering with 211 to add a Health Promotion section to their phone call directory.
- Sydney suggested converting list to an excel sheet for easy sorting.

- DOH-Okaloosa staff shared that there are 3 new worksites that applied for the HOW award from the Lunch & Learn held earlier in the month. The three worksites are HealthyDay HealthyLife, Select Physical Therapy, and Fort Walton Beach Medical Center.
  - Fort Walton Beach Medical Center is already certified to a Platinum level certification.
- The group came up with idea of creating a HOW walking challenge between the different worksites. Activities will be converted into steps. The businesses would be grouped by employee number size. The group would want this to start for the month of October.
  - Kay and Vicky suggested using apps to count steps.
  - Kay suggested doing geocashing around the county.

Actions

- Write an article on Nautilus Condominiums progress with the HOW program. – Kathy by 7/30/2018
  - Taela is following up with Kathy mid July.
- Contact Run with It to gauge interest in joining the Promoting Healthy Lifestyles CHIP team and promoting the HOW program. – Kay by 7/24/2018
- Bring ideas on walking challenges for HOW competition. – Sydney by 7/25/2018
- Contact 25 local businesses to determine what resources they offer that may be used in promoting healthy lifestyles. – Taela by 7/6/2018
- Email updated letter and contact list to Taela. - Ray by 6/30/2018

Meeting Evaluation

- The team was asked to complete the meeting evaluation.

Meeting adjourned at 2:15 p.m.
Next meeting will be July 25, 2018 @ 1 p.m.
PROMOTING HEALTHY LIFESTYLES
COMMUNITY HEALTH IMPROVEMENT PLAN GROUP

June 27, 2018
1:00 p.m.-2:30 p.m.
CHIP Champions: Kay Leaman & Ray Nelson
Please press *6 to mute your line.

Press *6 to unmute your line and speak. Then press *6 again to mute your line again.

Feel free to also use the GoToWebinar Control Panel to type questions for the presenter to address during the webinar.

Q&A time will be provided at the end of the call. “Raise your hand” to be unmuted for the Q&A.

To raise your hand select the hand icon in the mini control panel.
PURPOSE: TO ENGAGE COMMUNITY PARTNERS WITH THE GOAL OF PROMOTING HEALTHY LIFESTYLES IN OKALOOSA COUNTY THROUGH AN OPEN TWO-WAY DIALOGUE.

❖ Welcome & Introductions

❖ Review of Previous Minutes

❖ Promoting Healthy Lifestyles Member Recruitment

❖ Promotion of Healthy Okaloosa Worksites Program

❖ Next Steps

❖ Meeting Evaluation
Questions
Attendees who used GotoWebinar, please complete the survey by going to

https://www.surveymonkey.com/r/QWJ6FRH
**Purpose:**
Engage the community on topics related to the promotion of healthy lifestyles through an open two-way dialogue.

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<td><a href="mailto:sydney.roger@fihhealth.gov">sydney.roger@fihhealth.gov</a></td>
<td>850-319-0947</td>
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<tr>
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<tr>
<td>Cassidy Beale</td>
<td>Select PT</td>
<td><a href="mailto:cbeale@selectmedical.com">cbeale@selectmedical.com</a></td>
<td>850-377-7381</td>
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<tr>
<td>Vicky Stever</td>
<td>Okaloosa County Libraries</td>
<td>Attended via phone</td>
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<tr>
<td>Key Leeman</td>
<td>Healthy Day, Healthy Life, <a href="mailto:succeed@healthdayhealthylife.com">succeed@healthdayhealthylife.com</a></td>
<td>850-426-4000</td>
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AGENDA

**Purpose:** Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

1. Welcome & Introductions
2. Review of Previous Minutes
3. Promotion of Healthy Okaloosa Worksites Program
4. Group Goals
5. Next Steps
6. Meeting Evaluation
Florida Department of Health in Okaloosa County
Promotion Healthy Lifestyles CHIP Meeting
221 Hospital Drive Fort Walton Beach, Fl. 32548
July 25, 2018 1:00PM – 2:30PM

AGENDA

Promoting Healthy Lifestyles CHIP Group
Wed, Jul 25, 2018 1:00 PM - 2:30 PM CDT

Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/267648845

You can also dial in using your phone.
United States (Toll Free): 1 877 309 2073
United States: +1 (646) 749-3129

Access Code: 267-648-845

Joining from a video-conferencing room or system?
Dial: 67.217.95.2##267648845
Cisco devices: 267648845@67.217.95.2

First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check
MINUTES

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

Present: Ray Nelson, Okaloosa NAACP; Taela Cintron, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Carissa Hickok, DOH-Okaloosa; Vicky Stever, Okaloosa County Public Library Cooperative; Cassidy Beale, Select Physical Therapy

Absent: Kay Leaman, HealthyDay HealthyLife; Amanda Colwell, DOH-Okaloosa; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed; Kathy Houchins, Nautilus Condominiums; Jill Krug, West Florida Regional Planning Council

Welcome
- Ray Nelson welcomed attendees and shared a brief overview of the agenda.
- All attendees were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- The June 26, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes were reviewed and approved.

Promotion of Healthy Okaloosa Worksites Program
- October Fall Crawl HOW challenge will start October 1st
  - Taela will send out an interest link in the August newsletter for worksites to sign up. This will help determine how to distribute steps (1 overall goal or organizations walking on their own)
  - The worksites will be walking from Fort Walton Beach to Salem, MA.
  - Sydney presented an example of an email through MailChimp that would go out to show the different milestone cities.
    - Vicky suggested adding information of what other resources are available to HOW sites including information on the speaker's bureau, Cooking Counts classes, etc.
  - Vicky will help with city facts for the milestones.
  - The challenge may be harder for bigger organizations to join because they may already have wellness challenges set in place for the year. This may be a trial run for something to plan annually or twice a year for worksites to look forward to and plan to participate in.
    - A fall and a spring themed challenge was suggested.
  - Ray suggested allowing outside organizations that may not be a worksite to join the walking challenge.
Community Health Improvement in Okaloosa County
Promoting Healthy Lifestyles Meeting
Florida Department of Health in Okaloosa County
July 25, 2018 1:00 p.m. – 2:30 p.m.

MINUTES

- If an outside organization showed interest, please email Taela.
- HOW monthly newsletters will be switching from a PDF format to MailChimp.
  - MailChimp can give information about how many people are opening the newsletter and clicking on the links.
  - Vicky suggested this may be hard for employees who do not have computer access to obtain the information in this format.
- Ray shared his updated version of his survey monkey letter for businesses to take the survey to compile a list of local health resources.
  - Taela called the list of FWB chamber members that Ray provided at the last meeting. She found it hard to get in contact with most employers or the staff capacity was too small to commit to group presentations. She did get a new speaker for the speaker’s bureau—Nightingale Health Care.
  - Ray suggested placing an ad with the FWB Chamber with the survey information for members to fill out.
- Nautilus Condominiums is certified Bronze in the HOW program.
  - Kathy from Nautilus Condominiums retired mid-July.

Group Goals
- The group discussed and updated the future goals.
  - Get a minimum of 3 worksites to participate in the HOW walking challenge by October 31, 2018.
  - Plan and create an in-person activity for HOW sites to participate in annually around the holidays by December 31, 2018.
    - Ray suggested a 5K to host HOW sites.
    - Vicky suggested that we start small and work our way up in the future.
    - Carissa suggested encouraging HOW sites to participate in on-going 5Ks in the area due to the popularity and frequency of 5Ks during the holidays.
    - Run with It offers a couch to 5K promotion
  - Present 5 presentations to the community by December 31, 2018.
    - Extended deadline from original goal.

Next Steps
- Follow up on article submitted to the FWB Chamber about Nautilus Condominiums progress with HOW program. – Ray by August 29, 2018
- Contact Run with It to gauge interest in joining the Promoting Healthy Lifestyles CHIP team and promoting HOW program. – Kay by August 29, 2018
- Assist with town details for HOW walking challenge. – Vicky, Taela, & Sydney by September 30, 2018
- Contact the FWB Chamber to inquire about publishing an ad for the survey monkey. – Ray by August 29, 2018

Meeting Evaluation
- The team was asked to complete the meeting evaluation.

Meeting adjourned at 2:15 p.m.
Next meeting will be August 29, 2018 @ 1 p.m.
PROMOTING HEALTHY LIFESTYLES
COMMUNITY HEALTH IMPROVEMENT
PLAN GROUP

July 25, 2018
1:00 p.m.-2:30 p.m.
CHIP Champions: Kay Leaman & Ray Nelson
WELCOME

• Please press *6 to mute your line.

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PURPOSE: TO ENGAGE COMMUNITY PARTNERS WITH THE GOAL OF PROMOTING HEALTHY LIFESTYLES IN OKALOOSA COUNTY THROUGH AN OPEN TWO-WAY DIALOGUE.

❖ Welcome & Introductions

❖ Review of Previous Minutes

❖ Promotion of Healthy Okaloosa Worksites Program

❖ Group Goals

❖ Next Steps

❖ Meeting Evaluation
Questions
Attendees who used GotoWebinar, please complete the survey by going to
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**Purpose:**
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<td>Carissa Hickok</td>
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<td>Sydney Hayn</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:sydney.hayn@health.gov">sydney.hayn@health.gov</a> x 0667</td>
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AGENDA

**Purpose:** Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

1. Welcome & Introductions
2. Review of Previous Minutes
3. Healthy Okaloosa Worksite Fall Crawl Challenge
4. Promotion of Healthy Okaloosa Worksites Program
5. Next Steps
6. Meeting Evaluation
AGENDA
MINUTES

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

Present: Taela Cintron, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Amanda Colwell, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Carissa Hickok, DOH-Okaloosa; Jennifer Pittman, DOH-Okaloosa

Absent: Kay Leaman, HealthyDay HealthyLife; Ray Nelson, Okaloosa NAACP; Vicky Stever, Okaloosa County Public Library Cooperative; Cassidy Beale, Select Physical Therapy; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed; Kathy Houchins, Nautilus Condominiums; Jill Krug, West Florida Regional Planning Council

Welcome
- Meeting was held via GoToMeeting.
- Taela Cintron welcomed attendees and shared a brief overview of the agenda.
- Participants introduced themselves.

Review of Previous Minutes
- The July 25, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes were reviewed and approved.

Promotion of Healthy Okaloosa Worksites Program
- October Fall Crawl HOW challenge will start October 1st
  - Taela will send out an interest link in the August newsletter for worksites to sign up. No worksites have signed up yet. She will be sending out a follow up email to worksites and will promote again in the September newsletter.
    - DOH-Okaloosa and Select PT expressed previous interest.
  - The worksites will be walking from Fort Walton Beach to Salem, MA. Taela calculated the steps for cities.
    - Montgomery 348,480
    - Birmingham 534,336
    - Chattanooga 832,128
    - Knoxville 1,066, 560
    - Roanoke 1,609, 334
    - Harrisburg 2,202,816
    - Bronx 2,578,752
    - Hartford 2,813,184
  - Vicky, Sydney, and Taela have split up the cities to create fall, city, and health facts/tips.
MINUTES

- HOW monthly newsletters switched from PDF newsletters to Mailchimp.
  - There has been a good response. Many worksites are forwarding to their employees.
- Ray’s surveymonkey was still blocked from repeating the survey for input of local resources.
  - Should we just create new system?
  - Would this be something we could add to the newsletter?
- DOH-Okaloosa has recertified to Gold.
- Select PT is 2 points away from a silver certification.
  - They completed an employee interest survey and their employees were interested the most in healthy food option class. May host Cooking Counts class in the future.
  - Cassidy was also interested in expanding the breastfeeding policies. They currently have none in place.
- The HOW program currently has 22 worksites and 1 pending certification. The goal is to have 25 certified by the end of 2018.
  - The following worksites were suggested to reach out to for becoming a Healthy Okaloosa Worksite:
    - Kindred at Home
    - Crab Shack
    - Emerald Coast Martial Arts
    - Our Little School House Daycare
    - Resolute Martial Arts
    - Healthy Start
    - Eglin Federal Credit Union
    - AHEC
    - Eglin Commissary
    - Child’s Advocacy Center
    - OCSO Child Crime Unit
    - Early Learning Coalition
    - Ruth Chris
    - Bos Champs
    - Emerald on the Coast
    - Neat Repeats
    - Barbee Jackson Life Insurance
    - Emerald Coast Autism
    - ATA
  - Reach out the Crestview Chamber about securing a table to promote Healthy Worksites
  - Attend FWB Chamber meeting on September 11 to promote Healthy Okaloosa Worksites

- The Heart Walk needs volunteers for the dance performance. The Heart Walk is being held at NWFSC on September 29.
  - This may be a good alternative for planning a 5K for this year.

Next Steps

- Follow up on article submitted to the FWB Chamber about Nautilus Condominiums progress with HOW program. – Ray by August 29, 2018—Extended to next meeting
- Contact Run with It to gauge interest in joining the Promoting Healthy Lifestyles CHIP team and promoting HOW program. – Kay by August 29, 2018—Extending to next meeting
MINUTES

- Assist with town details for HOW walking challenge. – Vicky, Taela, & Sydney by September 14, 2018
- Contact the FWB Chamber to inquire about publishing an ad for the survey monkey. – Ray by August 29, 2018
- Contact suggested worksites for HOW participation. – Taela by October 2, 2018
- Contact Tim Bryant at the Crestview Chamber to inquire about table for HOW. – Taela by October 2, 2018.

Meeting Evaluation
- The team was asked to complete the meeting evaluation.

Meeting adjourned at 2:00 p.m.
Next meeting will be October 3, 2018 @ 1 p.m.
PROMOTING HEALTHY LIFESTYLES
COMMUNITY HEALTH IMPROVEMENT
PLAN GROUP

August 29, 2018
1:00 p.m.-2:30 p.m.
CHIP Champions: Kay Leaman & Ray Nelson
Please press *6 to mute your line.

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PURPOSE: TO ENGAGE COMMUNITY PARTNERS WITH THE GOAL OF PROMOTING HEALTHY LIFESTYLES IN OKALOOSA COUNTY THROUGH AN OPEN TWO-WAY DIALOGUE.

❖ Welcome & Introductions
❖ Review of Previous Minutes
❖ Fall Crawl Updates
❖ Promotion of Healthy Okaloosa Worksites Program
❖ Next Steps
❖ Meeting Evaluation
FALL CRAWL CITY STEPS

Montgomery, AL, 348,480
Birmingham, AL, 534,336
Chattanooga, TN, 832,128
Knoxville, TN, 1,066,560
Roanoke, VA, 1,609,344

Harrisburg, PA, 2,202,816
Bronx, NY, 2,578,752
Hartford, CT, 2,813,184
Boston, MA, 3,030,720
Salem, MA, 3070,848
Questions
Attendees who used GotoWebinar, please complete the survey by going to
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Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

Sign in Sheet
August 29, 2018, 1:00-2:30 P.M.
Via GoogleMeet
Promoting Healthy Lifestyles CHIP Meeting
Florida Department of Health in Okaloosa County
Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

1. Welcome & Introductions
2. Review of Previous Minutes
3. Healthy Okaloosa Worksite Fall Crawl Challenge
4. Promotion of Healthy Okaloosa Worksites Program
5. Next Steps
6. Meeting Evaluation
AGENDA
MINUTES

Purpose: Engage community partners with the goal of Promoting Healthy Lifestyles through an open two-way dialogue.

Present: Taela Cintron, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Carissa Hickok, DOH-Okaloosa; Jennifer Pittman, DOH-Okaloosa; Cassidy Beale, Select Physical Therapy

Absent: Amanda Colwell, DOH-Okaloosa; Kay Leaman, HealthyDay HealthyLife; Ray Nelson, Okaloosa NAACP; Vicky Stever, Okaloosa County Public Library Cooperative; Joe Kennedy, Bridgeway Center; Paulina Pendarvis, North Florida Medical Centers; Susan Wagner, DOH-Okaloosa; Sandy Sholar, Elder Home Care; Matt McGraw, Andrews Institute; Kathleen McGraw, Andrews Institute; Janet Chubb, Cabinets rRr Us & University of West Florida; Rachael Reichenbach, Fresh Access Bucks; Mary Alice Turner, Self Employed; Kathy Houchins, Nautilus Condominiums; Jill Krug, West Florida Regional Planning Council

Welcome
- Taela Cintron welcomed attendees and shared a brief overview of the agenda.
- Participants introduced themselves.

Review of Previous Minutes
- The August 29, 2018 Promoting Healthy Lifestyles CHIP Group meeting minutes were reviewed and approved.

Promotion of Healthy Okaloosa Worksites Program
- October Fall Crawl Healthy Okaloosa Worksites (HOW) Walking Challenge started October 1 and will last until November 2.
  - Four worksites signed up for the Fall Crawl: DOH-Okaloosa, Select PT, Crestview Teen Center, and HealthyDay HealthyLife.
  - The worksites will be walking from Fort Walton Beach, FL to Salem, MA. Taela calculated the steps for cities, listed below:
    - Montgomery 348,480
    - Birmingham 534,336
    - Chattanooga 832,128
    - Knoxville 1,066, 560
    - Roanoke 1,609, 334
    - Harrisburg 2,202,816
    - Bronx 2,578,752
    - Hartford 2,813,184
  - There is a SurveyMonkey webpage that will be used to log steps. Taela will send out the step count weekly with city facts.
MINUTES

- Two new worksites have certified with HOW. Select PT is certified Silver. HealthyDay HealthyLife is certified Bronze. DOH-Okaloosa has recertified to Gold. Taela is working on getting more worksites recertified.
- The HOW program currently has 24 worksites. HOW is one worksite away from meeting the goal of 25 by the end of 2018.
- Health Origins is interested in becoming a HOW.
- A discussion took place on how to promote HOW at the Crestview Chamber of Commerce. Taela suggested designing a flyer to distribute to their email blast and securing a table at one of their monthly meetings to promote HOW.

Next Steps

- A discussion took place on whether to end the group due to lack of participation.
- The group agreed to close the group after the Fall Crawl Walking Challenge is complete. Taela will send a wrap-up email after the challenge to officially end the group meetings, unless more interest is shown at a later date.

Meeting Evaluation

- The team was asked to complete the meeting evaluation.

Meeting adjourned at 1:30 p.m.
Purpose:
Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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<td>Jennifer Pittman</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:jennifer.pittman@flhealth.gov">jennifer.pittman@flhealth.gov</a></td>
<td>x0661</td>
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<tr>
<td>Cassa Higbee</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:carissa.higbee@flhealth.gov">carissa.higbee@flhealth.gov</a></td>
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**MINUTES**

**Purpose:**
Engage organizations through an open dialogue in developing a collaborative approach to address substance abuse from prevention to criminal justice to child welfare to treatment.

**Present:** Michael Beedie, City of Fort Walton Beach; Bryan Callahan, Walton Prevention Services; Jamie Carmichael, Florida Department of Health (DOH) in Walton County; Michelle Carroll, FamiliesFirst Network (FFN); Karen Chapman, DOH-Okaloosa; Jennifer Clark, Emerald Coast Child Advocacy Center (ECCAC); Amanda Colwell, DOH-Okaloosa; Marie Feaster, FFN; Teresa Gomez, Florida Department of Children and Families (DCF); Kimberly Hobbs, DCF; Daniel Bratcher, Bridgeway Center, Inc.; Donna Morgan, Bridgeway Center, Inc.; Amy Petty-Falin, Chautauqua Healthcare Services; Rhonda Riess, Healthy Start; Jessica Trimbi, Okaloosa County Sheriff’s Office (OCSO); Carrie Ziegler, DOH-Okaloosa; Brittany Bryan, Fort Walton Beach Medical Center (FWBMC); Kathryn Barley, DOH-Walton; Marlene McCulley, Escambia County School District; John Lanza, DOH-Escambia; Sandra Crawford, Lakeview/Road to Recovery; Barbara Beard, Baptist Hospital; Diana Born, Children’s Home Society; Barbara Shoulders, DOH-Escambia; Janet Thompson, DOH-Escambia; Meghan Albano, Escambia Healthy Start; Tina Cain, DCF; Julie Gaither, Florida Department of Corrections (DOC); Vickie Mathis, Escambia County School District; Rodney Jones, New World Believers; Ronita Hardy, Gulf Coast Kids Home; Eric Martin, UMCH; Denise Manassa, CDAC; Gerald Wingate, City of Pensacola; Sandra Park O’Hara, DOH-Santa Rosa; Linda Wilson, CDAC; Abbi Dubose, UMCH; Courtney Ryan, Bradford Health Services; Forte Fletcher, DOC; Heather Wood, DCF; Janice George, Big Bend Community Based Care

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**Welcome and Introductions**

Janice George opened the meeting and welcomed attendees. She shared information about her organization, Big Bend Community Based Care in the managing entity for this region. They oversee the system of care, and manage financial and human resources through collaboration. Big Bend is also involved in the recovery-oriented system of care as well as trauma informed care.

Vernon Stewart spoke about the unique links in the work everyone does. He shared his experience about the gut wrenching and often thankless work in the substance abuse community. Vernon also spoke about it taking a village to protect the vulnerable and the need to bring together our resources to decrease the dangers related to drugs.

Peggy Scheuermann spoke about the National Alliance for Drug Endangered Children (DEC) and the reason she got involved. At the time, Florida was at the bottom of the barrel in addressing drug endangered children. Peggy worked with the team to get the methamphetamine strategy in place in 2007. Florida currently has Victims of Crimes Act (VOCA) grant funding to get communities beyond awareness and into action and sustainability. Peggy asked, as counties move forward in building their alliances that they consider what data to collect and how to collect it when building strategies.

---

**Alliance Building**
MINUTES

Eric Nation and Stacee Read reintroduced themselves for attendees that could not attend the September 26 or 27 training sessions. Eric’s experience comes from law enforcement and local alliance building while Stacee’s comes from child welfare and state alliance building.

National DEC received Florida VOCA funding for next year. They will be training in an additional seven circuits and holding two train the trainer multi-day trainings. One of the train the trainers will be held in our circuit.

Eric and Stacee reviewed the overarching and individual benefits of building a sustainable local alliance and asked attendees to identify community needs. Those identified included: quicker reporting by law enforcement, improve family engagement, less substance exposure for children and infants, decrease in child and teen overdoses, and a community focused system that starts with prevention and works through treatment to wellness.

Meeting attendees also learned about the stages of local alliance building. When building your team always think about what discipline is missing and leave personal issues/biases out of it. During the assessment phase, bring your current data to the table and identify gaps to start plugging in what you need. Each alliance should work toward developing protocols that define when and how agencies respond. Protocols aid disciplines in clearly understanding their administrative and field roles. For example, law enforcement walks into a home and sees methamphetamine paraphernalia on the coffee table. The protocol in place would state what level report should be made and if it requires removal from the home. The protocol would also explain what child welfare would do and indicators for other organization involvement such as hospitals. National DEC can provide example protocols and memorandums of understanding (MOU) to agencies.

Communication is key to building local DEC alliances. To be successful there is a need to acknowledge each discipline’s individual mission, refrain from being controlling, share resources and agree on common, doable goals. We must also work to address conflicts as they arise.

National DEC also provides promising practices to local DEC alliances. These include MCUSA, Handle with Care, and the Kids Program.

Breakout Sessions

Counties broke into workgroups to begin building local alliances. Please see attached information from Escambia-Santa Rosa, Okaloosa and Walton.

Closing

The group came back together to review A-Ha moments and next steps gathered in the breakout sessions. Please see attached information from Escambia-Santa Rosa, Okaloosa and Walton.

Pat thanked everyone for attending and closed the meeting.
<table>
<thead>
<tr>
<th>Name</th>
<th>County</th>
<th>Agency serves SR</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marlene McCulley</td>
<td></td>
<td>Esc County School District</td>
<td>850-595-0761 x218</td>
<td><a href="mailto:Marlene.McCulley@escambia.k12.fl.us">Marlene.McCulley@escambia.k12.fl.us</a></td>
</tr>
<tr>
<td>John Lanza</td>
<td>ESC</td>
<td>DOH - Escambia</td>
<td>850-595-6500 X 1000</td>
<td><a href="mailto:JohnH.Lanza@FLHealth.gov">JohnH.Lanza@FLHealth.gov</a></td>
</tr>
<tr>
<td>Sandra Crawford</td>
<td>ESC</td>
<td>Lakeview / Road to Recovery</td>
<td>850-469-3580</td>
<td><a href="mailto:Sandra.Crawford@bhcpns.org">Sandra.Crawford@bhcpns.org</a></td>
</tr>
<tr>
<td>Barbara Beard</td>
<td>ESC</td>
<td>Baptist Hospital / BMC</td>
<td>850-434-4524</td>
<td><a href="mailto:Barbara.Beer@bhcpns.org">Barbara.Beer@bhcpns.org</a></td>
</tr>
<tr>
<td>Diana Born</td>
<td>ESC</td>
<td>Childrens Home Society</td>
<td></td>
<td><a href="mailto:Diana.Born@chsfl.org">Diana.Born@chsfl.org</a></td>
</tr>
<tr>
<td>Barbara Shoulders</td>
<td>ESC</td>
<td>FDOH - Escambia</td>
<td></td>
<td><a href="mailto:Barbara.Shoulders@flhealth.gov">Barbara.Shoulders@flhealth.gov</a></td>
</tr>
<tr>
<td>Janet Thompson</td>
<td>ESC</td>
<td>FDOH - Escambia</td>
<td></td>
<td><a href="mailto:Janet.Thompson@flhealth.gov">Janet.Thompson@flhealth.gov</a></td>
</tr>
<tr>
<td>Meghan Albano</td>
<td>ESC</td>
<td>Escambia Healthy Start</td>
<td></td>
<td><a href="mailto:Meghan@healthystart.info">Meghan@healthystart.info</a></td>
</tr>
<tr>
<td>Tina Cain</td>
<td>ESC</td>
<td>DCF</td>
<td></td>
<td><a href="mailto:Tina.Cain@myflfamilies.com">Tina.Cain@myflfamilies.com</a></td>
</tr>
<tr>
<td>Julie Gaither</td>
<td>ESC</td>
<td>FDC (FL Dpt of Corrections)</td>
<td>FDC</td>
<td><a href="mailto:Julie.Gaither@fdc.myflorida.com">Julie.Gaither@fdc.myflorida.com</a></td>
</tr>
<tr>
<td>Vickie Mathis</td>
<td>ESC</td>
<td>Esc County School District</td>
<td></td>
<td><a href="mailto:Vicki.Mathis@escambia.K12.FL.us">Vicki.Mathis@escambia.K12.FL.us</a></td>
</tr>
<tr>
<td>Rodney Jones</td>
<td>ESC</td>
<td>New World Believers</td>
<td></td>
<td><a href="mailto:Rodney.Jones@flhealth.gov">Rodney.Jones@flhealth.gov</a></td>
</tr>
<tr>
<td>Ronita Hardy</td>
<td>ESC</td>
<td>Gulf Coast Kids House</td>
<td></td>
<td><a href="mailto:Ronita.Hardy@flhealth.gov">Ronita.Hardy@flhealth.gov</a></td>
</tr>
<tr>
<td>Eric Martin</td>
<td>SR</td>
<td>UMCH</td>
<td></td>
<td><a href="mailto:Eric.Martin@umch.net">Eric.Martin@umch.net</a></td>
</tr>
<tr>
<td>Denise Manassa</td>
<td>ESC</td>
<td>CDAC</td>
<td></td>
<td><a href="mailto:Denise.Manassa@cdac.info">Denise.Manassa@cdac.info</a></td>
</tr>
<tr>
<td>Gerald Wingate</td>
<td>ESC</td>
<td>City of Pensacola</td>
<td></td>
<td><a href="mailto:Gerald.Wingate@cox.net">Gerald.Wingate@cox.net</a></td>
</tr>
<tr>
<td>Sandra Park O'Hara</td>
<td>SR</td>
<td>DOH - Santa Rosa</td>
<td></td>
<td><a href="mailto:Sandra.Park@flhealth.gov">Sandra.Park@flhealth.gov</a></td>
</tr>
<tr>
<td>Linda Wilson</td>
<td>ESC</td>
<td>CDAC</td>
<td></td>
<td><a href="mailto:Linda.Wilson@cdac.info">Linda.Wilson@cdac.info</a></td>
</tr>
<tr>
<td>Abbi Dubose</td>
<td>ESC</td>
<td>UMCH</td>
<td></td>
<td><a href="mailto:Abbi.Dubose@umch.net">Abbi.Dubose@umch.net</a></td>
</tr>
<tr>
<td>Courtney Ryan</td>
<td>ESC</td>
<td>Bradford Health Services</td>
<td>850-281-2181</td>
<td><a href="mailto:Courtney.Ryan@bradford.net">Courtney.Ryan@bradford.net</a></td>
</tr>
<tr>
<td>Fletcher Forte</td>
<td>ESC</td>
<td>FDC (FL Dpt of Corrections)</td>
<td></td>
<td><a href="mailto:Fletcher.Forte@FDC.myflorida.com">Fletcher.Forte@FDC.myflorida.com</a></td>
</tr>
<tr>
<td>Heather Wood</td>
<td>SR</td>
<td>DCF</td>
<td></td>
<td><a href="mailto:Heather.Wood@myflfamilies.com">Heather.Wood@myflfamilies.com</a></td>
</tr>
<tr>
<td>Janice George</td>
<td>Circuit 1</td>
<td>Big Bend Community Based Care</td>
<td></td>
<td><a href="mailto:Janice.George@bigbendcbc.org">Janice.George@bigbendcbc.org</a></td>
</tr>
</tbody>
</table>
Santa Rosa Partners Not Present

city officials
County Officials
School District
Healthy Start
County Probation
Gulf Breeze Police
Milton Police
Jay Police
Santa Rosa Sheriff’s office
Pensacola State College Law Enforcement
EMS
Fire
FFN
States Attorney
Medical
Hospital
Shelters
Favor House
GAL
Recreation Centers
Faith Community
Early Childhood Court
Public Housing
Gulf Power
Local Businesses
Civic Organizations
  211
Media
DJJ
Community Members
judges
public defender
SRKH
Homeless Coalition
peers
Jail Director
sober homes
Treatment providers
Escambia Partners not Present

County Officials
School District
Healthy Start
County Probation
Pensacola Police
Escambia County Sheriff's office
Pensacola State College Law Enforcement
EMS
Fire
FFN
States Attorney
Medical
Sacred Heart
West Florida Hospital
Shelters
Favor House
GAL
Recreation Centers
Faith Community
Early Childhood Court
Public Housing
Gulf Power
Local Businesses
Civic Organizations
  211
Media
DJJ
Community Members
judges
public defenders
Lutheran Services
GCKH
Catholic Charities
Homeless coalition
University of West Florida
peers
Seton Center
NICU
Jail Director
<table>
<thead>
<tr>
<th><strong>Santa Rosa Services</strong></th>
<th><strong>Gaps</strong></th>
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</thead>
<tbody>
<tr>
<td>Support / Consultation through CDAC</td>
<td>access for those in rural parts of county</td>
</tr>
<tr>
<td>Med. Newsletter</td>
<td>Funding (which impacts services and staffing)</td>
</tr>
<tr>
<td>Crisis Intervention Teams</td>
<td>Data Sharing / Access</td>
</tr>
<tr>
<td>Residential for SUAD (in Escambia)</td>
<td>Standardized drug Screening</td>
</tr>
<tr>
<td></td>
<td>Awareness of substance use services for pregnant moms who are using substances</td>
</tr>
<tr>
<td></td>
<td>Media awareness campaign</td>
</tr>
<tr>
<td>Suboxone Services</td>
<td>Transportation to access services</td>
</tr>
<tr>
<td>Vivitrol Services</td>
<td>Methadone</td>
</tr>
<tr>
<td>Intensive outpatient (Avalon) FIT services</td>
<td>School day Support</td>
</tr>
<tr>
<td></td>
<td>Drug Court</td>
</tr>
<tr>
<td></td>
<td>Referral limitations for community (some services only for those involved with child welfare)</td>
</tr>
<tr>
<td></td>
<td>Transitional housing</td>
</tr>
<tr>
<td>SAIL (Education for bx health) Teen Court</td>
<td>Enough SUAD residential beds</td>
</tr>
<tr>
<td>NWFL Prevention Coalition (in ESC, serves SR) Medical Society Newsletter Grand Rounds / Dr’s meetings for CE’s</td>
<td>Collaboration</td>
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<tr>
<td>NWFL Prevention Coalition (CDAC led)</td>
<td>Family Engagement / Inclusion</td>
</tr>
<tr>
<td></td>
<td>Bx Health Navigator</td>
</tr>
<tr>
<td>Escambia Services</td>
<td>Gaps</td>
</tr>
<tr>
<td>-------------------</td>
<td>------</td>
</tr>
<tr>
<td>Awareness Training re SUAD for transportation department (via CDAC)</td>
<td>Clear navigation for public / agencies</td>
</tr>
<tr>
<td>Family Support Group including those who have lost loved ones to overdose (Bradford)</td>
<td>client advocate</td>
</tr>
<tr>
<td>Medical Society Newsletter</td>
<td>access for those in rural areas of the county</td>
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<tr>
<td>Grand Rounds / Dr's meetings for CE's</td>
<td>Enough funds to meet the need for services / staffing</td>
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<tr>
<td>NWFL Prevention Coalition (CDAC led)</td>
<td>education / awareness for pregnant, substance using</td>
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<tr>
<td></td>
<td>No universal drug screening</td>
</tr>
<tr>
<td></td>
<td>open conversation</td>
</tr>
<tr>
<td></td>
<td>transition services coming out of jail</td>
</tr>
<tr>
<td></td>
<td>affordable housing (impacts all including those coming out of acute care / residential services).</td>
</tr>
</tbody>
</table>
Escambia/Santa Rosa A-Ha Moments
It is important to look where you can combine meetings....NO FLUFF
It is important to collaborate and understand who is involved with an individual / family and what their role is.
We are currently focused on services at the time of crisis and there are prevention efforts that can be made
Failure is due to a failure to communicate
It is important to view the entire picture of all who are involved.
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Agency</th>
<th>Phone</th>
<th>Email</th>
<th>Interested in Train the Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beedie</td>
<td>Michael</td>
<td>City of Fort Walton Beach</td>
<td>850-833-9612</td>
<td><a href="mailto:Mbeedie@fwb.org">Mbeedie@fwb.org</a></td>
<td></td>
</tr>
<tr>
<td>Bratcher</td>
<td>Daniel</td>
<td>Bridgeway Center, Inc.</td>
<td>850-368-9586</td>
<td><a href="mailto:dbratcher@bridgeway.org">dbratcher@bridgeway.org</a></td>
<td></td>
</tr>
<tr>
<td>Bryan</td>
<td>Brittany</td>
<td>FWBMC</td>
<td>850-461-6125</td>
<td><a href="mailto:Brittany.Bryan@hcahealthcare.com">Brittany.Bryan@hcahealthcare.com</a></td>
<td></td>
</tr>
<tr>
<td>Chapman</td>
<td>Karen</td>
<td>DOH-Okaloosa</td>
<td>850-833-9245</td>
<td><a href="mailto:Karen.Chapman@flhealth.gov">Karen.Chapman@flhealth.gov</a></td>
<td></td>
</tr>
<tr>
<td>Charles</td>
<td>Jeanine</td>
<td>Big Bend CBC</td>
<td></td>
<td><a href="mailto:jeanine.charles@bigbendcbc.org">jeanine.charles@bigbendcbc.org</a></td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>Jennifer</td>
<td>ECCAC</td>
<td></td>
<td><a href="mailto:jennifer@eccac.org">jennifer@eccac.org</a></td>
<td></td>
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<tr>
<td>Colwell</td>
<td>Amanda</td>
<td>DOH-Okaloosa</td>
<td>850-344-0673</td>
<td><a href="mailto:amanda.colwell@flhealth.gov">amanda.colwell@flhealth.gov</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Feaster</td>
<td>Marie</td>
<td>FFN</td>
<td>850-598-0882</td>
<td><a href="mailto:Marie.Feaster@bhcpns.org">Marie.Feaster@bhcpns.org</a></td>
<td></td>
</tr>
<tr>
<td>Franklin</td>
<td>Pat</td>
<td>ECCAC</td>
<td>850 833-9237</td>
<td><a href="mailto:Pat@eccac.org">Pat@eccac.org</a></td>
<td></td>
</tr>
<tr>
<td>Gomez</td>
<td>Teresa</td>
<td>DCF</td>
<td>850-344-0122</td>
<td><a href="mailto:teresa.gomez@myffamilies.com">teresa.gomez@myffamilies.com</a></td>
<td></td>
</tr>
<tr>
<td>Morgan</td>
<td>Donna</td>
<td>Bridgeway Center, Inc.</td>
<td>850-376-5386</td>
<td><a href="mailto:dmorgan@bridgeway.org">dmorgan@bridgeway.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Salter</td>
<td>Christeia</td>
<td>CDAC</td>
<td></td>
<td><a href="mailto:csalter@cdac.info">csalter@cdac.info</a></td>
<td></td>
</tr>
<tr>
<td>Trimboli</td>
<td>Jessica</td>
<td>OCSO</td>
<td>850-651-7410</td>
<td><a href="mailto:jdtrimboli@sheriff-okaloosa.org">jdtrimboli@sheriff-okaloosa.org</a></td>
<td>Trained</td>
</tr>
<tr>
<td>Ziegler</td>
<td>Carrie</td>
<td>DOH-Okaloosa</td>
<td>850-344-0669</td>
<td><a href="mailto:Carolyn.Ziegler@flhealth.gov">Carolyn.Ziegler@flhealth.gov</a></td>
<td>Yes</td>
</tr>
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## Okaloosa

<table>
<thead>
<tr>
<th>Who We Have?</th>
<th>Who is Missing?</th>
<th>Core/Key Players</th>
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</thead>
<tbody>
<tr>
<td>DCF</td>
<td>Wider representation of faith based organizations</td>
<td>Law Enforcement</td>
</tr>
<tr>
<td>Big Bend</td>
<td>More law enforcement (specifically command staff)</td>
<td>State Attorney/Judges</td>
</tr>
<tr>
<td>FFN</td>
<td>Universities/Colleges</td>
<td>DCF</td>
</tr>
<tr>
<td>CDAC</td>
<td>State Attorney</td>
<td>DOH</td>
</tr>
<tr>
<td>OCSO Task Force and Regular Patrol</td>
<td>Judges Maney, Polson, Ketchel</td>
<td>ECCAC</td>
</tr>
<tr>
<td>Bridgeway</td>
<td>Okaloosa County Corrections</td>
<td>Big Bend</td>
</tr>
<tr>
<td>FWBMC Women’s Services</td>
<td>Military - Hurlburt, Eglin, 7th SOS, Family Advocacy, Family Support</td>
<td>FFN</td>
</tr>
<tr>
<td>City Police (FWB, CV, Val-P, Nville)</td>
<td>City and County Parks and Recreations Departments</td>
<td>Bridgeway</td>
</tr>
<tr>
<td>City of FWB</td>
<td>Childcare</td>
<td>Guardian ad Litem</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>Early Learning Coalition</td>
<td>FWBMC</td>
</tr>
<tr>
<td>OCSD</td>
<td>Head Start</td>
<td>Some Type of Government</td>
</tr>
<tr>
<td>EMS</td>
<td>Early Steps</td>
<td>OCSD</td>
</tr>
<tr>
<td>FWB Fire</td>
<td>Neighborhood Watch</td>
<td>Childcare</td>
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<tr>
<td>DJJ</td>
<td>Cable/Satellite Providers</td>
<td>Head Start</td>
</tr>
<tr>
<td>Adult Probation</td>
<td>FedEx/UPS</td>
<td>DJJ</td>
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<tr>
<td>Chautauqua Healthcare Services</td>
<td>Code Enforcement</td>
<td>EMS/Fire</td>
</tr>
<tr>
<td>Guardian ad Litem</td>
<td>Housing Authority</td>
<td>OCSO</td>
</tr>
<tr>
<td>Shelter House</td>
<td>Repairman - AC/Plumbers</td>
<td>Healthy Start</td>
</tr>
<tr>
<td>Boys and Girls Club</td>
<td>Rent to Own Businesses</td>
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<tr>
<td>United Way</td>
<td>Home Health Care</td>
<td></td>
</tr>
<tr>
<td>Big Bend</td>
<td>Meals on Wheels</td>
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<tr>
<td>FDOH</td>
<td>Hospice</td>
<td></td>
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<tr>
<td>DOH-Okaloosa</td>
<td>Foster Parents</td>
<td></td>
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<tr>
<td>ECCAC</td>
<td>Peer Support Providers</td>
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<tr>
<td>OB/GYNs</td>
<td></td>
<td></td>
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<tr>
<td>Pediatricians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone Clinic - Lakeview</td>
<td></td>
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<tr>
<td>Hospital ER</td>
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<td>Hospital Social Workers</td>
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</table>
Okaloosa

### Prevention

<table>
<thead>
<tr>
<th>Services</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDAC - WISE</td>
<td>Prevention for Kids</td>
</tr>
<tr>
<td>Healthy Start education</td>
<td>Something like to old DARE program but evidence-based</td>
</tr>
<tr>
<td>DOH family planning</td>
<td>Healthy relationships and self image - risk avoidance</td>
</tr>
<tr>
<td>Child Safety Matters (ECCAC-OCSD)</td>
<td>Frank conversations with kids at B&amp;GC, etc.</td>
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<tr>
<td></td>
<td>ECCAC/Verizon partnership on cell use/parent education</td>
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### Treatment/Recovery

<table>
<thead>
<tr>
<th>Services</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDAC - pregnant and post partum users</td>
<td>Detox (Note: City of FWB is working on issue/researching funding)</td>
</tr>
<tr>
<td>Bridgeway at Okaloosa Academy for group sessions</td>
<td>Multidisciplinary Team for 24/7 forensic and substance abuse services (Note: City of FWB is working on issue/researching funding)</td>
</tr>
<tr>
<td>Intensive outpatient at Bridgeway</td>
<td></td>
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<tr>
<td>Project Hope</td>
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<tr>
<td>Be Generous</td>
<td></td>
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<tr>
<td>Lakeview methadone clinic</td>
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<tr>
<td>Narcan</td>
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<tr>
<td>Community Action Team at Bridgeway</td>
<td></td>
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<tr>
<td>Parent/Child psychotherapy with Early Childhood Court/Bridgeway</td>
<td></td>
</tr>
<tr>
<td>Family Intervention Team at Bridgeway</td>
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### Directly Affected Children and Families

<table>
<thead>
<tr>
<th>Services</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFN case management</td>
<td>Bereavement group/ services around overdose</td>
</tr>
<tr>
<td>Safety management service/wrap around at Bridgeway</td>
<td>Affordable community activities</td>
</tr>
<tr>
<td>ECCAC - forensics, medical and ongoing therapy</td>
<td>Mentoring programs and connections - like Big Brothers Big Sisters</td>
</tr>
<tr>
<td>DCF-linkage to services</td>
<td>Handle with Care (hospital, DCF, ECCAC, shelters, school, childcare)</td>
</tr>
<tr>
<td>WISE</td>
<td></td>
</tr>
<tr>
<td>Family Intervention Team at Bridgeway</td>
<td></td>
</tr>
<tr>
<td>Healthy Start</td>
<td></td>
</tr>
<tr>
<td>Early Steps</td>
<td></td>
</tr>
<tr>
<td>Bereavement group (funeral home)</td>
<td></td>
</tr>
<tr>
<td>ECCAC - crisis therapy at child death then refer</td>
<td></td>
</tr>
<tr>
<td>Hospice - help with child loss</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>Gaps</td>
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<tr>
<td>211</td>
<td>Community training on impacts of drugs (media)</td>
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<td></td>
<td>Mapping processes</td>
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<td></td>
<td>Affordable and safe housing for low income families - cooperation with housing authorities</td>
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<td></td>
<td>Juvenile inpatient behavioral health</td>
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<td>Okaloosa A-Ha Moments</td>
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<tr>
<td>Protocols - investigative drug cases, substance exposed births</td>
<td></td>
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<tr>
<td>Eat an elephant one bite at a time - alliance needs an early win even if it is small</td>
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<tr>
<td>Strong core group that can get an early success - could be law enforcement and DCF collaboration on reporting and handling of children, could be Handle with Care</td>
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<tr>
<td>Collaboration between DCF and law enforcement</td>
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<tr>
<td>A conversation with the Circuit I State Attorney has to happen - we need someone to participate in each county</td>
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<tr>
<td>Okaloosa Next Steps</td>
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<tr>
<td>By 9/29/2017, Jeanine to send out Doodle Poll to schedule next meeting.</td>
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<tr>
<td>By 10/6/2017, Jeanine to send out meeting date in Niceville.</td>
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<tr>
<td>By meeting date, Amanda to make sure GoToMeeting call in is available.</td>
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<tr>
<td>All - If you cannot make it to a meeting, you are committed to sending someone from your organization to each meeting.</td>
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<td>Last Name</td>
<td>First Name</td>
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<tr>
<td>Elder</td>
<td>Lorraine</td>
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<td>Barley</td>
<td>Kathryn</td>
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<td>Callahan</td>
<td>Bryan</td>
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<tr>
<td>Falin</td>
<td>Amy</td>
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<td>Hobbs</td>
<td>Kimberly</td>
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<tr>
<td>Carroll</td>
<td>Michele</td>
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<tr>
<td>Moorer</td>
<td>Tracie</td>
</tr>
<tr>
<td>Carmichael</td>
<td>Jamie</td>
</tr>
</tbody>
</table>

Yes
Walton - Partners Not Present

Faith based partners - i.e. Destiny worship, Southside Baptist, 1st Baptist
DJJ
Probation - State and Local
Narcotics Anonymous
Alcoholics Anonymous
Camel Club
School Board
ELS
Healthy Start Coalition
Tri County (transport)
City Officials
Fire Rescue/EMS
Animal Control
Utility Services
Housing Authority - HUD, etc.
Code Enforcement
FFN
Bail Bondsmen
Preschools & Daycares
Judicial entities
Insurance companies
Managed Medicaid (MMAs)
Media
Chamber of Commerce
OB/GYN & Pediatric providers
Family Practice providers
Vocational Rehab
Career Source
<table>
<thead>
<tr>
<th>Services</th>
<th>Gaps</th>
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<tbody>
<tr>
<td>CDAC (Wise) (Prevention, Treatment &amp; Recovery, Community Impact)</td>
<td>Adequate transportation</td>
</tr>
<tr>
<td>Walton County Prevention Coalition &amp; STAR (Prevention)</td>
<td>Funding to increase scope of prevention services &amp; providers</td>
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<tr>
<td>Sheriff Department School Resource Officers (Prevention, Directly Affected Kids &amp; Families)</td>
<td>Resource mapping</td>
</tr>
<tr>
<td>Florida Department of Health - Walton &amp; School Health (Prevention, Directly Affected Kids &amp; Families)</td>
<td>Treatment &amp; Recovery Bed Spaces</td>
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<tr>
<td>Boys &amp; Girls Club (Prevention, Directly Affected Kids &amp; Families)</td>
<td>Treatment &amp; Recovery Indigent programs</td>
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<tr>
<td>Pregnancy Support Center (Prevention)</td>
<td>Treatment &amp; Recovery services in the jails - Drug Court</td>
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<tr>
<td>Alcohol and Drug Abuse Prevention and Treatment (ADAPT) (Prevention, Treatment &amp; Recovery)</td>
<td>Treatment &amp; Recovery Services through Voc Rehab &amp; Career Source</td>
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<tr>
<td>FIT (Treatment &amp; Recovery)</td>
<td>Halfway Houses (housing)</td>
</tr>
<tr>
<td>Chautauqua Healthcare Services (COPE) (Treatment &amp; Recovery)</td>
<td>After school activities that are community based - expand Spice program?</td>
</tr>
<tr>
<td>JourneyPure (Treatment &amp; Recovery)</td>
<td>Age extension for ELC</td>
</tr>
<tr>
<td>Bradford Treatment Center (Florida Treatment Centers) (Treatment &amp; Recovery)</td>
<td>Need Chamber involvement - broader community impact</td>
</tr>
<tr>
<td>Path of Grace (Treatment &amp; Recovery)</td>
<td>Bring in Joe Blow (Community members) for awareness trainings</td>
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<tr>
<td>CAT (Treatment &amp; Recovery, Directly Affected Kids &amp; Families)</td>
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<tr>
<td>Healthmark Hospital (Treatment &amp; Recovery)</td>
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<tr>
<td>Sacred Heart Hospital on the Emerald Coast (Treatment &amp; Recovery)</td>
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<tr>
<td>North Okaloosa Medical Center (Treatment &amp; Recovery)</td>
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<tr>
<td>Chemical Addictions Recovery Effort, Inc. (C.A.R.E.) - SOS (Starting Over Straight) (Treatment &amp; Recovery)</td>
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<tr>
<td>Faith Based partners (Directly Affected Kids &amp; Families, Broader Community Impacts)</td>
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<td>DCF (Directly Affected Kids &amp; Families)</td>
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<td>School guidance counselors (Directly Affected Kids &amp; Families)</td>
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<td>CAC (Directly Affected Kids &amp; Families)</td>
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<td>Matrix (Broader Community Impacts)</td>
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<tr>
<td>Caring &amp; Sharing (Broader Community Impacts)</td>
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<tr>
<td>Destiny - Be Generous (Broader Community Impacts)</td>
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<tr>
<td>FFN (Foster Homes) (Directly Affected Kids &amp; Families, Broader Community Impacts)</td>
<td></td>
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<tr>
<td>Pathway Lakeview Center (Treatment &amp; Recovery)</td>
<td></td>
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<tr>
<td>New Vision (Doctors' Memorial Hospital) (Treatment &amp; Recovery)</td>
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</table>
"Ah - ha" moments

1) Resource mapping is needed that is inclusive of non-profits and for profits entities - enhance/improve 211
2) Aware that other groups want to help - but don't know how to get started
3) Community growth (new businesses) is affected if community does not have adequate services or a ready workforce due to reputation as a "drug community"
4) Transportation unmet needs/issues remains a big hindrance
DEC-C Core Committee Meeting
October 19, 2017 at 9:00 AM
Emerald Coast Children’s Advocacy Center
Board Room
401 McEwen Street   Niceville, Florida
Call in Number:  1 515 604-981 Access Code: 567616
Agenda and Minutes

Introductions
- Present: Denise Manassa, Nancy Graham, Jessica Trimboli, Marcus O’Sullivan, Tina Griffith, Donna Morgan, Amanda Colwell, Carrie Ziegler, Karen Chapman. On Phone: Janice George, Phyllis Gonzalez, Katherine Barley

Purpose of Meeting Discussion
- We had a discussion regarding the purpose of the Core Group and how best to manage it across the four counties. Each of the counties will be meeting and can add this as a topic of conversation and identify who from their county can represent on a 4 county core group. Topics for the core group to discuss would be training (Train the Trainer as well), developing a prevention message, sharing resources, gap identification and data collection. Plan is to schedule next meeting in January. We also want to support each other as we continue this journey regarding the impact of substances in our communities as well as the impact on children. We need to consider moving this meeting around the four county area in order to engage the counties.

Please give some thought to the value of a four county committee in addition to our local committees. If you have feedback or suggestions on how best to move forward before our next meeting, please forward them.

Debriefing of Training and Breakout Sessions
- The full day training was good training and helped identify what a Drug Endangered Child. The training provided a good focus for us to begin to do the work of making changes in our communities. Focus on the upfront responders – DCF and Law Enforcement and developing a collaborative
process. Helps understand how one caring adult can change the trajectory of a child’s life. Importance of communication and linking agencies to work together from prevention to treatment. There was also recognition of the impact of trauma on these children. We do not want to lose the DEC-C focus as we move forward in our work to expand in our communities. All four counties are in different places with different resources, stakeholders and issues.

- **Okaloosa Committee** – Initial meeting is on October 31, 2017 at 10:00 at the CAC. Based on our breakout session, we plan to work on two strategies in order to continue to keep motivation up – working with OCSO and Drug Task Force and Handle with Care Initiative in the School System
- **Walton Committee** – WCHIP meeting recently met and is in the process of identifying stakeholders.
- **Escambia/Santa Rosa** – Meeting being scheduled.

**Train the Trainer Discussion**

- Decision to divide up the slots by counties and have some available for counties to the east of us. Local groups will need to identify participants for the train the trainer slots. We have four folks trained already. Training to be held in Okaloosa County since we are opening to the east counties. College was a good location so will try to secure it once we get the details.
- Need to engage with Eric and Stacee regarding additional information.

**Committee Stakeholders**

- Local committees will identify stakeholders for the DEC-C Core.

**Next Meeting**

- January 16, 2018 at 9:00 AM – CAC in Niceville

**Additional Information:**

A request was made to provide a 5 to 10 minute presentation on DEC that could be used in community presentations. Eric Nations has forwarded me a 30 minutes presentation that we can work with to shorten into a 5 to 10 minute presentation so will be working on this and forward out to you all once completed.
DEC-C Core Committee Meeting  
October 19, 2017 at 9:00 AM  
Emerald Coast Children’s Advocacy Center  
Board Room  
401 McEwen Street  Niceville, Florida  
Call in Number: 1 515 604-9810  Access Code: 567616

Agenda

Introductions

Purpose of Meeting Discussion

Debriefing of Training and Breakout Sessions

Next Steps Update – County Sessions

Train the Trainer Discussion

Committee Stakeholders

Next Meeting
Drug Endangered Children and Communities (DEC-C) Alliance  
Emerald Coast Child Advocacy Center  
401 McEwen Dr., Niceville, FL  
October 31, 2017 10:00 AM – 11:00 AM

MINUTES

Purpose:
Engage organizations through an open dialogue in developing a collaborative approach to address substance abuse from prevention to criminal justice to child welfare to treatment.

Present: Reba Chavis, Department of Juvenile Justice (DJJ); Jessica Trimboli, Okaloosa County Sheriff’s Office (OCSO); Pat Franklin, Emerald Coast Child Advocacy Center (ECCAC); Karen Chapmen, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Carrie Ziegler, DOH-Okaloosa; Amanda Colwell, DOH-Okaloosa; Christiea Salter, CDAC; Jeanine Charles, Big Bend Community Based Care; Solange Jones, Florida Department of Children and Families (DCF); Daniel Bratcher, Bridgeway Center, Inc. (BCI)

Absent: Brittany Bryan, Fort Walton Beach Medical Center (FWBMC); Marie Feaster, FamiliesFirst Network (FFN); Michael Beedie, City of Fort Walton Beach; Jennifer Clark, ECCAC; Teresa Gomez, DCF; Mary Popovich, FFN; Angela Carden, Guardian ad Litem; Teri Schroeder, Okaloosa County School District (OCSD); Andy Johnson, OCSD; Patty Hooper, DJJ; Tina Griffith, BCI; Larry Ashley, OCSO; Jennifer Buswell, Okaloosa County Emergency Medical Services (EMS); Marcus O’Sullivan, OCSO

Welcome and Introductions
Pat opened the meeting and welcomed everyone. Attendees introduced themselves.

Purpose Development
Pat asked members, “How do we see ourselves as a group?” Members talked about it throughout the meeting as topics were discussed. At the end of the meeting, Carrie was asked to work on options for the Okaloosa DEC-C purpose and share before the next meeting.

Review of Okaloosa DEC Meeting – 9/28
-C was added to the local DEC alliance to incorporate communities. Drugs are a much bigger problem than impacted children alone.

Jennifer Clark-ECCAC, Jessica Trimboli (OCSO), Marcus O’Sullivan (OCSO) and Renata Chambers (DCF) attended National DEC training held August 1-3 in Gainesville. They are certified and provide training throughout the community.

National DEC trainings were held for Santa Rosa/Escambia on September 26 and for Okaloosa/Walton on September 27. These sessions raised awareness about the DEC mission and the need for community collaboration across disciplines to improve outcomes in the lives of impacted children.

A half-day training and local alliance planning session was held September 28. Attendees met as a large group then broke out to begin planning individual local alliances.

Pat lobbied for a train the trainer training in Circuit 1. It was announced at the September 28 session National DEC received funding and Circuit 1 was approved. The four local trainers will be assisting the national trainers.
Core DEC team met October 19. Train the trainer was discussed and the group agreed the training should be held after the first of the year, possibly February. There will be 25-35 seats available in the 3-day training. These seats are being divided among counties and an invitation extended east to Bay County.

Missing Stakeholders
Members discussed organizations missing from the meeting that are needed to move forward. Marie Feaster with FFN, Debi Riley-Broadnax with Head Start, Brittany Bryan with FWBMC Women’s Services, and Teri Schroeder and Andy Johnson with OCSD are on the list but absent today. Other organizations suggested were Ashley with Shelter House, Maureen to represent the military community, EMS, Cheryl with the child protection team, Renea Black with the Early Learning Coalition (ELC), Rita Cummins with Boys and Girls Clubs (BGC) and Nellie Bolgar with Youth Village. See member contact assignments in action items below.

Development of Committee Structures
Pat asked Dr. Chapman to speak about the Okaloosa County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) because DEC-C was asked to consider becoming part of the CHIP process.

Dr. Chapman shared the Community Health Assessment is completed by the health department every five years. The CHA looks at data and community feedback. Nine priority areas were identified: advancing education, improving infant mortality, supporting mental health, decreasing drug use, bettering built environment, promoting healthy lifestyles, protecting children and teens, preventing injuries, and strengthening families. DEC-C could fall into a number of priority areas but DOH-Okaloosa sees it aligning best with protecting children and teens. DEC-C would continue to meet on their own schedule and the chair and co-chair (if applicable) would be asked to attend the quarterly CHIP champion meeting. Participating in the Okaloosa CHIP gives teams that have cross over in multiple priorities a chance to leverage each other’s activities, share successes and challenges, decrease duplication of effort and reduce the silos. It gives DEC-C a place to fit in and become part of a bigger initiative. In addition, DOH-Okaloosa would provide support to DEC-C for minutes, scheduling meetings, and co-facilitation (if requested).

DEC-C members in attendance agreed to participate in the Okaloosa CHIP. Pat was identified and accepted the chair position. She would like to have a co-chair. Jessica was suggested as well as Teresa Gomez or Solange. Members were asked to think about it and email Pat if they were willing to commit.

Handle with Care
Handle with Care requires the school system to be involved. Right now, patrol contacts the school resource officer (SRO) about the offender and the process ends. To effectively Handle with Care, we need to go beyond that point, determine out how to involve all the players and what it looks like. All impacted children should be included in the process. DEC-C members agreed this takes a smaller subcommittee to address because it requires the people involved in the process to provide input and buy-in.
MINUTES

DEC Protocols
The group discussed protocols in general and DEC-C members agreed these will require input and buy-in from the organizations involved. As with Handle with Care, subcommittees work on protocols and share outcomes at the DEC-C meetings.

Pat will begin building subcommittees for protocol development. Jessica and Solange were asked to send Pat a list of suggested participants.

Connection to Core Group
Local alliances are being developed because resources, issues and needs vary widely across the four counties. In addition, a crucial piece of alliance development on the local level is building and leveraging relationships. Core DEC coordinates from a circuit wide perspective and has more of a treatment approach because DEC needs to be successful across the four counties. Local DEC alliances connect to the core DEC group.

Janice George with Big Bend is chair of the core group.

Two to three members from each local alliance are asked to attend the core DEC meetings. Jeanine and Pat will attend the core meetings as well as law enforcement. Jessica, Marcus or John Merchant will cover for law enforcement.

Open Discussion
Pat shared information about a Service Provider Fair being held at OCSD offices in Niceville on December 1, 8 a.m. – 3 p.m. If you think of agencies that should attend please send contact information to Pat. If your organization is planning to participate please let Pat know. (flyer attached)

National DEC approved DEC-C development of a 5-10 minute DEC presentation. Local trainers will need to look at the 30-minute presentation to determine the key information needed in the short presentation. DEC-C members will be able to take the short presentation to staff meetings, community meetings, etc.

Action Items
Email Pat if willing to commit to being the Okaloosa DEC-C co-chair – before November 28 meeting

Contact Brittany at FWBMC to attend or send a representative, Renea at ELC – Amanda – before November 28 meeting

Contact Ashley at Shelter House, Maureen with the military community, Nellie at Youth Village – Solange – before November 28 meeting

Contact Tracey with EMS to attend or send a representative – Dr. Chapman – before November 28 meeting

Contact Cheryl with child protection team, Rita with BGC – Pat – before November 28 meeting

Develop purpose statement options and share with Pat – Carrie – before November 28 meeting
MINUTES

Action Items Continued
Share contact info and/or organizational participation in provider fair with Pat – All – by November 17

Build subcommittee membership – Pat

Send subcommittee membership suggestions to Pat – Jessica and Solange

Review 30-minute National DEC presentation to determine key information for local 5-10 minute presentations, coordinate with Pat. – Jessica, Marcus, Renata, Jennifer

Next Meeting
Tuesday, November 28 9 a.m.
Emerald Coast Child Advocacy Center
OKALOOSA COUNTY SCHOOL DISTRICT

Service Provider Fair Registration Form

This is an opportunity for our School Officials to learn about what resources are available in our community to better serve children and families. The event is hosted by The Okaloosa County School District in partnership with the Emerald Coast Child Advocacy Center, Bridgeway Center, and Big Bend Community Based Care. We are seeking providers who provide benefits, social services, healthcare, education, legal services, housing, and employment resources for our community.

Event Date: December 1, 2017
Time: 8:00 AM to 3:00 PM (Set-up 7:30am)
Location: 202 Hwy 85 N Ste. A Niceville, FL 32578

Event Contacts: Tracie Moorer @ tracie.moorer@bigbendcbc.org
Pat Franklin – Pat@eccac.org
Tina Griffith @ tina.griffith@bridgeway.org

Registration Information:

Organization Name: ______________________________________

Contact Name: _____________________________________________

Phone: (_____)

Email: ____________________________________________________

Type of Organization/Service Provided: _________________________

___________________________________________________________

****PLEASE ATTACH YOUR AGENCY LOGO****

Tell us what you need in the way of tables and chairs for set up:

Registration for a vendor booth is due by 5:00 PM, November 17, 2017
MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in a safe community. The team felt this statement best fit the DEC-C mission and ties in well with trauma informed care.

Present: Daniel Bratcher, Bridgeway Center, Inc. (BCI); Jennifer Buswell, Okaloosa County Emergency Medical Services; Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Pat Franklin, Emerald Coast Children’s Advocacy Center (ECCAC); Teresa Gomez, Department of Children and Families; Tina Griffith, BCI; Donna Morgan, BCI; Debi Riley-Broadnax, Okaloosa County Head Start; Christeia Salter, CDAC; Teri Schroeder, Okaloosa County School District (OCSD); Carrie Ziegler, DOH-Okaloosa; Renea Black, Early Learning Coalition of Okaloosa and Walton Counties (ELC); Lenny Holloway, Okaloosa County Sheriff’s Office; Deb Hollis, ECCAC; Sarah Hostetler, Fort Walton Beach Medical Center (FWBMC)

Welcome and Introductions
- Pat Franklin welcomed the group. Attendees introduced themselves.
- Pat shared a DEC-C recap to date for new members. National DEC training was held in September and closed with a half-day county alliance planning session. Okaloosa, Walton and Escambia-Santa Rosa are in the process of building individual alliances that will feed into a regional core group. Janice George with Big Bend Community Based Care is chair of the regional group.
- DEC Train the Trainer training is being planned for the February-March 2018 timeframe. There are 25-35 seats available for the region. Training is coordinated through the Department of Health and funded by a Victims of Crime Act (VOCA) grant. Northwest Florida State College is being considered for the training location.

Review Minutes
- The minutes from the October 31 meeting were reviewed. No changes requested.

Status Updates of Previous Actions
- DEC-C Co-Chair
  - There were no new volunteers identified. Jessica Trimboli has agreed to co-chair DEC-C with Pat.
- Missing Stakeholders
  - Renea Black with the ELC and Sarah Hostetler with FWBMC are in attendance today.
  - Solange couldn’t make the meeting today. There is no update on Ashley with Shelter House, Maureen with the military community or Nellie at Youth Village. Pat suggested adding them to the distribution list now. Amanda has contact information for Ashley and Nellie and will include them on future communication.
  - Jennifer Buswell with EMS is in attendance today.
  - Pat shared Cheryl with the child protection team is doing a forensic interview today and wasn’t available for the meeting. Pat plans to reach out to Rita at Boys and Girls Club before our next meeting. Amanda will add Cheryl and Rita to the DEC-C email distribution list.
MINUTES

• Purpose Statement Survey
  o The survey sent to the DEC-C team in early November was reviewed. The team agreed on the top ranked statement for the DEC-C purpose: Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in a safe community. The team felt this statement best fit the DEC-C mission and ties in well with trauma informed care.

• Subcommittee Membership
  o There hasn’t been any progress since the October 31 meeting.

• Local DEC-C Presentation
  o There hasn’t been any progress since the October 31 meeting.

• Provider Fair for OCSD
  o The Service Provider Fair is scheduled for Friday, December 1 from 8 a.m.-3 p.m. at the OCSD offices in Niceville. Elementary school staff is scheduled from 8-10 a.m., high school from 10 a.m.-noon and middle school from 1-3 p.m. School guidance counselors, school resource officers, school psychologists and exceptional education student (ESE) staff have been invited to attend. The district is providing folders and notebooks for guidance counselors.

Community Health Assessment (CHA) Update

• At the last DEC-C meeting the team agreed to becoming a Community Health Improvement Plan (CHIP) Team. DOH-Okaloosa, the health department, held the CHA agency meeting to review the assessment on November 16. At that time, another group was identified as champion. DEC-C could fit with that group as a subcommittee or standalone. DEC-C will meet at 9 a.m., the other CHIP team meeting follows at 10 a.m.

• The priority areas identified at the CHA agency meeting were Decreasing Drug Use & Protecting Children and Teens, Improving Infant Mortality, Promoting Health Lifestyles, Preventing Injuries and Strengthening Families. Advancing Education was also identified as a priority area but the group did not have a community champion in attendance and may form later as a CHIP team. There are several groups working to improve health in the community and DEC-C will have some overlap.

Next Steps

• The team voiced concerns about missing stakeholders. Amanda will reach out to North Okaloosa Medical Center, Twin Cities Hospital and Ardelle with Healthy Start.

• Subcommittee Membership
  ▪ Law Enforcement and DCF to work with Solange and Jessica to get this subcommittee started. The process developed needs to ensure the hotline is called when children are involved with law enforcement activities. Ultimately, we don’t want to lose children because of a focus on getting the bust. We want to connect across sectors and help children.
  ▪ EMS would also like to be involved, they need to know the reporting questions to train their staff.
  ▪ Stakeholders missing that need to be involved include other law enforcement task force units and treatment services. Lenny Holloway will share contacts for the municipality drug task force units with Pat. Donna Morgan committed to participating as the treatment representative.
MINUTES

Handle with Care
- When a child is involved in law enforcement activities the school will be notified if the child was involved in an incident. Teri Schroeder voiced this is an important piece that drives home the trauma-informed connection district personnel has been training on, it triggers extra care for children. The group discussed involvement for children in the early care setting and agreed the Early Learning Coalition should be involved.
- Members of this subcommittee are Teri, Renea and Deb Hollis. Missing stakeholders identified are school resource officers (SRO) and DCF. Gary Venuti was identified for the SRO representative and Yari Mesa for DCF.
- The group also discussed later incorporating babies into the Handle with Care protocols.

Universal Cord Testing
- Sarah shared information about FWBMC’s procedures when a mom tests positive for substance use. The hospital normally collects meconium from the baby to determine the best treatment options. This doesn’t always work out because mom may discard the diaper or the baby passes the meconium in utero. FWBMC is moving toward umbilical cord testing and is keeping a section of the umbilical cord when a baby is born. Testing can identify the type drug used and results are available in as little as 72 hours.
- Sarah and Jennifer agreed to head this subcommittee with a goal of developing a process that ensures babies born addicted to substances have access to early interventions sooner. Renea shared the ELC has staff that could also participate.

First Responder Resources
- At the Okaloosa Crisis Intervention Task (CIT) Force meeting law enforcement voiced a need for some type of resource guide. DEC-C members brought up 211 as an option but were concerned there may some limitations with it and people do not know it exists. It was agreed that a subcommittee would form and reach out to law enforcement to determine what type resources they are looking for. Lenny shared information about the Sheriff’s Office Intranet page and the possibility of attaching the resource guide to it.
- Jennifer and Lenny agreed to lead this subcommittee.

Local DEC-C Presentation
- National DEC approved using the 30-minute presentation to create a 5-10-minute presentation for DEC-C use. There needs to be enough information to identify the DEC-C purpose and raise awareness.
- Jennifer, Marcus O’Sullivan, Jessica, Renata Chambers and Jeanine Charles will work on the presentation. Once complete it will be sent to National DEC, Eric and Stacee for them to sign-off.
- Renea stated she could use the shorter presentation with at a childcare providers meeting. Teri shared she’d be able to use it a principals’ meetings.

Open Discussion
- Molly Barrows with Levin Papantonio contacted Pat. Their firm is working on a lawsuit against the pharmaceutical companies producing opioid pain medications. The result could mean
MINUTES

funding for DEC-C to raise awareness. This is something the core DEC group will be watching.

- Pat shared Child Safety Matters has been through two schools and reached over 700 students. Several calls have been made to the hotline as a result of this education and empowerment. Students are learning how to prevent, recognize, and respond to different types of abuse.

- BCI now has two adult and two child mental health first aid trainers on staff. They are partnering with the American Foundation for Suicide Prevention (AFSP) to host free trainings in the community. Class availability will be posted on the AFSP website. For more information contact Tina Griffith, 850-833-0755v or Donna Morgan, 850-375-5386 at BCI.

- The team discussed the need for additional DEC training. ELC and BCI have staff that need training. Pat will check trainer availability for a January full day training. The training will be held at one of the DOH-Okaloosa facilities.

- Amanda shared a Knock, Knock town hall is being held at Fort Walton Beach High School tonight at 6:30. This is an informational session for parents about drugs and teens. There are three speakers, a parent, an OCSO investigator and a doctor. Jamee Graff, the Knock, Knock coordinator, is the champion of the other CHIP team working on decreasing drug use and protecting children and teens.

Action Items

- Add Ashley, Nellie, Cheryl and Rita to the DEC-C distribution list. – Amanda – for January 23 meeting

- Reach out to North Okaloosa Medical Center, Twin Cities Hospital and Ardelle with Healthy Start – Amanda – for January 23 meeting

- Share contacts for the municipality drug task force units with Pat – Lenny – as soon as possible

- Reach out to Drug Task Force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Pat – by January 23 meeting

- Develop subcommittee membership and begin work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Renea
  - Universal Cord Testing – Sarah and Jennifer
  - First Responder Resources – Lenny and Jennifer

- Update 30-minute DEC presentation for DEC-C use– Jennifer, Marcus, Jessica, Renata, Jeanine – by TBD

- Share ELC staff specialist contact info with Sarah and Jennifer. – Renee – as soon as possible

- Check trainer availability for January full day DEC training and reserve room at DOH-Okaloosa with Amanda – Pat – as soon as possible

Next Meeting
Tuesday, January 23, 2018, 9 a.m.
Emerald Coast Children’s Advocacy Center
## Okaloosa DEC-C Purpose Statement
### Survey Results

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<tr>
<th>Statement</th>
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<tr>
<td>Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy, and safe children living in safe communities.</td>
<td>3 1 1 2 0</td>
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<td>Putting the welfare of children in drug endangered environments at the core of all decisions and actions taken by community partners to ensure 100% healthy, happy, and safe children living in safe communities.</td>
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<td>Embrace all opportunities to intervene on behalf of children in drug endangered environments to ensure 100% healthy, happy, and safe children living in safe communities through expanded collaboration, systems change and increased awareness.</td>
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<td>Empower community partners to protect drug endangered children and communities by expanding collaboration, creating new systems, and increasing awareness.</td>
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<td>Empower community partners to prioritize the best interests of children in responding to all drug-related activities to ensure 100% healthy, happy, and safe children living in safe communities.</td>
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</table>
AGENDA

Purpose:
Engage organizations through an open dialogue in developing a collaborative approach to address substance abuse from prevention to criminal justice to child welfare to treatment.

Welcome and Introductions

Review Minutes

Status Updates of Previous Actions
- DEC-C Co-Chair
- Missing Stakeholders
- Purpose Statement Survey
- Subcommittee Membership
- Local DEC-C Presentation
- Provider Fair for OCSD

Community Health Assessment Update

Next Steps

Open Discussion

Next Meeting
Tuesday, January 23, 2018, 9 a.m.
Emerald Coast Children’s Advocacy Center
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<td>Beedie</td>
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<td>City of Fort Walton Beach</td>
<td><a href="mailto:mbeedie@fwb.org">mbeedie@fwb.org</a></td>
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<td>DOH-Okaloosa</td>
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<td>Charles</td>
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<td>Big Bend Community Based Care</td>
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<td>DJJ</td>
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<td>Emerald Coast Child Advocacy Center</td>
<td><a href="mailto:jennifer@eccac.org">jennifer@eccac.org</a></td>
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<td>DOH-Okaloosa</td>
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<tr>
<td>Feaster</td>
<td>Marie</td>
<td>FamiliesFirst Network</td>
<td><a href="mailto:Marie.feaster@bhcpns.org">Marie.feaster@bhcpns.org</a></td>
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<td>Franklin</td>
<td>Pat</td>
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<td><a href="mailto:pat@eccac.org">pat@eccac.org</a></td>
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<td>Johnson</td>
<td>Andy</td>
<td>Okaloosa County School District</td>
<td><a href="mailto:andy.johnson@okaloosaschools.com">andy.johnson@okaloosaschools.com</a></td>
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<td>Morgan</td>
<td>Donna</td>
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<td>O'Sullivan</td>
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<td>Popovich</td>
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<td>FamiliesFirst Network</td>
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<td>Smith</td>
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<td>Head Start</td>
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<tr>
<td>Trimboli</td>
<td>Jessica</td>
<td>Okaloosa County Sheriff's Office</td>
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<tr>
<td>Ziegler</td>
<td>Carrie</td>
<td>DOH-Okaloosa</td>
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<td>Black</td>
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<td>Edenton-Walton</td>
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<td>Holloway</td>
<td>Lenny</td>
<td>Okaloosa County Sheriff's Office</td>
<td><a href="mailto:Holloway@sheriff-okaloosa.org">Holloway@sheriff-okaloosa.org</a></td>
<td>(850) 655-7167</td>
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</tr>
<tr>
<td>Hollis</td>
<td>Deb</td>
<td>ECCAC</td>
<td><a href="mailto:deb@eccac.org">deb@eccac.org</a></td>
<td>850-883-9237</td>
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<td>Hostetter</td>
<td>Sarah</td>
<td>FMC</td>
<td><a href="mailto:Sarah.hostetter@hchealthcare.com">Sarah.hostetter@hchealthcare.com</a></td>
<td>850-797-1481</td>
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Purpose:
Engage organizations through an open dialogue in developing a collaborative approach to address substance abuse from prevention to criminal justice to child welfare to treatment.

Welcome and Introductions

Review Minutes

ECCAC Update
- Chair Position

Status Updates of Previous Actions

Next Steps

Open Discussion

Next Meeting
TBD
MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in a safe community. The team felt this statement best fit the DEC-C mission and ties in well with trauma informed care.

Present:
Ashley Apple, Shelter House; Daniel Bratcher, Bridgeway Center, Inc. (BCI); Brittany Bryan Fort Walton Beach Medical Center (FWBMC); Cheryl Canipe, Child Protection Team; Angela Carden, Guardian ad Litem; Jennifer Clark, Emerald Coast Children’s Advocacy Center (ECCAC); Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Teresa Gomez, Department of Children and Families (DCF); Tina Griffith, BCI; Deb Hollis, ECCAC; Sarah Hostetler, FWBMC; Andy Johnson, Okaloosa County School District (OCSD); Christeia Salter, CDAC; Teri Schroeder, OCSD; Jessica Trimboli, Okaloosa County Sheriff’s Office (OCSO); Carrie Ziegler, DOH-Okaloosa; Lisa Burner, Eglin Air Force Base Family Advocacy Program, Phyllis Gonzalez, DCF; Cindy Herrington, Early Learning Coalition of Okaloosa and Walton Counties (ELC-OW); Danielle Jacka, ECCAC

Welcome and Introductions
- Jessica Trimboli opened the meeting. Attendees introduced themselves.

Review Minutes
- The group reviewed the November 28, 2017 DEC-C meeting minutes. There were no suggested edits.

ECCAC Update
- Pat Franklin is no longer working with the ECCAC. Jennifer Clark has accepted the Chief Operating Officer position Pat vacated. Jennifer hired Danielle Jacka to fill her vacant position.
- Pat’s resignation leaves the co-champion position open for DEC-C. Jessica asked for volunteers to fill the position. Jennifer volunteered and shared information on her National DEC experience. She is one of the four trainers in the region and believes in the DEC mission 100%. The group agreed to Jennifer filling the co-champion position.

Status Updates of Previous Actions
- Add Ashley, Nellie, Cheryl and Rita to the DEC-C distribution list. – Amanda Colwell – for January 23 meeting – completed 12/5/2017
- Reach out to North Okaloosa Medical Center, Twin Cities Hospital and Ardelle with Healthy Start – Amanda – for January 23 meeting – completed 1/23/2018, Danny Shearn with North Okaloosa Medical Center, Shaun Lampron with Twin Cities Hospital and Ardelle Bush with Healthy Start have been added to the group.
- Share contacts for the municipality drug task force units with Pat – Lenny – as soon as possible – no update
- Reach out to Drug Task Force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Pat – by January 23 meeting – no update
Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
January 23, 2018 9:00 AM – 10:00 AM

MINUTES

• Develop subcommittee membership and begin work on process/protocol – Ongoing until process/protocol developed and implemented
  o Law Enforcement/DCF – Solange and Jessica
    ▪ Right now, there is good communication in the OCSO but it’s still hit or miss with the cities.
    ▪ Jessica is working on a protocol for road officers as well.
    ▪ EAFB normally trains all security forces officers during the February-March timeframe. Leadership has a little more flexibility for training.
  o Handle with Care – Teri and Renea
    ▪ Teri Schroeder and Deb Hollis are working on the protocol. Gary Venuti is the OCSO school resource officer (SRO) supervisor and would be the person to work with OCSD. Jessica is planning training for SROs and to implement Handle with Care at the beginning of next school year.
    ▪ Brittany Bryan suggested hospitals also become a part of the protocol. She is willing to be the point of contact for hospitals.
    ▪ It suggested White Wilson Medical Center (WWMC) also participate. Amanda will contact WWMC.
    ▪ Lisa Burner suggested developing a proposal for the base to implement as well.
    ▪ It was suggested the jail discharge planners be involved in developing the protocol.
  o Universal Cord Testing – Sarah and Jennifer – no update
  o First Responder Resources – Lenny and Jennifer – no update

• Update 30-minute DEC presentation for DEC-C use – Jennifer, Marcus, Jessica, Renata, Jeanine – by TBD – Jessica shared they have not started the updates but will be working on them soon.
• Share ELC-OW staff specialist contact info with Sarah and Jennifer. – Renea – as soon as possible – no update
• Check trainer availability for January full day DEC training and reserve room at DOH-Okaloosa with Amanda – Pat – as soon as possible – no update

Open Discussion

• Amanda shared DOH-Okaloosa was contacted to coordinate the National DEC Train the Trainer when Pat left. DOH-Okaloosa is waiting for dates the National DEC trainers are available then will coordinate with the local trainers to secure dates and a facility. Northwest Florida State College (NWFSC) is the preferable location if it is available. Jennifer will check when dates are received. If the NWFSC is not available training may be held at the DOH-Okaloosa facility in Fort Walton Beach or the OCSO offices.
• CDAC is creating stickers for first responders in Escambia and Santa Rosa Counties. These are small stickers with resources for services, specifically for pregnant women. The group asked if CDAC would be able to create a similar sticker for Okaloosa. Chris Salter will coordinate with Linda Wilson and Denise Manasa at CDAC.
• A question was raised about first responder procedures on contacting DCF when a child is involved on scene. In most cases, DCF is called when there is not a sober parent at the scene. Florida Statute is clear that DCF is called when there is inadequate supervision of a child or there is a safety concern.
MINUTES

- Jennifer is continuing to provide mandatory reporter training in the school district. Danielle will also be providing training.
- Phyllis Gonzalez shared other school districts have a code in their system for foster children. Teresa Gomez will work with Teri to find out what Okaloosa does.
- A question was asked about the firearm incident at Plew Elementary School last week. Niceville Police Department (PD) had chased suspects across the property during the night. Suspects dropped drugs while running, PD secured drugs. The following day a first grader found a firearm on school property. The SRO was notified and the school placed on lock down. There were no injuries. The firearm is believed to be associated with the PD case.
- Teri shared OCSD is receiving shelter orders from DCF. This is working well on the south end of the county but there needs to be additional follow up on the north end. Angela Carden or Teresa will follow up with Katie Brown.
- Phyllis shared information on the Recovery Oriented Systems of Care (ROSC) training held Monday at NWFSC. ROSC involves people in the community that we would not normally consider partners. There is a need to more education in our community around drugs and substance use. Amanda will share the slides from the training when they are available.
- CDAC is hosting community awareness town hall meetings in Escambia County. These meetings have a panel that includes the school district, first responders and an emergency department physician. The group asked if CDAC could host the townhalls in Okaloosa, optimally before spring break. Chris agreed to work with Denise and Linda to get started. Linda shared there is a local group, Fights On, hosting a similar town hall and suggested someone reach out to them as well.
- A mini faith symposium is being held in Pensacola. The goal is to educate pastors on how they can work with their congregation regarding substance use. Phyllis asked for local ministerial contacts so can share the information circuit wide. Angela will ask Pastor Joel Carden to share the local ministerial association contacts.
- Lisa requested training for pediatric, mental health and family medicine providers at EAFB in April. Jessica plans to use the 30-minute presentation and requested an hour block for questions. She will also coordinate a trainer.

Action Items

- Share contacts for the municipality drug task force units with Jennifer – Lenny, Jessica – as soon as possible
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer – by February 27 meeting – no update
- Update 30-minute DEC presentation for DEC-C member use– Jennifer, Marcus, Jessica, Renata, Jeanine – by March
- Check trainer availability for January full day DEC training and reserve room at DOH-Okaloosa – Amanda – as soon as possible
- Coordinate National DEC Train the Trainer dates with local trainers – Amanda and Sydney Harper – when dates are known
- Secure NWFSC for National DEC Train the Trainer sessions – Jennifer – when dates are known
Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
January 23, 2018 9:00 AM – 10:00 AM

MINUTES

- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah and Jennifer Buswell
  - First Responder Resources – Lenny and Jennifer Buswell
- Coordinate stickers for Okaloosa County first responders – Chris – to be determined (TBD)
- Work with Teri on foster child code in school district computer system – Teresa – TBD
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible
- Contact WWMC – Amanda – before February 27 meeting
- Share ROSC training presentation with DEC-C contacts – Amanda – when received
- Contact jail discharge coordinators to participate in Handle with Care development – No one assigned
- Coordinate Okaloosa town hall meetings with Denise and Linda – Chris – as soon as possible
- Share local ministerial association contacts with Phyllis – Pastor Joel and Angela Carden – as soon as possible
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session

Next Meeting
Tuesday, February 27, 2018, 9 a.m.
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<td>Shelter House</td>
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<td>Ashley</td>
<td>Larry</td>
<td>Okaloosa County Sheriff's Office</td>
<td><a href="mailto:lrashley@sheriff-okaloosa.org">lrashley@sheriff-okaloosa.org</a></td>
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<td>Beedie</td>
<td>Michael</td>
<td>City of Fort Walton Beach</td>
<td><a href="mailto:mbeedie@fwb.org">mbeedie@fwb.org</a></td>
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<td>Early Learning Coalition</td>
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<td>Jennifer</td>
<td>Okaloosa County EMS</td>
<td><a href="mailto:jbuswell@co.okaloosa.fl.us">jbuswell@co.okaloosa.fl.us</a></td>
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<td>Franklin</td>
<td>Pat</td>
<td>Emerald Coast Child Advocacy Center</td>
<td><a href="mailto:pat@eccac.org">pat@eccac.org</a></td>
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<td>Teresa</td>
<td>DCF</td>
<td><a href="mailto:Teresa.gomez@myffamilies.com">Teresa.gomez@myffamilies.com</a></td>
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<td>Griffith</td>
<td>Tina</td>
<td>Bridgeway Center, Inc.</td>
<td><a href="mailto:tina.griffith@bridgeway.org">tina.griffith@bridgeway.org</a></td>
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<td>Holloway</td>
<td>Lenny</td>
<td>OCSO</td>
<td><a href="mailto:lholloway@sheriff-okaloosa.org">lholloway@sheriff-okaloosa.org</a></td>
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<td>Hooper</td>
<td>Patty</td>
<td>DJJ - Juvenile Probation</td>
<td><a href="mailto:patricia.hooper@djj.state.fl.us">patricia.hooper@djj.state.fl.us</a></td>
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<td>Hostetler</td>
<td>Sarah</td>
<td>FWBMC</td>
<td><a href="mailto:sara.hostetler@hcahealthcare.com">sara.hostetler@hcahealthcare.com</a></td>
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<td>Johnson</td>
<td>Andy</td>
<td>Okaloosa County School District</td>
<td><a href="mailto:andy.johnson@okaloosaschools.com">andy.johnson@okaloosaschools.com</a></td>
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<td>Morgan</td>
<td>Donna</td>
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<td>Riley-Broadnax</td>
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<td>Salter</td>
<td>Christea</td>
<td>CDAC</td>
<td><a href="mailto:s.morgan-smith@okaloosahheadstart.org">s.morgan-smith@okaloosahheadstart.org</a></td>
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<td>Schroeder</td>
<td>Teri</td>
<td>Okaloosa County School District</td>
<td><a href="mailto:Teresa.schroeder@okaloosaschools.com">Teresa.schroeder@okaloosaschools.com</a></td>
<td>850-651-7410</td>
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<tr>
<td>Smith</td>
<td>Shaneasia</td>
<td>Head Start</td>
<td><a href="mailto:jdttrimboli@sheriff-okaloosa.org">jdttrimboli@sheriff-okaloosa.org</a></td>
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<td>Trimboli</td>
<td>Jessica</td>
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<td>Carrie</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:Carolyn.ziegler@fihealth.gov">Carolyn.ziegler@fihealth.gov</a></td>
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<td>Burner, LISA</td>
<td>FAP</td>
<td><a href="mailto:lisa.burner.1@us.af.mil">lisa.burner.1@us.af.mil</a></td>
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<td>Herrington, Cindy</td>
<td>EL C-O</td>
<td>Herrington @ elc-o.org</td>
<td>833-3827</td>
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<td>Jacka, Danielle</td>
<td>CAC</td>
<td><a href="mailto:danielle@eccac.org">danielle@eccac.org</a></td>
<td>833-9237</td>
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Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
February 27, 2018 9:00 AM – 10:00 AM

AGENDA

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Welcome and Introductions

Review Minutes

Status Updates of Previous Actions

Train the Trainer

Next Steps

Open Discussion

Next Meeting
March 27, 2018 9 a.m. ECCAC
MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Present:

Welcome and Introductions
Jennifer Clark opened the meeting and welcomed everyone. Attendees introduced themselves.

Review Minutes
Minutes from the January 23, 2018 DEC-C meeting were reviewed and approved as written.

Status Updates of Previous Actions

- Share contacts for the municipality drug task force units with Jennifer – Lenny Holloway, Jessica Trimboi – ongoing activity – Contacts shared as needed between Okaloosa County Sheriff’s Office (OCSO) and Emerald Coast Children’s Advocacy Center (ECCAC).
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer Clark – OCSO units are undergoing some changes and Jennifer plans to reach out to Marcus O’Sullivan/Jessica. She will also reach out to Rita and Alice before the March 27, 2018 meeting.
- Update 30-minute Drug Endangered Children (DEC) presentation for Drug Endangered Children and Communities (DEC-C) member use – Jennifer, Marcus, Jessica, Renata Chambers, Jeanine Charles – completed February 20, 2018 – Jennifer provided the 30-minute presentation to the Walton Community Health Improvement (WCHIP) on February 21, 2018. She will be presenting at the Child Abuse Death Review Committee (CADR) meeting on March 27, 2018 and again at the May 16, 2018 WCHIP meeting.
- Check trainer availability for January full day DEC training and reserve room at the Florida Department of Health in Okaloosa County (DOH-Okaloosa), coordinate National DEC Train the Trainer dates with local trainers – Amanda Colwell and Sydney Harper – completed January 31, 2018 post meeting update, due to trainer and local conflict dates changed – National DEC Train the Trainer is scheduled for June 19-21, 2018 at DOH-Okaloosa.
- Secure Northwest Florida State College (NWFSC) for National DEC Train the Trainer sessions – Jennifer – Jennifer is still working on location. DOH-Okaloosa meeting spaces have been reserved in the event the college isn’t available.
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange Jones and Jessica – No update
  - Handle with Care – Teri Schroeder and Deb Hollis – No change since last report. Jennifer shared the West Virginia Defending Childhood Initiative (see handout).
  - Universal Cord Testing – Sarah Hostetler and Jennifer Buswell – Sarah emailed Jennifer B. but hasn’t been able to get in touch with her. Amanda will follow up with the Emergency Medical Services (EMS) Chief, Tracey Vause. He may be able to help.
  - First Responder Resources – Lenny and Jennifer B. – No update
- Coordinate stickers for Okaloosa County first responders – Christeia Salter – to be determined (TBD) – Chris shared the sticker designed for Escambia (see attached). She still
MINUTES

need Chautauqua Healthcare Services contact to finish up the Okaloosa sticker. Jeanine volunteered to get the contact information to Chris. Providers listed on the sticker are being asked to track how clients heard about their services. This will help CDAC determine the effectiveness of this method of resource sharing.

- Work with Teri on foster child code in school district computer system – Teresa – TBD – No update
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible – Teri is still not receiving shelter orders from the north end. No other information available.
- Contact White Wilson Medical Center – Amanda – before February 27 meeting – Amanda emailed Leslie Moland February 22, 2017 asking for best person or to come herself. Leslie shared the information with their chief medical officer for comment.
- Share ROSC training presentation with DEC-C contacts – Amanda – when received – completed January 26, 2018 – Amanda shared the slides with the DEC-C distribution list.
- Contact jail discharge coordinators to participate in Handle with Care development – No one assigned – Reva Chavis volunteered to contact the jail and share the West Virginia initiative.
- Coordinate Okaloosa town hall meetings with Denise and Linda – Chris – as soon as possible – Chris shared the process CDAC used to develop the Escambia and Santa Rosa town hall meetings. Amanda shared Dr. Chapman agreed to participating on the panel. After discussion around the Anti-Drug Coalition event scheduled for March 22, 2018 the group agreed to readdress this idea in 6 months.
- Share local ministerial association contacts with Phyllis Gonzalez – Pastor Joel and Angela Carden – as soon as possible – completed – Angela emailed the information to Phyllis.
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session – No update

Train the Trainer

- National DEC Train the Trainer is scheduled for June 19-21, 2018 from 8:30 a.m. – 4:30 p.m. The location is TBD.
- Seven slots are available for each county.
- Jennifer shared we are looking for a diverse group that can commit to training outside their organization. We want to think outside the box and education cable provider, UPS, sanitation workers, mailmen, etc. The best-case trainer scenario is a law enforcement and child welfare/service agency combo.
- Commitment back to DEC-C for attending the training is equal to two full days of training. This could be a combination of 30-minute, full day or multi-day trainings.

Open Discussion

- Larry McFarland raised discussion around the Okaloosa County Anti-Drug Coalition. The Coalition has been in existence from approximately 15 years but has had difficulty in recent years maintaining membership and completing actions in the community. Discussion centered around the many groups working on the substance abuse issue in the community (Mental Health and Substance Abuse Solutions, DEC-C, Anti-Drug, etc.). Larry shared the Coalition would like to dissolve and merge into one coordinating group. DEC-C members in attendance expressed concerns and the desire to remain as DEC-C with the current focused purpose. The problem is too big to address in one meeting. Jeanine suggested the Coalition may consider merging with the circuit-wide DEC group.
MINUTES

- Larry also shared information on the Nature of Addiction town hall meeting sponsored by the Okaloosa County Anti-Drug Coalition on March 22, 2018. The meeting will be held at the Cinco Bayou Town Hall from 6:00 p.m. – 8:00 p.m.
- Bridgeway Center, Inc. received a grant and has launched a Vivitrol program at no cost to the patient. Vivitrol is a non-addictive, once-monthly treatment option for opioid dependence. Treatment includes monthly injections and counseling, and normally lasts 6 months to one year. For patients to be eligible they must be clean 7 days before the first injection. Bridgeway has an agreement with a local service provider in Destin for the detox portion-7 days. Call (850) 833-7500 (Fort Walton Beach) and (850) 689-7810 (Crestview) for more information or to refer a patient.
- Larry announced Bridgeway Center, Inc. is working toward becoming a Narcan distributor.
- Donna Morgan shared she and Tina Griffith are still providing Adult and Youth Mental Health First Aide training. If interested in scheduling a training, please call (850) 833-0755 or (850) 375-5386.
- A Faith-Based Symposium is being held at Lakeview Center in Pensacola on February 28, 2018 from 10 a.m. – 2 p.m.

Action Items

- Share contacts for the municipality drug task force units with Jennifer – Lenny, Jessica – ongoing
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer – by March 27 meeting
- Secure NWFSC for National DEC Train the Trainer sessions – Jennifer – by March 27 meeting
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah and Jennifer Buswell
  - First Responder Resources – Lenny and Jennifer Buswell
- Share Chautauqua Healthcare Services contact information with Chris for Okaloosa stickers – Jeanine – February 27, 2018
- Coordinate stickers for Okaloosa County first responders – Chris – to be determined (TBD)
- Work with Teri on foster child code in school district computer system – Teresa – TBD
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible
- Contact jail discharge coordinators to participate in Handle with Care development – Reva Chavis – by March 27 meeting
- Coordinate Okaloosa town hall meetings, readdress to host in six months, August 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session

Next Meeting
March 27, 2018 9 a.m. ECCAC
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<td>Ashley</td>
<td>Larry</td>
<td>Okaloosa County Sheriff's Office</td>
<td><a href="mailto:lrashley@sheriff-okaloosa.org">lrashley@sheriff-okaloosa.org</a></td>
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<td>Beedie</td>
<td>Michael</td>
<td>City of Fort Walton Beach</td>
<td><a href="mailto:mbeedie@fwb.org">mbeedie@fwb.org</a></td>
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<td>Daniel</td>
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<td><a href="mailto:dbratcher@bridgeway.org">dbratcher@bridgeway.org</a></td>
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<td>Britanny</td>
<td>Fort Walton Beach Medical Center</td>
<td><a href="mailto:britanny.bryan@hcahealthcare.com">britanny.bryan@hcahealthcare.com</a></td>
<td>850-461-6125</td>
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<tr>
<td>Burner</td>
<td>Lisa</td>
<td>EAFB Family Advocacy Prc</td>
<td><a href="mailto:lisa.burner.a@us.af.mil">lisa.burner.a@us.af.mil</a></td>
<td>850-883-9443</td>
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<td>Healthy Start</td>
<td><a href="mailto:Ardelle@hsow.org">Ardelle@hsow.org</a></td>
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<td>Buswell</td>
<td>Jennifer</td>
<td>Okaloosa County EMS</td>
<td><a href="mailto:jbuswell@co.okaloosa.fl.us">jbuswell@co.okaloosa.fl.us</a></td>
<td>352-303-4398</td>
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<td>Angela</td>
<td>Guardian Ad Litem</td>
<td><a href="mailto:angela.carden@gal.fl.gov">angela.carden@gal.fl.gov</a></td>
<td>850-689-5615 x6909</td>
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<td>Chapman</td>
<td>Karen</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:Karen.chapman@flhealth.gov">Karen.chapman@flhealth.gov</a></td>
<td>850-833-9245</td>
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<td>Charles</td>
<td>Jeanine</td>
<td>Big Bend Community Based Care</td>
<td><a href="mailto:Jeannine.Charles@bigbendcbc.org">Jeannine.Charles@bigbendcbc.org</a></td>
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<td>Johnson</td>
<td>Andy</td>
<td>Okaloosa County School District</td>
<td><a href="mailto:andy.johnson@okaloosaschools.com">andy.johnson@okaloosaschools.com</a></td>
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<td>Twin Cities Hospital</td>
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<td>Tari</td>
<td>Okaloosa County School District</td>
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<td>Jessica</td>
<td>Okaloosa County Sheriff's Office</td>
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Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
March 27, 2018 9:00 AM – 10:00 AM

AGENDA

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Welcome and Introductions

Review Minutes

Status Updates of Previous Actions

- Share contacts for the municipality drug task force units with Jennifer – Lenny, Jessica – ongoing
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer – by March 27 meeting
- Secure NWFSC for National DEC Train the Trainer sessions – Jennifer – by March 27 meeting
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah and Jennifer Buswell
  - First Responder Resources – Lenny and Jennifer Buswell
- Share Chatagua Healthcare Services contact information with Chris for Okaloosa stickers – Jeanine – February 27, 2018
- Coordinate stickers for Okaloosa County first responders – Chris – to be determined (TBD)
- Work with Teri on foster child code in school district computer system – Teresa – TBD
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible
- Contact jail discharge coordinators to participate in Handle with Care development – Reva Chavis – by March 27 meeting
- Coordinate Okaloosa town hall meetings, readdress to host in six months, August 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session

Train the Trainer

Next Steps

Open Discussion
Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
March 27, 2018 9:00 AM – 10:00 AM

AGENDA

Next Meeting

March 27, 2018 9 a.m. ECCAC
Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
March 27, 2018 9:00 AM – 10:00 AM

MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Present:
Ashley Apple, Shelter House; Daniel Bratcher, Bridgeway Center, Inc.; Jennifer Buswell, Okaloosa County EMS; Angela Carden, Guardian ad Litem; Jeanine Charles, Big Bend Community Based Care; Jennifer Clark, Emerald Coast Children’s Advocacy Center (ECCAC); Phyllis Gonzalez, Florida Department of Children and Families (DCF); Sydney Harper, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Deb Hollis, ECCAC; Sarah Hostetler, Fort Walton Beach Medical Center; Donna Morgan, Bridgeway Center, Inc.; Courtney Ryan, Bradford Health Services; Christie Salter, CDAC; Teri Schroeder, Okaloosa County School District; Danny Shearn, North Okaloosa Medical Center; Jessica Trimboli, Okaloosa County Sheriff’s Office; Heather Wood, DCF; Carrie Ziegler, DOH-Okaloosa; Sonja King, DCF

Welcome and Introductions
Jessica Trimboli opened the meeting and welcomed everyone. Attendees introduced themselves.

Review Minutes
Minutes from the February 27, 2018 DEC-C meeting were reviewed and approved as written.

Status Updates of Previous Actions
- Share contacts for the municipality drug task force units with Jennifer – Lenny Holloway, Jessica Trimboli – ongoing activity – Contacts shared as needed between Okaloosa County Sheriff’s Office (OCSO) and Emerald Coast Children’s Advocacy Center (ECCAC).
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer Clark – Jennifer and Jessica shared an update on the Drug Task Force. There is a member from each Okaloosa County municipality on the Drug Task Force. Jennifer has scheduled a ride along with the police department to learn more about their processes. Jennifer has not contacted Rita and Alice yet; however, she plans to before the April 24, 2018 meeting.
- The National DEC Train the Trainer is scheduled for June 19-21, 2018 at Twin Cities Hospital’s Wellness Center in Niceville, FL. Applications are still being accepted and registration forms can be emailed to Sydney Harper at sydney.harper@flhealth.gov.
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange Jones and Jessica – No update
  - Handle with Care – Teri Schroeder and Deb Hollis – Teri spoke with Undersheriff Don Adams and is going to set up an in-person meeting with him.
  - Universal Cord Testing – Sarah Hostetler and Jennifer Buswell – Fort Walton Beach Medical Center went live with universal cord collection and storage. When babies show signs of withdrawal, they test the cord. Jennifer B. will contact Sarah for information to set up a similar system at Okaloosa County EMS in the event of field births. Carrie Ziegler suggested working with Twin Cities Hospital and North
MINUTES

Okaloosa Medical Center to develop a consistent process. Danny Shearn will contact Sarah for more information.

- First Responder Resources – Lenny and Jennifer B. – Jennifer B. is working with Jennifer C. to schedule DEC training sessions for each Okaloosa County EMS shift group. Okaloosa County EMS holds monthly 4-hour training blocks and Jennifer C. will contact Ty Carhart to schedule.
- Coordinate stickers for Okaloosa County first responders – Christeia Salter – to be determined (TBD) – Chris requested contact information from Chautauqua Healthcare Services to finish up the Okaloosa sticker. Providers listed on the sticker are being asked to track how clients heard about their services. This will help CDAC determine the effectiveness of this method of resource sharing.
- Work with Teri on foster child code in school district computer system – Teresa – TBD – Teri shared that students are coded as foster children following receipt of the child’s shelter orders.
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible – Teri is still not receiving shelter orders from the north end. Angela shared that Katie does not send them due to confidentiality issues. Angela suggested that Teri meet with Katie and Dierdre to determine the best option for sharing information. Teri will contact Dierdre to schedule a meeting.
- Contact jail discharge coordinators to participate in Handle with Care development – Reba Chavis – Reba contacted the jail and shared the West Virginia initiative. The jail questioned how they fit into the Handle with Care program. A discussion took place about the Handle with Care program and the group determined that the jail should be aware of the program, but not involved with the process.
- Coordinate Okaloosa town hall meetings with Denise and Linda – Chris – as soon as possible – Donna Morgan provided an overview of the “Nature of Addiction” speaking engagement hosted by the Okaloosa County Anti-Drug Coalition. Chris plans to hold another town hall event in approximately 6 months.
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session – Jennifer C. is still working to schedule training dates for EAFB providers. Courtney Ryan shared that she is scheduling a separate training with EAFB’s Lisa Bruner and will share her contact information.

Train the Trainer
- National DEC Train the Trainer is scheduled for June 19-21, 2018 from 8:30 a.m. – 4:30 p.m. It will be held at Twin Cities Hospital’s Wellness Center in Niceville, FL.
- Seven slots are available for each county. Applications are still being accepted and registration forms can be emailed to Sydney Harper at sydney.harper@flhealth.gov.
- Commitment back to DEC-C for attending the training is equal to two full days of training. This could be a combination of 30-minute, full day or multi-day trainings.

Open Discussion
- Danny shared an update on the Preventing Injuries CHIP team. All three hospitals in Okaloosa County are working to develop guidelines on opioid prescribing for the emergency departments. After the guidelines are in pass in emergency departments, they will be spread to other units and medical providers.
Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
March 27, 2018 9:00 AM – 10:00 AM

MINUTES

• A discussion took place on the need to develop public education on how to dispose of drugs after use.

Action Items

• Reach out to Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer – by April 24 meeting
• Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  o Law Enforcement/DCF – Solange and Jessica
  o Handle with Care – Teri and Deb
  o Universal Cord Testing – Sarah, Jennifer Buswell and Danny
  o First Responder Resources – Lenny and Jennifer Buswell
• Share Chautauqua Healthcare Services contact information with Chris for Okaloosa stickers – Jeanine – April 24, 2018
• Coordinate stickers for Okaloosa County first responders – Chris – to be determined (TBD)
• Work with Teri on foster child code in school district computer system – Teresa – TBD
• Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible
• Coordinate Okaloosa town hall meetings, readdress to host in six months, August 2018 – On Hold
• Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session

Next Meeting
April 24, 2018 9 a.m. ECCAC
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<td>Michael</td>
<td>City of Fort Walton Beach</td>
<td><a href="mailto:mbeedie@fwb.org">mbeedie@fwb.org</a></td>
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<td><a href="mailto:dbratcher@bridgeway.org">dbratcher@bridgeway.org</a></td>
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<td>Burner</td>
<td>Lisa</td>
<td>EAFB Family Advocacy Prc</td>
<td><a href="mailto:lisa.burner.a@us.af.mil">lisa.burner.a@us.af.mil</a></td>
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<td>Healthy Start</td>
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<td>Okaloosa County EMS</td>
<td><a href="mailto:jbuswell@co.okaloosa.fl.us">jbuswell@co.okaloosa.fl.us</a></td>
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<td>Angela</td>
<td>Guardian ad Litem</td>
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<td>Holliis</td>
<td>Deb</td>
<td>ECCAC</td>
<td><a href="mailto:deb@eccac.org">deb@eccac.org</a></td>
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<td>Holloway</td>
<td>Lenny</td>
<td>OCSO</td>
<td><a href="mailto:lholloway@sheriff-okaloosa.org">lholloway@sheriff-okaloosa.org</a></td>
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<td>Holt</td>
<td>Holly</td>
<td>DOH-Walton</td>
<td><a href="mailto:holly.holt@flhealth.gov">holly.holt@flhealth.gov</a></td>
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<td>Hooper</td>
<td>Patty</td>
<td>DJJ - Juvenile Probation</td>
<td><a href="mailto:patricia.hooper@djj.state.fl.us">patricia.hooper@djj.state.fl.us</a></td>
<td>850-699-9513</td>
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<td>Hostetler</td>
<td>Sarah</td>
<td>FWBMC</td>
<td><a href="mailto:sara.hostetler@hcahealthcare.com">sara.hostetler@hcahealthcare.com</a></td>
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<td>Jacka</td>
<td>Danielle</td>
<td>ECCAC</td>
<td><a href="mailto:danielle@eccac.org">danielle@eccac.org</a></td>
<td>850-833-9237</td>
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<td>Johnson</td>
<td>Andy</td>
<td>Okaloosa County School District</td>
<td><a href="mailto:andy.johnson@okaloosaschools.com">andy.johnson@okaloosaschools.com</a></td>
<td>850-689-7198</td>
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<td>Jones</td>
<td>Solange</td>
<td>DCF</td>
<td><a href="mailto:solange.jones@myflfamilies.com">solange.jones@myflfamilies.com</a></td>
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<td>Keller</td>
<td>Diane</td>
<td>Fort Walton Beach City Council</td>
<td><a href="mailto:diane@dianekeller.com">diane@dianekeller.com</a></td>
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<td>Lampron</td>
<td>Shaun</td>
<td>Twin Cities Hospital</td>
<td><a href="mailto:Shaun.Lampron@HCAHealthcare.com">Shaun.Lampron@HCAHealthcare.com</a></td>
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<td>McFarland</td>
<td>Larry</td>
<td>Bridgeway Center, Inc.</td>
<td><a href="mailto:lmcfarland@bridgeway.org">lmcfarland@bridgeway.org</a></td>
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<td>Moorer</td>
<td>Tracie</td>
<td>Big Bend Community Based Care</td>
<td><a href="mailto:tracie.moorer@bigbendcbbc.org">tracie.moorer@bigbendcbbc.org</a></td>
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<td>Morgan</td>
<td>Donna</td>
<td>Bridgeway Center, Inc.</td>
<td><a href="mailto:dmorgan@bridgeway.org">dmorgan@bridgeway.org</a></td>
<td>850-376-5386</td>
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<td>O'Sullivan</td>
<td>Marcus</td>
<td>Okaloosa County Sheriff's Office</td>
<td><a href="mailto:mosullivan@sheriff-okaloosa.org">mosullivan@sheriff-okaloosa.org</a></td>
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<td>Popovich</td>
<td>Mary</td>
<td>FamiliesFirst Network</td>
<td><a href="mailto:Mary.Popovich@bhcpns.org">Mary.Popovich@bhcpns.org</a></td>
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<tr>
<td>Price</td>
<td>Al</td>
<td>Destin Recovery Center</td>
<td><a href="mailto:al@destinrecovery.com">al@destinrecovery.com</a></td>
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<tr>
<td>Riley-Broadnax</td>
<td>Debi</td>
<td>Head Start</td>
<td><a href="mailto:hsed@okaloosaheadstart.org">hsed@okaloosaheadstart.org</a></td>
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<td>Ryan</td>
<td>Courtney</td>
<td>Bradford Health Services</td>
<td><a href="mailto:courtneyryan@bradfordhealth.net">courtneyryan@bradfordhealth.net</a></td>
<td>850.281.2181</td>
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<td>Salter</td>
<td>Christeia</td>
<td>CDAC</td>
<td><a href="mailto:csalter@cdac.info">csalter@cdac.info</a></td>
<td>850-293-8367</td>
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<td>Schroeder</td>
<td>Teri</td>
<td>Okaloosa County School District</td>
<td><a href="mailto:Teresa.schroeder@okaloosaschools.com">Teresa.schroeder@okaloosaschools.com</a></td>
<td>850-833-3108</td>
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<td>Shearn</td>
<td>Danny</td>
<td>North Okaloosa Medical Center</td>
<td><a href="mailto:daniel_shearn@chs.net">daniel_shearn@chs.net</a></td>
<td>850-689-8105</td>
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<td>Smith</td>
<td>Shaneasia</td>
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<td><a href="mailto:s.morgan-smith@okaloosaheadstart.org">s.morgan-smith@okaloosaheadstart.org</a></td>
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<td>Trimboli</td>
<td>Jessica</td>
<td>Okaloosa County Sheriff's Office</td>
<td><a href="mailto:jdttrimboli@sheriff-okaloosa.org">jdttrimboli@sheriff-okaloosa.org</a></td>
<td>850-651-7410</td>
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<td>Heather</td>
<td>DCF</td>
<td><a href="mailto:heather.wood@myflfamilies.com">heather.wood@myflfamilies.com</a></td>
<td>850.432.0498</td>
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<tr>
<td>Ziegler</td>
<td>Carrie</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:Carolyn.ziegler@flhealth.gov">Carolyn.ziegler@flhealth.gov</a></td>
<td>850-344-0669</td>
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<tr>
<td>King</td>
<td>Sonja</td>
<td>DCF</td>
<td><a href="mailto:Sonja.king@myflfamilies.com">Sonja.king@myflfamilies.com</a></td>
<td>850.598.9808</td>
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Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
April 24, 2018 9:00 AM – 10:00 AM

MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Present:
Ashley Apple, Shelter House; Jennifer Buswell, Okaloosa County EMS; Jennifer Clark, Emerald Coast Children’s Advocacy Center (ECCAC); Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Deb Hollis, ECCAC; Donna Morgan, Bridgeway Center, Inc.; Christeia Salter, CDAC; Teri Schroeder, Okaloosa County School District; Jessica Trimboli, Okaloosa County Sheriff’s Office (OCSO); Sydney Harper, DOH-Okaloosa; Christeia Salter, CDAC; Daniel Bratcher, Bridgeway, Inc.; Danielle Jacka, ECCAC; Reba Chavis, Department of Juvenile Justice (DJJ)

Welcome and Introductions
Jennifer Clark opened the meeting and welcomed everyone. Attendees introduced themselves.

Review Minutes
Minutes from the March 27, 2018 DEC-C meeting were reviewed and approved as written.

Status Updates of Previous Actions
• Share contacts for the municipality drug task force units with Jennifer – Lenny Holloway, Jessica Trimboli – ongoing activity – Jennifer C. shared that she conducted a ride-along with the OCSO and every call they received was substance-related. She shared that Jennifer C. suggested that everyone in DEC-C participate in a ride-along to better understand the magnitude of the problem.
• Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer C. – Jennifer C. has not contacted Rita and Alice yet; however, she plans to before the May 22, 2018 meeting.
• A discussion took place on the need for mental health treatment facilities in Okaloosa County, specifically a rehabilitation center and jail diversion program.
• A discussion took place on the need for coordinated services after being released from jail and/or long-term treatment facilities.
• Daniel Bratcher shared that Hurlburt Arms Apartments and another apartment complex in Crestview were just purchased by a company who will no longer accept HUD vouchers, leaving many individuals without homes. A discussion took place on the issue of affordable housing, and its impact on substance use.
• Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  o Law Enforcement/DCF – Solange Jones and Jessica – No update
  o Handle with Care – Teri Schroeder and Deb Hollis – Teri met with Undersheriff Don Adams and he is going to work with Officer Gary Venuti on putting the process into place. They are working on implementing the Parkland Act, which was made after the school shooting in Parkland, FL. They hope to include the Handle with Care program in these actions.
MINUTES

- Universal Cord Testing – Sarah Hostetler and Jennifer Buswell – Sarah will follow up with Jennifer B. and Danny Shearn on duplicating the program with North Okaloosa Medical Center and Okaloosa County EMS.
- First Responder Resources – Lenny and Jennifer B. – Jennifer B. is working with Jennifer C. to provide DEC training sessions for each Okaloosa County EMS shift group, beginning on May 1, 2018.

- Coordinate stickers for Okaloosa County first responders – Christieia Salter – to be determined (TBD) – Chris is waiting to receive contact information from Chautauqua Healthcare Services to finish up the Okaloosa sticker.
- Work with Teri on foster child code in school district computer system – Teresa – Completed, foster children are coded as such in the school district computer system.
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible – Teri is working with Diedre to receive shelter orders from the north end.
- Contact jail discharge coordinators to participate in Handle with Care development – Reba Chavis – Reba will contact mental health professionals at the jail and encourage their attendance at future DEC-C meetings.
- Coordinate Okaloosa town hall meetings with Denise and Linda – Chris – as soon as possible – A speaking engagement on the “Nature of Addiction” was hosted by the Okaloosa County Anti-Drug Coalition at Cinco Bayou Town Hall. The event was well attended and received positive feedback. Chris plans to hold another town hall event in approximately 6 months.
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session – Jennifer C. shared that Danielle is speaking to EAFB providers on April 25 and April 27, 2018. DEC information will be provided during the trainings. Jennifer C. is working with the EAFB to schedule full DEC trainings.

Train the Trainer

- National DEC Train the Trainer is scheduled for June 19-21, 2018 from 8:30 a.m. – 4:30 p.m. It will be held at Twin Cities Hospital’s Wellness Center in Niceville, FL.
- Applications will be reviewed directly after the DEC-C meeting and accepted applicants will be informed via email.

Open Discussion

- Jessica shared that April 28, 2018 is National Drug Take Back Day. OSCO accepts any drug disposals at their sites, during business hours.
- A discussion took place on the need to publicize OSCO’s drug take back program. Bridgeway, Inc., the DJJ, ECCAC and DOH-Okaloosa shared that the information could be added to their websites and social media to advertise the service.
- The Preventing Injuries CHIP Team’s Opioid Subcommittee will meet in June 2018 to work on finalizing the opioid prescribing guidelines. The guidelines will be in place at every hospital in Okaloosa County.
- Jennifer C. shared that ECCAC was funded $102,000 to provide Child Safety Matters education. They have provided the education to over 3,000 students in Okaloosa County thus far. They will expand the program to other schools in the 2018-2019 school year.
- A discussion took place on the national shortage of medications, including opioids, fentanyl, and morphine. This issue is causing problems for the hospitals and EMS.
MINUTES

Action Items

- Reach out to Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer – by May 22 meeting
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah, Jennifer Buswell and Danny
  - First Responder Resources – Lenny and Jennifer Buswell
- Share Chautauqua Healthcare Services contact information with Chris for Okaloosa stickers – Jeanine – May 22, 2018
- Coordinate stickers for Okaloosa County first responders – Chris – to be determined (TBD)
- Follow up with Dierdre on north end shelter orders – Teresa, Angela – as soon as possible
- Coordinate Okaloosa town hall meetings, readdress to host in six months, August 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for May session
- Share National Drug Take Back Day information with group – Jessica – as soon as possible
- Update organizational websites with OSCO drug take back program information – ECCAC, DJJ, DOH-Okaloosa, Bridgeway – by May 22 meeting

Next Meeting
May 22, 2018 9 a.m. ECCAC, Multi-Purpose Room
Drug Endangered Children and Communities (DEC-C) Alliance  
Emerald Coast Child Advocacy Center – Conference Room  
401 McEwen Dr., Niceville, FL  
May 22, 2018 9:00 AM – 10:00 AM

AGENDA

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Welcome and Introductions

Review Minutes

Train the Trainer

Status Updates of Previous Actions
- Reach out to Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer – by May 22 meeting
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah, Jennifer Buswell and Danny
  - First Responder Resources – Lenny and Jennifer Buswell
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- Coordinate stickers for Okaloosa County first responders – Chris – to be determined (TBD)
- Follow up with Dierdre on north end shelter orders – Teresa, Angela – as soon as possible
- Coordinate Okaloosa town hall meetings, readdress to host in six months, August 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for May session
- Share National Drug Take Back Day information with group – Jessica – as soon as possible
- Update organizational websites with OSCO drug take back program information – ECCAC, DJJ, DOH-Okaloosa, Bridgeway – by May 22 meeting

Open Discussion

Next Meeting
June 26, 2018 9 a.m. ECCAC
Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
May 22, 2018 9:00 AM – 10:00 AM

MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Present:
Jennifer Clark, Emerald Coast Children’s Advocacy Center (ECCAC); Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Deb Hollis, ECCAC; Donna Morgan, Bridgeway Center, Inc.; Christeia Salter, CDAC; Jessica Trimboli, Okaloosa County Sheriff’s Office (OCSO); Carrie Ziegler, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Cheryl Canipe, Florida Department of Children and Families (DCF)

Welcome and Introductions
Jessica Trimboli opened the meeting and welcomed everyone. Attendees introduced themselves.

Review Minutes
Minutes from the April 24, 2018 DEC-C meeting were reviewed and approved as written.

Status Updates of Previous Actions
- Share contacts for the municipality drug task force units with Jennifer Clark – Lenny Holloway, Jessica Trimboli – ongoing activity – No updates
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer C. – Jennifer C. contacted Rita, but has been unable to reach Alice yet; however, she plans to before the July 24, 2018 meeting. Rita plans to start attending DEC-C meetings.
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange Jones and Jessica – No update
  - Handle with Care – Teri Schroeder and Deb Hollis – Teri is working to schedule a meeting with Stephen Harvey. Jessica shared that she spoke to Officer Gary Venuti about scheduling training with the School Resource Officers (SROs). He is on board and will contact Jessica to schedule a 4-hour time block to education SROs on Handle with Care, DEC, child abuse reporting, and to distribute the first responder resource stickers.
  - Universal Cord Testing – Sarah Hostetler and Jennifer Buswell – Amanda Colwell shared contact information for a North Okaloosa Medical Center (NOMC) representative. Sarah will follow up with the NOMC representative and Jennifer B. on duplicating the program at NOMC and Okaloosa County EMS.
  - First Responder Resources – Lenny and Jennifer B. – DEC training sessions are being provided to each Okaloosa County EMS shift group.
- Coordinate stickers for Okaloosa County first responders – Christeia Salter – to be determined (TBD) – Chris shared that the stickers are complete and being printed this week. The stickers will be ready for distribution by the July 24 meeting.
- Follow up with Diedre on north end shelter orders – Teresa, Angela – as soon as possible – No update.
MINUTES

• Contact mental health professionals at the jail to participate in Handle with Care development – Reba Chavis – No update

• Coordinate Okaloosa town hall meetings with Denise and Linda – Chris – as soon as possible – Chris plans to hold a town hall event in approximately 6 months. Jessica suggested holding the town hall event in the north end of the county to serve unreached populations. Chris and Jennifer C. shared that they were contacted by a pastor’s wife in Crestview who would like to assist with the set-up and promotion of a town hall event. Jennifer C. will share the contact information with Amanda. Sydney Harper shared that the Okaloosa County Anti-Drug Coalition plans to hold another speaking engagement in September 2018.

• Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session – No update.

• Promote OCSO Drug Take Back Program – DOH-Okaloosa, Bridgeway Center, Inc. and ECCAC staff members shared the Drug Take Back Program information has been added to their websites and posted on social media. Sydney shared that the Okaloosa County Anti-Drug Coalition plans to promote the program as well.

Train the Trainer

• National DEC Train the Trainer is scheduled for June 19-21, 2018 from 8:30 a.m. – 4:30 p.m. It will be held at Twin Cities Hospital’s Wellness Center in Niceville, FL.

• Applications were reviewed after the April 24, 2018 DEC-C meetings and was finalized May 18,2018. Amanda shared the list of participants. A confirmation email will go out to attendees soon.

• Donna Morgan shared that Tina Griffith changed roles and will no longer be able to attend the training. She suggested that she or Daniel Bratcher could take Tina’s slot.

• Sarah will be added to the list of training attendees.

• Jessica shared that two OCSO investigators will not be attending and welcomed other DEC-C members to apply.

Open Discussion

• Jennifer C. shared that ECCAC’s yearly conference will be held September 27-28, 2018 at Destiny Worship Center. The conference will be DEC-focused and will include national speakers and a local case study.

• Jennifer C. requested speaker recommendations for the ECCAC conference. Attendees suggested “The Rapping Dad” Derek Clark and a Mental Health First Aid overview session.

• Donna Morgan shared that Bridgeway Center, Inc. is applying for a three-year Substance Abuse and Mental Health Administration grant to provide Mental Health First Aid training in Okaloosa County. Mental Health First Aid sessions for both adults and youth will be offered in English and Spanish. She encouraged any interested organizations to contact her to schedule a training session(s). Course is 8 hours and can be broken into two 4-hour sessions. There is no cost associated with the training.

Action Items

• Reach out to Alice Cheslock – Jennifer – by July 24
MINUTES

- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange Jones and Jessica Trimboli
  - Handle with Care – Teri Schroeder and Deb Hollis
  - Universal Cord Testing – Sarah Hostetler, Jennifer Buswell and Danny Shearn/Laurie Galvan
  - First Responder Resources – Lenny Holloway and Jennifer Buswell
- Distribute stickers for Okaloosa County first responders – Chris Salter – by July 24 meeting
- Follow up with Dierdre on north end shelter orders – Teresa, Angela – as soon as possible
- Coordinate Okaloosa town hall meetings, readdress to host in six months, August 2018 – Chris Salter - On Hold
- Send Amanda pastor’s contact information – Jennifer Clark – as soon as possible
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica Trimboli – by July 24 meeting

Next Meeting
July 24, 2018 9 a.m. ECCAC, Conference Room
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<td>Big Bend Managing Entity</td>
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<td>Teri Schroeder</td>
<td>Okaloosa County School District</td>
<td>Program Director, Student Services</td>
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<td>Danielle Jacka</td>
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<td>Carolyn Ziegler</td>
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<td>CDAC Behavioral Health</td>
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<td>Department of Juvenile Justice</td>
<td>Government Operations Consultant II/Reform Specialist</td>
<td>Escambia, Santa Rosa, Okaloosa</td>
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<td>Karen Adams</td>
<td>Adult and Child Mental Health Care, LLC</td>
<td>Owner/Director/LCSW</td>
<td>Escambia, Santa Rosa, Okaloosa</td>
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<td>Big Bend Managing Entity</td>
<td>Housing and Resource Specialist - Circuit</td>
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<td>Dianne McManus</td>
<td>Homelessness and Housing Alliance</td>
<td>Walton County Project Director</td>
<td>Okaloosa, Walton</td>
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<tr>
<td>Jeanine Charles</td>
<td>Big Bend Managing Entity</td>
<td>Care Coordination Specialist</td>
<td>All - Escambia</td>
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<tr>
<td>Teri Schroeder</td>
<td>Okaloosa County School District</td>
<td>Program Director, Student Services</td>
<td>Okaloosa</td>
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<tr>
<td>Danielle Jacka</td>
<td>Emerald Coast Children's Advocacy Center</td>
<td>Community Outreach Advocate</td>
<td>Walton</td>
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<tr>
<td>Solange Jones</td>
<td>Florida Department of Children &amp; Family Services</td>
<td>Child Protective Investigation Supervisor</td>
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<tr>
<td>Denise Creech</td>
<td>Healthy Start of Okaloosa and Walton</td>
<td>Quality Assurance Manager</td>
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<tr>
<td>Tina Griffith</td>
<td>Bridgeway, Inc.</td>
<td>Wraparound Supervisor</td>
<td>Okaloosa</td>
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<tr>
<td>Carolyn Ziegler</td>
<td>Florida Department of Health</td>
<td>Assistant Director</td>
<td>Okaloosa</td>
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<tr>
<td>Amanda Colwell</td>
<td>Florida Department of Health</td>
<td>Community Health Improvement Section</td>
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<tr>
<td>Denise Manassa</td>
<td>CDAC Behavioral Health</td>
<td>Prevention Education &amp; Awareness Coordinator</td>
<td>All - Escambia</td>
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<td>Sydney Harper</td>
<td>Florida Department of Health</td>
<td>Community Health Improvement Coordinator</td>
<td>Okaloosa</td>
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<td>Linda Wilson</td>
<td>CDAC Behavioral Health</td>
<td>Substance Abuse Outreach Coordinator</td>
<td>All - Escambia</td>
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<tr>
<td>Therese Moses</td>
<td>Department of Juvenile Justice</td>
<td>Government Operations Consultant II/Ref Director</td>
<td>Escambia, Santa Rosa, Okaloosa</td>
</tr>
<tr>
<td>Karen Adams</td>
<td>Adult and Child Mental Health Care, LLC Owner/Director/LCSW</td>
<td></td>
<td>Escambia, Santa Rosa, Okaloosa</td>
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<tr>
<td>Tracie Moorer</td>
<td>Big Bend Managing Entity</td>
<td>Housing and Resource Specialist - Circuit</td>
<td>All, primarily Walton</td>
</tr>
<tr>
<td>Dianne McManus</td>
<td>Homelessness and Housing Alliance</td>
<td>Walton County Project Director</td>
<td>Okaloosa, Walton</td>
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<tr>
<td>Edward Eslinger</td>
<td>Okaloosa County Sheriff's Office</td>
<td>Crimes Against Children Investigator</td>
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<td>Debra Stevenson</td>
<td>Okaloosa County Sheriff's Office</td>
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<td>Stephanie Volkend</td>
<td>Milton Police Department</td>
<td>Patrolman</td>
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<td>Mary Miller</td>
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<td>Victim Advocate</td>
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<td>Curtis Metzler</td>
<td>Santa Rosa Sheriff's Office</td>
<td>Detective</td>
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<tr>
<td>Dawn Novie</td>
<td>Boys and Girls Clubs</td>
<td>Administrator of Club Services and Program Advancement</td>
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<td>Ryan Mims</td>
<td>Florida Department of Health</td>
<td>CHIP</td>
<td>Walton</td>
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<tr>
<td>Nick McMillan or Lavonica Green</td>
<td>A WCSO Rep</td>
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<td>Walton</td>
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<tr>
<td>Sonya Sheppard</td>
<td>Okaloosa County Sheriff's Office</td>
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<td>Okaloosa</td>
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<tr>
<td>Jennifer Buswell</td>
<td>Okaloosa EMS</td>
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<td>Okaloosa</td>
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<tr>
<td>Carrie Fowler</td>
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<td>Walton</td>
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MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Present:
Danielle Jacka, Emerald Coast Children’s Advocacy Center (ECCAC); Deb Hollis, ECCAC; Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Christeia Salter, CDAC; Jessica Trimboli, Okaloosa County Sheriff’s Office (OCSO); Sydney Harper, DOH-Okaloosa; Danny Shearn, North Okaloosa Medical Center; Kelly Henderson, OCSO; Phyllis Gonzalez, Florida Department of Children and Families (DCF); Angela Carden, Guardian ad Litem; Christopher Dykes, DCF

Welcome and Introductions
Jessica Trimboli opened the meeting and welcomed everyone. Attendees introduced themselves.

Review Minutes
Minutes from the May 22, 2018 DEC-C meeting were reviewed and approved as written.

Status Updates of Previous Actions

- Share contacts for the municipality drug task force units with Jennifer Clark – Lenny Holloway, Jessica Trimboli – ongoing activity – No updates
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer C. – No updates
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange Jones and Jessica – No update
  - Handle with Care – Teri Schroeder and Deb Hollis – Jessica shared that education sessions for SROs on Handle with Care, DEC, and child abuse reporting were provided. The SROs will also receive the first responder resource stickers for their vehicles. Jessica shared that the OCSO is developing a Handle with Care policy. Once the policy is approved, Handle with Care will be in place officially. The OCSO SROs will write one-line notes in their reports on Handle with Care, to track its impact. OCSO hopes to share the policy with surrounding law enforcement agencies to encourage replication.
  - Universal Cord Testing – Sarah Hostetler and Jennifer Buswell – No update; however, Danny Shearn will get in touch with Sarah to follow-up.
  - First Responder Resources – Lenny and Jennifer B. – DEC training sessions have been provided to each Okaloosa County EMS shift group.
- Coordinate stickers for Okaloosa County first responders – Christeia Salter – to be determined (TBD) – Chris shared that the stickers have been printed, but were misplaced. The stickers will be distributed as soon as they are located.
- Work with Teri on foster child code in school district computer system – Teresa – Completed, foster children are coded as such in the school district computer system.
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible – No update
Drug Endangered Children and Communities (DEC-C) Alliance  
Emerald Coast Child Advocacy Center – Conference Room  
401 McEwen Dr., Niceville, FL  
July 24, 2018 9:00 AM – 10:00 AM

MINUTES

• Contact jail discharge coordinators to participate in Handle with Care development – Reba Chavis – No update
• Coordinate Okaloosa town hall meetings with Denise and Linda – Chris – as soon as possible – No update
• Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – for April session – Jessica shared that she has not received a response from EAFB on DEC training sessions for their providers.
• Promote OCSO Drug Take Back Program – DOH-Okaloosa, Bridgeway, Inc., ECCAC – No update

DEC Training

• The National DEC Train the Trainer was held June 19-21, 2018, and resulted in 20 individuals across Circuit 1 becoming trainers. Among the 20, 12 represent Okaloosa County or the full Circuit 1 region.
• Jessica suggested creating an email listing of those who were trained to easily schedule speakers.
• Jessica shared that anyone who schedules a training should contact either herself, Jennifer C., or Amanda to provide information to avoid replication and for record-keeping.
• The following trainings have been scheduled:
  o Okaloosa County Anti-Drug Coalition – July 26, 2018
  o Florida Department of Health in Okaloosa County Environmental Health Staff – August 3, 2018
  o Early Childhood Court North – August 4, 2018
  o Boys and Girls Club Staff – August 27, 2018
  o Okaloosa County School District Guidance Counselors – August 31, 2018
  o Homelessness and Housing Alliance Continuum of Care Stakeholder’s Meeting – September 11, 2018
• In addition to the scheduled trainings, CHELCO has been contacted to gauge interest in holding a DEC training for their employees.
• Following each DEC training, trainers should have attendees complete sign-in sheets and email them to Stacee Read (sread@nationaldec.org) or Eric Nation (enation@nationaldec.org) for their records. A pre-made sign-in sheet is located on the DEC trainer flash drives.
• Sydney suggested developing a listing of localized examples that could be shared during DEC trainings with the public.
• Jessica shared an example of seeing alcohol bottles in cars during school pick-ups.

Open Discussion

• Danielle shared that ECCAC’s yearly conference will be held September 27-28, 2018 at Destiny Worship Center. The conference will be DEC-focused and will include national speakers and a local case study. The save-the-date will be distributed soon.
• Jessica shared that Lieutenant Allen will speak at the ECCAC conference. She requested that attendees provide DEC-related topics that could be addressed during the training. The following items were suggested:
  o An example of when an officer overlooked a potential drug endangered environment and the outcome.
MINUTES

- An example of what drug endangered environments look like, and how children in such environments behave.
- An example of the intergenerational cycle of drug use.
- An overview of the need for treatment, rather than jail time.
- An overview of the full process of an incident (i.e. what occurs at each stage).

- The OCSD is hiring a total of 12 mental health counselors for the 2018-2019 school year. Of these 12, 10 are funded through a grant and two are funded through the OCSD budget.

Action Items

- Reach out to Alice Cheslock – Jennifer – to be determined (TBD)
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah, Jennifer B. and Danny
  - First Responder Resources – Lenny and Jennifer B.
- Coordinate stickers for Okaloosa County first responders – Chris – TBD
- Follow up with Diedre on north end shelter orders – Teresa, Angela – as soon as possible
- Coordinate Okaloosa town hall meetings, readdress to host in six months, August 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – On Hold
- Update organizational websites with OSCO drug take back program information – ECCAC, DJJ– by August 28 meeting

Next Meeting
August 28, 2018 9 a.m. ECCAC, Multi-Purpose Room
**Sign In Sheet**

**Purpose:** Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe environments.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Trimbal</td>
<td>Okaloosa Sheriff North Okaloosa Medical Center</td>
<td><a href="mailto:jdttrimbal@sheriff-okaloosa.org">jdttrimbal@sheriff-okaloosa.org</a></td>
<td>850-619-9769</td>
</tr>
<tr>
<td>DANNY SHEARN</td>
<td></td>
<td><a href="mailto:Daniel.shearn@chs.net">Daniel.shearn@chs.net</a></td>
<td>850-689-8105</td>
</tr>
<tr>
<td>Danielle Jacka</td>
<td>CAC</td>
<td><a href="mailto:danielle@ecccac.org">danielle@ecccac.org</a></td>
<td>850-833-9237</td>
</tr>
<tr>
<td>Deb Hollis</td>
<td>CAC</td>
<td><a href="mailto:deb@ecca.org">deb@ecca.org</a></td>
<td>850-833-9237</td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>DOH-Okaloosa</td>
<td>sydney.harp@healthgov</td>
<td>850-883-0602</td>
</tr>
<tr>
<td>Carrie Zeider</td>
<td>DCH-Okaloosa</td>
<td>carolyn.zeider@finehealthgov</td>
<td>850-401-1108</td>
</tr>
<tr>
<td>Christie Saiter</td>
<td>CAC</td>
<td><a href="mailto:csaltere@cccac.info">csaltere@cccac.info</a></td>
<td>850-243-8867</td>
</tr>
<tr>
<td>Kelly Henderson</td>
<td>Okaloosa County S.O.</td>
<td>k <a href="mailto:henderson@sheriff-okaloosa.org">henderson@sheriff-okaloosa.org</a></td>
<td>850-974-1012</td>
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<tr>
<td>Phyllis Gonzalez</td>
<td>DCF</td>
<td><a href="mailto:Phyllis.Gonzalez@myfamilies.com">Phyllis.Gonzalez@myfamilies.com</a></td>
<td>850-232-9272</td>
</tr>
<tr>
<td>Angela Carden</td>
<td>GAL</td>
<td><a href="mailto:angela.carden@gal-fl.gov">angela.carden@gal-fl.gov</a></td>
<td>850-689-8060</td>
</tr>
<tr>
<td>Christopher Dykes</td>
<td>DCF SAMH</td>
<td><a href="mailto:christopher.dykes@myfamilies.com">christopher.dykes@myfamilies.com</a></td>
<td>(850) 380 7141</td>
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Drug Endangered Children and Communities (DEC-C) Alliance
Emerald Coast Child Advocacy Center – Conference Room
401 McEwen Dr., Niceville, FL
August 28, 2018 9:00 AM – 10:00 AM

MINUTES

Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Present:
Danielle Jacka, Emerald Coast Children’s Advocacy Center (ECCAC); Deb Hollis, ECCAC; Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Amanda Colwell, DOH-Okaloosa; Christiea Salter, CDAC; Jessica Trimboli, Okaloosa County Sheriff’s Office (OCSO); Sydney Harper, DOH-Okaloosa; Danny Shearn, North Okaloosa Medical Center; Phyllis Gonzalez, Florida Department of Children and Families (DCF); Christopher Dykes, DCF; Glena Mitre, Early Learning Coalition of Okaloosa and Walton Counties; Jane Bradley, Fort Walton Beach Medical Center; Jane Bradley, Fort Walton Beach Medical Center (FWBMC); Jennifer Buswell, Okaloosa County Emergency Medical Services (EMS); Solange Jones, DCF; Sterling Eslinger, OCSO; Marcus O’Sullivan, OCSO

Welcome and Introductions
Jennifer Clark opened the meeting and welcomed everyone. Attendees introduced themselves.

Review Minutes
Minutes from the July 24, 2018 DEC-C meeting were reviewed and approved as written.

Status Updates of Previous Actions
- Share contacts for the municipality drug task force units with Jennifer Clark – Lenny Holloway, Jessica Trimboli – ongoing activity – No updates
- Reach out to drug task force units, Rita Cummins with Boys and Girls Clubs and Alice Cheslock – Jennifer C. – No updates
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange Jones and Jessica – No update
  - Handle with Care – Teri Schroeder and Deb Hollis – Jessica shared that the OCSO developed the Handle with Care policy. The policy is currently under review. Once the policy is approved, Handle with Care will be in place officially. The policy requests the child’s name and his/her date of birth or age. The OCSO SROs will write one-line notes in their reports on Handle with Care, to track its impact. OCSO hopes to share the policy with surrounding law enforcement agencies to encourage replication. Jennifer B. shared that Okaloosa County EMS will utilize the policy to implement Handle with Care reporting with their staff. Phyllis Gonzalez shared that the Pensacola Police Department’s legal team denied the implementation of a Handle with Care policy due to legal concerns. Phyllis will collect information about the policy denial to share with the group. Jennifer C. shared that the Walton County Handle with Care policy has been implemented. The Walton County policy covers both children and adults with special needs (i.e. autism).
  - Universal Cord Testing – Sarah Hostetler and Jennifer B. – Jennifer B. shared that Okaloosa County EMS is working to finalize their policy; however, they have already begun the cord collection procedures. Thus far, they have had two births


MINUTES

in the field with cord collections. Amanda Colwell shared that she and Sarah met with Laurie of North Okaloosa Medical Center to discuss cord collection and testing procedures. Danny Shearn shared that NOMC is still working on the logistics of 16-day cord storage; however, they are now being collected. Okaloosa County EMS can bring cords to any hospital in Okaloosa to store the cords.

- First Responder Resources – Lenny and Jennifer B. – Jennifer C. shared that she has completed three mandatory reporter training sessions with Okaloosa County EMS and will conduct more soon.
- Coordinate stickers for Okaloosa County first responders – Christeia Salter – to be determined (TBD) – Jessica shared that stickers were given to select OCSO officers and they received education on how to use them. Jennifer B. requested stickers for the Okaloosa County EMS staff. Chris shared that additional stickers have been ordered and will be distributed as soon as possible.
- Follow up with Katie Brown on north end shelter orders – Teresa, Angela – as soon as possible – Jennifer C. shared that she will meet with Katie on August 31, 2018.
- Contact jail discharge coordinators to participate in Handle with Care development – Reba Chavis – No update
- Coordinate Okaloosa town hall meetings with Denise and Linda – Chris – as soon as possible – Attendees agreed to table this item until January 2018.
- Coordinate training for pediatrics, mental health and family medicine providers at EAFB – Jessica – for April session – Jessica shared that this item is tabled until January 2018.
- Promote OCSO Drug Take Back Program – DOH-Okaloosa, Bridgeway, Inc., ECCAC – Jessica shared that drugs can be turned in at any time at OCSO substations.

ECCAC DEC-Focused Conference

- Jennifer C. shared that the 2018 ECCAC Annual Training Conference will be held September 27th – 28th from 8:30 a.m. – 4:30 p.m. at Destiny Worship Center in Destin, Florida.
- The conference speakers include Eric Nation and Stacee Read of the National Alliance for Drug Endangered Children, Angela Camp of Bradford Health Services, Dr. Hanya Bluestone, and Dr. Hayden Duggan-Worchester.
- The conference fee is $50 per day or $75 for the two-day session. Click here for more information and to register for the event.

DEC Training

- Amanda and Jessica shared that they provided a DEC Awareness training at the Early Childhood Court – North meeting. Representative Mel Ponder, Florida House of Representatives, attended the training. Representative Ponder was extremely interested in DEC-C and the work being done in Okaloosa County. He suggested utilizing Okaloosa County as a pilot program. Jennifer C. and Jessica will work with Representative Ponder on requesting funding for DEC-C efforts.
- Jennifer C. shared that anyone who schedules a training should contact either herself, Jessica, or Amanda to provide information to avoid replication and for record-keeping.
- Jennifer C. and Jessica shared the importance of co-presenting with a member of OCSO or law enforcement officers from surrounding counties. Amanda shared that she will distribute an email listing of those who were trained to easily schedule speakers.
MINUTES

- The following trainings have been scheduled:
  - Okaloosa County School District Guidance Counselors – August 31, 2018
  - Homelessness and Housing Alliance Continuum of Care Stakeholder’s Meeting – September 11, 2018
- In addition to the scheduled trainings, CHELCO and Healthy Start of Okaloosa and Walton Counties have expressed interest in holding DEC trainings for their staff members.
- Following each DEC training, trainers should have attendees complete sign-in sheets and email them to Stacee Read (sread@nationaldec.org) or Eric Nation (enation@nationaldec.org) for their records. A pre-made sign-in sheet is located on the DEC trainer flash drives.

Open Discussion

- Chris Dykes shared that he is working on warm handoffs from jails to recovery centers. He shared that he would love to see collaboration between Recovery-Oriented Systems of Care (ROSC) group members and DEC-C group members.
- Chris D. shared information about the Certified Peer Support Specialist program in Florida. He encouraged the use of peer representations at DEC trainings. Jennifer C. suggested that DEC trainers contact Chris to schedule peer representatives at training sessions.
- Chris S. shared that CDAC has case management services for pregnant women.
- Glenna Mitre of the Early Learning Coalition of Okaloosa and Walton Counties shared that she will now attend DEC-C meetings. Jennifer C. shared that the group hopes to implement Handle with Care into child care centers in the future.
- Jane Bradley of FWBMC shared that she recently moved to the area and joined the FWBMC staff. She shared that she plans to give abuse hotline information to new mothers at FWBMC.
- Phyllis shared information about a pilot program in Pensacola, FL to fill gaps in service for pregnant women. The pregnant women are supported throughout pregnancy and connected with resources. It allows DCF and other organizations to learn what pregnant women truly need to be successful and solve issues with service. She encouraged FWBMC and NOMC representatives to contact her if they are interested in partnering for a similar program in Okaloosa County.

Action Items

- Reach out to Alice Cheslock – Jennifer – to be determined (TBD)
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah, Jennifer B. and Danny
  - First Responder Resources – Lenny and Jennifer B.
- Coordinate stickers for Okaloosa County first responders – Chris – TBD
- Follow up with Diedre on north end shelter orders – Teresa, Angela – as soon as possible
- Coordinate Okaloosa town hall meetings, readdress in January 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – On Hold
MINUTES

- Locate more information about the Handle with Care policy legal concerns in Pensacola – Phyllis – as soon as possible

Next Meeting
October 23, 2018 9 a.m. ECCAC, Multi-Purpose Room
Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Welcome and Introductions

Review Minutes

Status Updates of Previous Actions
- Reach out to Alice Cheslock – Jennifer – to be determined (TBD)
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Solange and Jessica
  - Handle with Care – Teri and Deb
  - Universal Cord Testing – Sarah, Jennifer B. and Danny
  - First Responder Resources – Lenny and Jennifer B.
- Coordinate stickers for Okaloosa County first responders – Chris – TBD
- Follow up with Diedre on north end shelter orders – Teresa, Angela – as soon as possible
- Coordinate Okaloosa town hall meetings, readdress in January 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – On Hold
- Locate more information about the Handle with Care policy legal concerns in Pensacola – Phyllis – as soon as possible

ECCAC Conference

Open Discussion

Next Meeting
TBD 9 a.m. ECCAC, Multi-Purpose Room
Purpose:
Embrace all opportunities to intervene on behalf of children in drug endangered environments to lessen trauma and ensure 100% healthy, happy and safe children living in safe communities.

Present:
Jennifer Clark, Emerald Coast Children’s Advocacy Center (CAC); Amanda Colwell, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Danielle Jacka, CAC; Marcus O’Sullivan, Okaloosa County Sheriff’s Office (OCSO); Christeia Salter, CDAC; Teri Schroeder, Okaloosa County School District (OCSD); Danny Shearn, North Okaloosa Medical Center (NOMC); Carrie Ziegler, DOH-Okaloosa; Glenna Mitre, Early Learning Coalition (ELC); K’yone Delevoe, Big Bend Community Based Care; Sterling Eslinger, OCSO; Denise Creech, Healthy Start; Karen Hudson, Eglin Air Force Base (AFB)

Welcome and Introductions
Jennifer Clark opened the meeting. Attendees introduced themselves.

Review Minutes
September meeting cancelled due to DEC focused CAC conference.

Status Updates of Previous Actions
• Reach out to Alice Cheslock – Jennifer – to be determined (TBD)
  Jennifer reached out to Alice and is still working on getting FamiliesFirst (FFN) attendees at the DEC-C meetings.
• Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  o Law Enforcement/DCF – Solange and Jessica
    ▪ Solange is no longer with the Department of Children and Families (DCF). Jessica will likely look for a new co-lead in January.
  o Handle with Care – Teri and Deb
    ▪ The policy is routing at OCSO.
    ▪ Teri Schroeder shared they have a “soft launch”. Lt. Gary Venuti, OCSO is sharing information with OCSD when there is an event involving or impacting a student. Teri is also working with Ted Pecot at OCSO.
    ▪ Deb Hollis is retiring this year, Teri is comfortable moving forward without a co-lead.
  o Universal Cord Testing – Sarah, Jennifer B. and Danny
    ▪ Danny shared North Okaloosa Medical Center has the capability but is not testing universally only as requested.
    ▪ No update for Fort Walton Beach Medical Center.
    ▪ There was a question around hospital protocol for positive results. Danny shared it is an automatic report to the Hotline.
  o First Responder Resources – Lenny and Jennifer B.
    ▪ No update.
• Coordinate stickers for Okaloosa County first responders – Chris – TBD
MINUTES

- Stickers have been printed and are out in the community. Jessica Trimboli received a stack for investigators. Marcus O’Sullivan will follow up.
  - Follow up with Diedre on north end shelter orders – Teresa, Angela – as soon as possible
    - Teri is coordinating with Diedre and staff to get the information needed. OCSD does not need to entire shelter order. They only need to know a child was removed from the home, if the parent can have contact and who the child is staying with. The process is better but still a work in progress.
- Coordinate Okaloosa town hall meetings, readdress in January 2018 – On Hold
- Coordinate training for pediatricians, mental health and family medicine providers at EAFB – Jessica – On Hold
  - Jennifer shared concerns around missing a huge population without the military being on board with DEC efforts. Karen Hudson works for the vice commander and will take information back to him. DEC-C is looking for leadership buy in to share what DEC is, what we’ve done and what we may be able to do to help the military community. Karen plans to speak with Teresa Ray who runs the Helping Hands program on the base as well as the Office of Special Investigations (OSI) to attend DEC-C meetings.
- Locate more information about the Handle with Care policy legal concerns in Pensacola – Phyllis – as soon as possible
  - No update

ECCAC Conference
- The conference went well, good presentations, great venue.
- Jennifer C. shared they are planning to hold the 2019 conference at the same location.

Open Discussion
- The county level 2018 Florida Youth Substance Abuse Survey (FYSAS) reports are available. They can be viewed on the DCF website at http://www.myflfamilies.com/service-programs/substance-abuse/fysas/2018/county-tables.
- The United Way administers the Okaloosa Walton 211 system. Resources included in this system: basic human needs, health and mental health, employment support, support for children, youth and families, volunteer opportunities, military and family support, hobby groups and civic organizations. https://211panhandlehelpline.communityos.org/zf/profile/search#
- Karen shared Eglin has a lot of resource materials available to the community. For information please reach out to her at karen.hudson.2@us.af.mil or 850-883-9460.
- Hurricane Michael damaged the CAC in Panama City and destroyed the Marianna location. Okaloosa/Walton staff is traveling to Bay county to assist staff and clients. Bay plans to be back up and running by November 12.
- ELC is seeing an influx of children from storm impacted communities that may need counseling. The CAC has trauma therapists on staff and can hold individual or group sessions. Refer children to Jennifer C. at jennifer@eccac.org.
- The Airmen and Family Readiness Center will soon be working with families permanently changing station (PCS) from Tyndall. Airmen will be transitioning through Eglin.
- K’yone Delevoe shared Big Bend Community Based Care is looking for housing for staff displaced by Hurricane Michael.
MINUTES

- The OCSO Youth Explorers are accepting donations for smaller communities impacted by Hurricane Michael. A trailer is located at Choctaw High School, donations are accepted Monday-Friday, 7:30 a.m.-2:30 p.m. The Explorers will be delivering items this Saturday. Items needed: tarps, toilet paper, diapers, non-perishable food, manual can openers, feminine hygiene products, water flavoring.

- Chris Salter shared Women’s Intervention Services and Education (WISE) program services are available through CDAC to pregnant women or women with at least one child under 6 years of age. Services are for adults over the age of 18, pregnant teens require director approval for services.

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has a Disaster Distress Helpline. They provide 24/7 crisis counseling and support to people experiencing emotional distress related to natural or manmade disasters. Call 1-800-985-5990 or text TalkWithUs to 66746.

- Danny with NOMC shared they have seen an increase in youth Baker Act admissions in the last couple of weeks. Some youth are waiting 40+ hours for transfer to a receiving facility. Jennifer C. shared there is a Baker Act Committee that meets quarterly. That committee is aware of the issue. The closest receiving facility to Okaloosa is Baptist in Pensacola. One of the criteria to be a receiving facility is a pediatric psychiatric unit.

- The National Drug Endangered Children conference will be in Destin this coming year. Jessica and Jennifer C. are working with Eric Nation and Stacee Reed to coordinate.

- Jennifer C. asked the group to start thinking about DEC-C goals for 2019. The town hall is one item we have put on hold and will be moving forward with in 2019. Suggestions today included review the FYSAS reports for local needs, think about what could be done to help high school students related to substance use because there isn’t much available in our community, implement Handle with Care protocol with OSI.

Action Items

- Continue working with Alice Cheslock to get FFN at DEC-C meetings – Jennifer C. – TBD
- Continue work on process/protocol – Ongoing until process/protocol developed and implemented
  - Law Enforcement/DCF – Jessica
  - Handle with Care – Teri
  - Universal Cord Testing – Sarah, Jennifer B. and Danny
  - First Responder – Lenny and Jennifer B.
- Follow up with Jessica on first responder stickers for investigators – Marcus – as soon as possible
- Share data on First Responder stickers – Chris – January 22, 2019
- Reach out to Teresa Ray and OSI – Karen – January 22, 2019
- Review FYSAS Reports – ALL – January 22, 2019
- Bring 2019 DEC-C goals to meeting – ALL – January 22, 2019

Next Meeting
January 22, 2019 9 a.m. ECCAC
Appendix N: Strengthening Families Meeting Records
Purpose: Engage Community Partners on the kick-off of the Strengthening Families Committee through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Carrie</td>
</tr>
<tr>
<td>• Introductions</td>
<td></td>
</tr>
<tr>
<td>• Brief review of agenda</td>
<td></td>
</tr>
<tr>
<td>• Prompt attendees to sign-in</td>
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<tr>
<td>Review Minutes from Community Health Assessment (CHA) Agency Meeting</td>
<td>Carrie</td>
</tr>
<tr>
<td>Review areas of concern from the CHA relating to Strengthening Families</td>
<td>Carrie</td>
</tr>
<tr>
<td>Discuss approaches to addressing the areas of concern:</td>
<td>Sarah, Tracey</td>
</tr>
<tr>
<td>• How do we avoid duplication and provide support to existing initiatives?</td>
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<tr>
<td>Consider Possible Directions</td>
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<tr>
<td>• Strategy/Policy Need 1</td>
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<tr>
<td>• Strategy/Policy Need 2</td>
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<tr>
<td>• Strategy/Policy Need 3</td>
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<tr>
<td>Strategies to engage key partners</td>
<td>Sarah, Tracey</td>
</tr>
<tr>
<td>Next Meeting time, date, location</td>
<td>All</td>
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<tr>
<td>Follow-up Actions – review Action Roster</td>
<td>Carrie</td>
</tr>
<tr>
<td>Meeting Evaluation / Adjourn</td>
<td>Sarah, Tracey</td>
</tr>
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Action Roster

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
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MINUTES

Purpose:
Engage Community Partners to kick-off the Strengthening Families Committee through an open two-way dialogue.

Present: Eve DiMaria, Greater Fort Walton Beach Women’s Club; Susie Pierce, Others of Destin; Laurel Vermillion, Others of Destin; Deb McDaniel, Opportunity Place; Tracey Williams, Fresh Start; Denise Kendust, Fort Walton Beach Medical Center; Sarah Yelverton, Homelessness and Housing Alliance; Carrie Ziegler, Florida Department of Health in Okaloosa County; Sydney Harper, Florida Department of Health in Okaloosa County

Absent: Eva Wise, Catholic Charities; Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB

Welcome
- Carrie welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves as they arrived, but introductions after all were in attendance were overlooked. Future meetings will include introductions.

Review Previous Minutes
- The group reviewed minutes from Community Health Assessment (CHA) Agency Meeting.
- Carrie led the group through a review of the CHA document, with focus on findings related to the Strengthening Families area. Focused discussion included:
  - Health Equity issues, including the impact of education and income on health and housing status. Questions arose regarding any existing data on the highest level of educational attainment of homeless individuals in our community. Sarah stated that she did not have that information, but the question could be added to the Point in Time (PIT) survey that takes place each January.
  - Health, education, and income disparities in many areas.
  - Aging infrastructure and the dismal condition of some of the “affordable” and subsidized housing available in the community. Older properties and those without adequate repair and maintenance have issues with lead paint, mold, inadequate plumbing and electricity, and pest infestation. In addition, properties in disrepair, those with leaking roofs, broken windows and doors, and no insulation create enormous utility bills that impact the ability of low income folks to stay housed. An ongoing investigation of sub-standard living conditions in some subsidized housing units was discussed.
  - The impact of low income and housing insecurity on one’s ability to make healthy choices around healthy weight, nutrition and physical activity.
  - Half of all elementary students qualify for free and reduced lunch program, based on income. Tracey provided the guidelines and qualifications for the program.
  - The group acknowledged high smoking rates in Florida and the standard practice of homeless programs to educate about the cost and health concerns associated with smoking, but not to demand participants quit while dealing with the stress of
MINUTES

homelessness and work toward self-sufficiency. All HUD public housing units are now smoke-free.

- The impact of high rates of domestic violence and child abuse and the resulting high number of youth in foster care.
- Lack of funding for mental health services and the link between income/education and depression likely being magnified by housing insecurity
- Teen pregnancy and the degraded incomes and outcomes for the children of teen moms., along with the lack of ability to provide contraceptive and healthy relationship information in the high schools.

- The assets and gaps information gathered at the CHA meeting was also presented as a diagram of services and functions, which the group found helpful.

Group Priorities Discussion

- The group discussed how to avoid duplication and support existing initiatives.
  - All agreed to embrace the "Housing First" philosophy, while valuing current programs with programmatic justification for rules and requirements of participation.
    - This is an evidence-based strategy that is core to the Federal Strategic Plan to Prevent and End All Homelessness that recognizes housing as the base of stability.
  - All agreed to support funding efforts to complete the One Hopeful Place buildout, which will provide critical housing and services for single men and women.
  - The group values and acknowledges the contributions of existing shelters and services in meeting the diverse needs of the community, such as shelters for families with children that are focused on self-sufficiency.

- The committee discussed possible goal areas and activities and prioritized action on affordable housing as a first step.
  - It was noted that affordable housing had the least community activity when reviewing current services and resources. Other communities have had success in this area.
  - Affordable housing is a key component in the long-term solution to and prevention of homelessness.
  - Several grant-type of resources are available to the community and work is needed to encourage applicants to seek funding and create affordable housing options. Readily known opportunities include:
    - SHIP (State Housing Initiatives Partnership – each county annually; forgivable loan; coordinated through the Community Development Corporation)
    - SAIL (State Apartment Incentive Loan – Walton participated in this funding; must serve special needs populations. From the Floridahousing.org: Special needs households include persons that are elderly, physically disabled, at risk of being or are homeless, and/or have extremely low incomes. These special needs populations may include more specifically defined subgroups such as youth aging out of foster care, survivors of domestic violence, persons with severe and persistent mental illness, or persons with developmental disabilities); apartment rent is 30% of income; coordinated through the Community Development Corporation)
    - City of Ft. Walton Beach Community Development Block Grant (proposal is typically due in April; 85% of funding must be used for facilities and to address blight, up to 15% can be used for public services, such as cold night shelter
MINUTES

funding). One Hopeful Place has been encouraged to apply for this funding to continue the facility build-out)

- Various funding opportunities can be researched at floridahousing.org

- In addition, the group decided to coordinate a housing inventory to better understand types of housing stock (including affordable, subsidized, permanent supportive, transitional, emergency shelter) and current community assets. This will provide data for decision-making to help the committee determine future priorities to ensure they address highest need gaps.

Next Meeting

- The next meeting will be held on January 18th, 2018 at 1:30 p.m., following the Homelessness and Housing Alliance (HHA) noon meeting at Northwest Florida State College, Student Services Building in Niceville.

Follow-up Actions

- Assignments were reviewed and recorded in an action roster

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<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
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<tr>
<td>Contact local colleges regarding interns to assist with the housing inventory</td>
<td>Sarah - NWFSC</td>
<td>1/18/18</td>
</tr>
<tr>
<td></td>
<td>Sydney - UWF</td>
<td>1/18/18</td>
</tr>
<tr>
<td>Contact Volunteers of America to set up a technical assistance session in Okaloosa County</td>
<td>Sarah</td>
<td>1/18/18</td>
</tr>
<tr>
<td>Visit floridahousing.org and other sources to learn more about affordable housing funding opportunities</td>
<td>All</td>
<td>ongoing</td>
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</table>

Meeting Evaluation

- Participants filled out meeting evaluation forms.

Adjourn

Meeting adjourned at 3:10 p.m.
**Sign In Sheet**

**Purpose:** Engage Okaloosa County agencies in the Strengthening Families Community Health Improvement Plan (CHIP) workgroup.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:sydney.harper@flhealth.gov">sydney.harper@flhealth.gov</a></td>
<td>x0662</td>
</tr>
<tr>
<td>Eve DiMarin</td>
<td>GFWC Fab Woman's Club</td>
<td><a href="mailto:eccdimaria@outlook.com">eccdimaria@outlook.com</a></td>
<td>(850) 461-1471</td>
</tr>
<tr>
<td>Susie Pierce</td>
<td>Others of Destin</td>
<td><a href="mailto:susiepierce30@yahoo.com">susiepierce30@yahoo.com</a></td>
<td>850-499-3144</td>
</tr>
<tr>
<td>Laurel Vermillion</td>
<td>Others of Destin</td>
<td><a href="mailto:vermillion@othersofdestin.com">vermillion@othersofdestin.com</a></td>
<td>850-323-6806</td>
</tr>
<tr>
<td>Deb McDaniel</td>
<td>Opportunity Place</td>
<td><a href="mailto:debra@opifub.org">debra@opifub.org</a></td>
<td>860-961-2812</td>
</tr>
<tr>
<td>Tracey Williams</td>
<td>FreshStart</td>
<td><a href="mailto:twilliams@freshstaff.com">twilliams@freshstaff.com</a></td>
<td>850-343-5648</td>
</tr>
<tr>
<td>Denise Kendust</td>
<td>FFS Medical Ctr</td>
<td><a href="mailto:denise.kendust@healthcare.com">denise.kendust@healthcare.com</a></td>
<td>850-428-2622</td>
</tr>
<tr>
<td>Sarah Juliette</td>
<td>HHA</td>
<td><a href="mailto:Sarah@hhalliance.org">Sarah@hhalliance.org</a></td>
<td>850-409-3010</td>
</tr>
<tr>
<td>Claire Ziegler</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:carolyn.ziegler@flhealth.gov">carolyn.ziegler@flhealth.gov</a></td>
<td>850-342-9815</td>
</tr>
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Florida Department of Health in Okaloosa County Community Health Assessment (CHA)
Strengthening Families
February 15, 2018
Fresh Start Offices, Ft. Walton

Purpose:
Prepare for Quarterly CHIP meeting on March 6, 2018 and follow up on actions discussed at Dec. 12th meeting

1. Welcome
   Introductions
   Brief review of agenda
   Sign-In
2. Review Minutes
3. Follow-up on December 12 meeting tasks and assignments
4. Prepare for March 6, Quarterly Meeting presentation
**Purpose:**
Engage Community Partners to kick-off the Strengthening Families Committee through an open two-way dialogue.

**Present:** Sarah Yelverton, Homelessness and Housing Alliance; Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Erin Thatcher, Arc of the Emerald Coast; Henry Fair, Catholic Charities of Northwest Florida

**Absent:** Eva Wise, Catholic Charities; Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Susie Pierce, Others of Destin; Laurel Vermillion, Others of Destin; Deb McDaniel, Opportunity Place; Tracey Williams, Fresh Start; Denise Kendust, Fort Walton Beach Medical Center

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**Welcome**
- Sarah Yelverton welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.
- The group reviewed minutes from the December 12, 2017 meeting.

**Point-in-Time Count**
- Sarah shared 2017 Point-in-Time Count data requested at the December 12, 2017 meeting. In 2017, 75% of count respondents did not have a college degree and 40% did not finish high school.
- Sarah shared an update on the 2018 Point-in-Time Count. The Homelessness and Housing Alliance is still receiving surveys from the count and will share the results with the group when complete. The results will include breakdowns of educational achievement and ages.

**Group Discussion**
- Sarah shared information about a housing grant focused on those with disabilities. At least 20% of the housing units must be reserved for special needs clients (see attachment).
- Erin Thatcher shared that she is familiar with the grant and plans to connect with builders from a previous Arc of the Emerald Coast home building project to review it.
- A discussion took place regarding alternative housing solutions. Participants mentioned dome homes, tiny homes, and Katrina cottages as potential options.
- Erin shared that one of the key issues the Arc of the Emerald Coast faces is securing land for housing.
- Sarah shared that the Community Solutions land is a potential option, but the organization hopes to complete their second building before moving on to another housing project.

**Action Updates**
- Sarah shared that Amanda Rosado of the Florida Housing Coalition will provide a training on February 26, 2018 at Career Source Okaloosa-Walton in Fort Walton Beach, Florida. The morning session (9:00 a.m. – 12:00 p.m.) will focus on diversion and housing navigation, and
MINUTES

the afternoon session (1:00 p.m. – 4:00 p.m.) will focus on trauma informed care. During breaks and in-between sessions, Amanda will answer questions from attendees on other topics. All CHIP team members were encouraged to attend.

- Sarah shared that CHIP team members can sign up for floridahousing.gov emails to receive alerts on upcoming webinars and trainings.
- Sarah shared that she has added Northwest Florida State College interns to the Homelessness and Housing Alliance staff to assist with the housing inventory.
- Sydney Harper shared that she contacted the University of West Florida (UWF)’s Public Health Department for internship information. UWF requests a write up on the potential intern’s duties and work timeline before approval. Sarah shared that she is open to adding additional interns to her staff.

Partner Updates

- Sarah shared a mock-up of the housing inventory chart developed as part of a Housing and Urban Development (HUD) requirement (see attachment). There are a significant number of HUD vouchers available for veterans that are not being use. There have been many Veterans Administration staff changes, which may explain the lack of use.
- Sarah shared that Dan Cobbs is retiring from Bridgeway on July 31, 2018. Bonnie Barlow has been selected as the CEO.
- Henry Fair shared that Catholic Charities of Northwest Florida provided applications for the SNAP program to the Edwins Elementary Food Backpack program. The applications will be sent in the backpacks and families will be encouraged to apply.
- Sarah shared information about the Feed the Need event (see attachment). She encouraged attendees to apply for the food packages by visiting feedtheneed.life.

Next Meeting

- The next meeting date/time TBD via Doodle Poll.

Follow-up Actions

- Assignments were reviewed and recorded in an action roster

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<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with UWF to submit an internship request for an intern to assist with the housing inventory</td>
<td>Sydney - UWF</td>
<td>2/25/2018</td>
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<tr>
<td></td>
<td>Sarah - UWF</td>
<td>3/30/2018</td>
</tr>
<tr>
<td>Attend Florida Housing Coalition training by Amanda Rosado on Diversion and Housing Navigation and Trauma Informed Care</td>
<td>Any interested members</td>
<td>2/26/2018</td>
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<td>Visit floridahousing.org and other sources to learn more about affordable housing funding opportunities</td>
<td>All</td>
<td>Ongoing</td>
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<tr>
<td>Contact local business leaders who have worked in affordable housing to gauge interest in future opportunities</td>
<td>Denise</td>
<td>3/30/2018</td>
</tr>
<tr>
<td>Contact builders who previously worked on the Arc’s group home project to gauge interest in future opportunities</td>
<td>Erin</td>
<td>3/30/2018</td>
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<tr>
<td>Contact Florida Housing to set-up a technical assistance initial call in April</td>
<td>Sarah</td>
<td>3/30/2018</td>
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MINUTES

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<th>Task</th>
<th>Responsible</th>
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<tbody>
<tr>
<td>Hold technical assistance initial call and education session with Florida Housing</td>
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<tr>
<td>Hold technical assistance meeting with business leaders and Florida Housing</td>
<td>All</td>
<td>6/2018</td>
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<td>Gather and share any related Catholic Charities of Northwest Florida housing data with the group members</td>
<td>Henry</td>
<td>3/30/2018</td>
</tr>
<tr>
<td>Gather and share any related Arc of the Emerald Coast housing data with the group members</td>
<td>Erin</td>
<td>3/30/2018</td>
</tr>
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</table>

Meeting Evaluation
- Participants filled out meeting evaluation forms.

Adjourn
- Meeting adjourned at 2:40 p.m.
Volunteer to help hungry children & families in Okaloosa County!

Volunteers will work a 1.5 hour shift to pack food for immediate distribution to a food pantry in Okaloosa County.

Be a part of this incredible day!

Register for your shift at FeedTheNeed.life

7:30 a.m. - 9:00 a.m.
9:00 a.m. - 10:30 a.m.
10:30 a.m. - 12:00 p.m.
12:00 p.m. - 1:30 p.m.
1:30 p.m. - 3:00 p.m.

For More Information Contact:
Deacon Clelia Garrity
(561) 271-2890
Admin@StSimons-wb.org
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<th>CH Beds HH w/ Children</th>
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<th>CH Beds HH w/o Children</th>
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<td>0</td>
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<td>HUD VASH Walton</td>
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<td>10</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>385</td>
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<td>385</td>
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</table>

**Purpose:** Engage in Okaloosa County agencies in the Strengthening Families Community Health Imporvement Plan (CHIP) Workgroup

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION OR COMMUNITY REPRESENTATIVE</th>
<th>EMAIL</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOTH Okaloosa</td>
<td><a href="mailto:Sydney.Harper@healthfl.gov">Sydney.Harper@healthfl.gov</a> x066</td>
<td></td>
</tr>
<tr>
<td>Henry Fair</td>
<td>Catholic Charities</td>
<td><a href="mailto:StBrxh@ccokaloosco.org">StBrxh@ccokaloosco.org</a></td>
<td>850-244-2535X106b</td>
</tr>
<tr>
<td>Erin Thatcher</td>
<td>Arc Emerald Coast</td>
<td><a href="mailto:ethalcher.arcemeraldcoast@gmail.com">ethalcher.arcemeraldcoast@gmail.com</a></td>
<td>850-863-1530</td>
</tr>
<tr>
<td>Carrie Zucker</td>
<td>DOTH Okaloosa</td>
<td><a href="mailto:Carolyn.Zucker@healthfl.gov">Carolyn.Zucker@healthfl.gov</a></td>
<td>410-1108</td>
</tr>
<tr>
<td>Brittany Redmon</td>
<td>Fresh Start</td>
<td><a href="mailto:Brenda.Redmon@freshstart.com">Brenda.Redmon@freshstart.com</a></td>
<td>213-512</td>
</tr>
</tbody>
</table>
Florida Department of Health in Okaloosa County Community Health Assessment (CHA)
Strengthening Families
April 2, 2018
Fresh Start Offices, Ft. Walton

Purpose:
Prepare for upcoming April 10th call and review other resources to develop housing in Okaloosa County.

1. Welcome
   Introductions
   Sign-In
2. Review Minutes from Feb meeting and March 6 quarterly
3. Follow-up on Feb 15 meeting tasks and assignments
4. April 10th conference call 1:00pm
   Call number 515-604-9962; Access code 744852
5. Home Loan Bank information all info will be emailed
   RFA’s from Florida Housing Finance Corporation
MINUTES

Purpose:
Engage Community Partners to kick-off the Strengthening Families Committee through an open two-way dialogue.

Present: Sarah Yelverton, Homelessness and Housing Alliance; Sydney Harper, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Eva Wise, Catholic Charities of Northwest Florida; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Susie Pierce, Others of Destin; Deb McDaniel, Opportunity Place; Tracey Williams, Fresh Start;

Absent: Henry Fair, Catholic Charities; Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Laurel Vermillion, Others of Destin; Denise Kendust, Fort Walton Beach Medical Center

Welcome
- Sarah Yelverton welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- The group reviewed minutes from the February 15, 2018 meeting.
- The minutes were approved as written.

Review of Quarterly CHIP Champions Meeting
- Sarah provided an overview of the March 6, 2018 Quarterly CHIP Champions meeting.
- Sarah shared that she completed the Strengthening Families CHIP Team Worksheet during the meeting (see attachment). The worksheet states the following goals for the group:
  - Assess available affordable housing and current housing options
  - Educate community partners on the types of affordable housing available, along with the process for developing new affordable housing options
  - Host a technical assistance session with key partners (i.e. city officials, property owners, developers, etc.)
- The group agreed on the goals and steps needed to reach the goals. No new goals were added to the worksheet.

Action Updates
- Sarah shared that CHIP team members can sign up for floridahousing.gov emails to receive alerts on upcoming webinars and trainings.
- Sarah shared that the University of West Florida does not currently have any AmeriCorps volunteers that can assist with the housing inventory.
- Sydney Harper shared that DOH-Okaloosa received an internship request form from a health education student from Florida State University. If the student is brought on board, she may be able to assist with the housing inventory.
MINUTES

- Eva Wise shared that Catholic Charities regularly received internship request from University of West Florida’s nursing students. The students often do not need clinical hours, and she will share applicable request with the group when they come in.
- Sarah shared that the Homelessness and Housing Alliance currently has an unfilled position for a Housing Navigator. This position could potentially coordinate the development of housing inventory when filled.
- Susie Peirce shared that Others of Destin has a volunteer that contacts housing sites for information. She may be a good reason for assistance with the housing inventory.
- Sydney Harper shared that she contacted the University of West Florida (UWF)’s Public Health Department for internship information. UWF requests a write up on the potential intern’s duties and work timeline before approval. Sarah shared that she is open to adding additional interns to her staff.
- Sarah shared that a technical assistance call has been set up with Florida Housing. During the call, Florida Housing will explain the different types of grants and funding available and answer any questions the group has. Sydney will share the call information to the group.
- Tracey suggested inviting the Emerald Coast Association of Realtor and other realty associations to the main technical assistance session.
- Sarah encouraged the group to invite any interested individuals to the main technical assistance session.
- The group agreed to change the date of the main technical assistance call to late August or early September, to avoid summer leave issues.
- A discussion took place regarding the need to develop an assessment checklist for housing sites. Deb McDaniel and Sarah shared that they will search for previously used assessments and share with the group. The group will collectively develop the assessment checklist during the next meeting.
- A discussion took place regarding the need to fully understand what HUD inspections entail. The group is seeing a trend of landlords getting rejected for HUD voucher use, due to small errors (i.e. toilet paper not being on the roll or missing screen doors). As a result, landlords are losing interest and individuals are unable to locate housing.
- Sydney shared information about the Lean On Me program’s collaboration with local churches to make minor house repairs. She suggested utilizing a similar system with landlords who are unwilling to make minor repairs to receive HUD approval.
- Susie shared that Others of Destin utilizes a similar church volunteer system for repairs.
- The group suggested holding a meeting with HUD representatives to learn more about their processes and working to collaborate on solutions.

Partner Updates

- Tracey shared that as of April 2018, she will be leaving her role at Fresh Start. The Fresh Start Board is currently interview candidates for the position. Tracey will continue to serve on the Strengthening Families CHIP team as a Co-Champion.
- Sarah shared that the Homelessness and Housing Alliance will be moving to a new location within approximately six months. The new location is not confirmed yet, but will be shared with the group as soon as possible.

Next Meeting

- The next meeting date/time TBD via Doodle Poll.
Follow-up Actions
- Assignments were reviewed and recorded in an action roster:

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with UWF or NWFLSC to submit an internship request for an intern to assist with the housing inventory for Summer 2018</td>
<td>Sarah - UWF</td>
<td>5/30/2018</td>
</tr>
<tr>
<td>Share prospective internship request from the University of West Florida Registered Nursing students when available</td>
<td>Eva</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Visit <a href="http://floridahousing.org">floridahousing.org</a> and other sources to learn more about affordable housing funding opportunities</td>
<td>All</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Contact local business leaders who have worked in affordable housing to gauge interest in future opportunities</td>
<td>Denise</td>
<td>5/30/2018</td>
</tr>
<tr>
<td>Contact builders who previously worked on the Arc’s group home project to gauge interest in future opportunities</td>
<td>Erin</td>
<td>5/30/2018</td>
</tr>
<tr>
<td>Review emails to determine Okaloosa County’s response to housing inventory inquiry.</td>
<td>Sarah</td>
<td>5/15/2018</td>
</tr>
<tr>
<td>Locate previously used housing inventory questionnaires and best practices and share with the group</td>
<td>Deb &amp; Sarah</td>
<td>Next meeting, TBD</td>
</tr>
<tr>
<td>Send the technical assistance initial call information to all members</td>
<td>Sydney</td>
<td>5/4/2018</td>
</tr>
<tr>
<td>Attend technical assistance initial call and education session with Florida Housing via phone conferencing or in-person</td>
<td>All</td>
<td>4/10/2018</td>
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<tr>
<td>Hold technical assistance meeting with business leaders and Florida Housing</td>
<td>All</td>
<td>6/2018</td>
</tr>
<tr>
<td>Gather and share any related Catholic Charities of Northwest Florida housing data with the group members</td>
<td>Henry</td>
<td>5/30/2018</td>
</tr>
<tr>
<td>Gather and share any related Arc of the Emerald Coast housing data with the group members</td>
<td>Erin</td>
<td>5/30/2018</td>
</tr>
<tr>
<td>Create a list of individuals and organizations who should be invited to the main technical assistance call</td>
<td>All</td>
<td>Next meeting, TBD</td>
</tr>
<tr>
<td>Schedule main technical assistance call with Florida Housing</td>
<td>Sarah</td>
<td>Next meeting, TBD</td>
</tr>
<tr>
<td>Invite contacts to the main technical assistance call with Florida Housing</td>
<td>All</td>
<td>8/1/2018</td>
</tr>
<tr>
<td>Determine how many HUD vouchers have gone unfilled</td>
<td>Sarah</td>
<td>5/30/2018</td>
</tr>
<tr>
<td>Schedule a meeting with HUD representatives to learn about inspection process</td>
<td>All</td>
<td>7/2/2018</td>
</tr>
</tbody>
</table>

Meeting Evaluation
- Participants filled out meeting evaluation forms.

Adjourn
- Meeting adjourned at 2:50 p.m.
Strengthening Families
CHIP Team Worksheet

Goal #1

What's your goal?

Assess available affordable housing and current housing options

When do you want to accomplish your goal?

December 31, 2018

What steps does your group need to take to reach your goal?

1. Locate a team or group of interns to conduct assessment
2. Determine a coordinator to guide new interns/team in conducting assessment
3. Create questionnaire to use when team/interns conduct assessment
4. Determine if anyone else has conducted a similar assessment

Goal #2

What's your goal?

Educate community partners on the types of affordable housing and process for developing new affordable housing options

When do you want to accomplish your goal?

July 31, 2018

What steps does your group need to take to reach your goal?

1. Conduct a training with an overview of the housing issue and housing types
2. Schedule a technical assistance call with Florida Housing
3. Conduct self-led online searches for information and view Florida Housing webinars
4. Invite members to attend the call
Goal #3

What's your goal?

Host a technical assistance session with key partners (i.e. city officials, property owners, developers, etc.)

When do you want to accomplish your goal?

June 30, 2018

What steps does your group need to take to reach your goal?

1. Identify the targeted partners
2. Build support among partners
3. Hold the meeting with Florida Housing
Please complete a separate Housing Assessment survey for each applicable project, regardless of the funding source.

**Agency/Project Information**

Please be sure to complete all the information based on one individual project at your agency.

Please complete a separate survey for each project within your agency.

1. **Agency Name**: ____________________________

2. **Primary Contact Information**: *

   First Name______________________ Last Name______________________

   Title__________________________

   Email Address___________________

   Phone Number___________________

   Site address if site-based: ____________________________

   - [ ] Site-based – single site
   - [ ] Site-based – clustered / multiple sites
   - [ ] Scattered site

   For Scattered Sites: Please indicate zip codes for all sites

   For Single site: please indicate full address including zip code*

   ○ Scattered Sites (enter zip codes):

     - [ ]
     - [ ]
     - [ ]

   ○ Project Address:* 

     - [ ]

   ○ Domestic Violence - Address Confidential

   "What’s your application process?"
Number of units considered affordable, subsidized, or workforce housing_____

Do you accept any HUD Vouchers YES/NO________________________?

If so what types of vouchers do you accept__________________________?

Are you willing to work with not-for-profit agencies that provide housing assistance? YES/NO

If so what type of programs/clientele are you willing to accept?

_____________________________________________________________________

Geographic location if scattered site____________________________________

Income requirements (i.e. 30% under AMI)_____________________________

Population served (i.e. households with children)________________________

Disqualifiers (i.e. felonies or evictions) _________________________________

Other requirements for eligibility (i.e. lived in county for 60 days)_______________

Is there a credit check or application fee YES/NO, if yes amount____________________

What is rent for 1 bedroom__________?
What is rent for 2 bedroom__________?
What is rent for 3 bedroom__________?

Do the above amounts include a subsidy?

Please indicate the funding source for this project.
Please indicate all funding sources for this project.*
  □ Emergency Solutions Grant Program (ESG)
  □ Continuum of Care Program (CoC)
  □ Shelter Plus Care Program (S+C)
  □ Section 8 Moderate Rehabilitation Single-Room Occupancy Program (SRO), including grants formerly funded under McKinney-Vento but renewed under Section 8
  □ HUD Housing Opportunities for Persons with AIDS (HOPWA)
  □ Department of Veterans Affairs (VA)
  □ Supportive Housing Program (SHP)

Are you funded through HUD, SHP, etc.
Homelessness & Housing Alliance of Okaloosa and Walton Counties
2017 Housing Inventory Count Survey

☐ State Housing Initiative Program
☐ Neighborhood Stabilization Program
☐ HUD-VA Supportive Housing (HUD-VASH)
☐ Supportive Services for Veteran Families Program (SSVF)
☐ VA Grant Per Diem Program (GPD)
☐ VA Health Care for Homeless Veterans (HCHV)
☐ VA Domiciliary Care of Homeless Veterans (VADOM)
☐ VA Compensated Work Therapy-Transitional Residence (CWT/TR)
☐ Private Funding
☐ HHS RHY Basic Center Programs (BCP)
☐ HHS RHY Transitional Living Program (TLP)
☐ HHS RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)
☐ HUD Public and Indian Housing (PIH) Programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons
☐ Other: ______________________________________

The following section is designed to identify projects whom have target populations and subpopulations. In order for projects to select the target and subpopulation, they must meet the following requirements:

1. The project intends to serve that specific population
2. At least three fourths (75%) of the clients served by the project fit the target group descriptor.

Only one descriptor can be selected for the Target and Subpopulation per project. Projects can also select to not have a target population or subpopulation.

Target Population
☐ SM: Single Males 18 years old and over
☐ SF: Single Females 18 years old and over
☐ SMF: Single Males and Females 18 years old and over
☐ CO: Couples Only, No Children
☐ HC: Households with Children
☐ SMHC: Single Males 18 years old and over and Households with Children
☐ SFHC: Single Females 18 years old and over and Households with Children
☐ SMF+HC: Single Males and Females 18 years old and over plus Households with Children
☐ YM: Youth Males under 25 years old
☐ YF: Youth Females under 25 years old
  ☐ YMF: Youth Males and Females under 25 years old
  ☐ N/A: Not Applicable - Project does not have a target population

Subpopulation
☐ Person with disability
☐ Elderly
☐ Homeless
☐ DV: Domestic violence victims
☐ HIV: Persons with HIV/AIDS
☐ N/A: Not Applicable - Project does not have a subpopulation
Florida Department of Health in Okaloosa County  
Strengthening Families – Community Action Planning Team Meeting  
Fresh Start of Fort Walton Beach  
April 2, 2018 1:30PM-3:00PM

**Sign In Sheet**

**Purpose:**
Engage the community on topics related to Strengthening Families through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DHD-Okaloosa</td>
<td><a href="mailto:sydney.harper@fhcok.org">sydney.harper@fhcok.org</a></td>
<td>x0662</td>
</tr>
<tr>
<td>Sarah Velverton</td>
<td>HHA</td>
<td><a href="mailto:Sarah@hhalliance.org">Sarah@hhalliance.org</a></td>
<td>850-830-8288</td>
</tr>
<tr>
<td>EVA Wise</td>
<td>CCWFL</td>
<td><a href="mailto:ewise0320@radiancefl.org">ewise0320@radiancefl.org</a></td>
<td>776-0197</td>
</tr>
<tr>
<td>Eve Di Maria</td>
<td>GFWC Tulip Boulevard Club</td>
<td><a href="mailto:edimaria@outlook.com">edimaria@outlook.com</a></td>
<td>850/461-1471</td>
</tr>
<tr>
<td>Tracye Williams</td>
<td>Fresh Start</td>
<td><a href="mailto:twilliams@freshstart.com">twilliams@freshstart.com</a></td>
<td>343-5468 x 4</td>
</tr>
<tr>
<td>Deb McDonald</td>
<td>Opportunity Place</td>
<td><a href="mailto:deborah@opifwb.org">deborah@opifwb.org</a></td>
<td>850-654-3404</td>
</tr>
<tr>
<td>Susie Pierce</td>
<td>Others of Destin</td>
<td><a href="mailto:susiepierce30@yahoo.com">susiepierce30@yahoo.com</a></td>
<td>850-499-5144</td>
</tr>
</tbody>
</table>
Purpose: Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

Welcome
   Introductions
   Overview of Agenda

Review of Previous Minutes

Action Item Updates

Partner Updates

Next Steps
   Confirm Next Meeting Date/Time

Meeting Evaluation
   Please complete the Community Engagement Survey
MInutes

Purpose: Engage Community Partners to kick-off the Strengthening Families Committee through an open two-way dialogue.

Present: Sarah Yelverton, Homelessness and Housing Alliance; Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Henry Fair, Catholic Charities of Northwest Florida; Tracey Williams, United Methodist Children’s Home Northwest Florida Ministries; Ann Sprague, Crestview Area Shelter for the Homeless

Absent: Eva Wise, Catholic Charities of Northwest Florida; Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Laurel Vermillion, Others of Destin; Denise Kendust, Fort Walton Beach Medical Center; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Susie Pierce, Others of Destin; Deb McDaniel, Opportunity Place

Welcome
- Sarah Yelverton welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- The group reviewed minutes from the April 4, 2018 meeting.
- The minutes were approved as written.

Action Updates
- Sarah shared that she spoke with Ted and the chamber executive committee about the Strengthening Families CHIP goals. She told the committee that Strengthening Families hopes to put together a team (i.e. builders, realty groups, etc.) that would be willing to review RFPs and wait until there’s an opportunity that is a good fit for the community.
- Sarah met with Alan Baggett of the Building Industry Association of Okaloosa and Walton Counties, Inc. He suggested changing the focus from “affordable housing” to “workforce housing” to gain more community buy-in. Sarah will share previous RFPs with Alan for review.
- Sarah shared that Hurlburt Arms Apartments, which was previously owned by MBI, has been purchased and is restructuring into luxury apartments. The complex will no longer accept HUD vouchers, leaving individuals in 50 units without a home. 12 of these units were held by individuals in Bridgeway’s permanent supportive housing program, which services those who are chronically homeless.
- Sarah was interviewed by the Northwest Florida Daily News about the Hurlburt Arms Apartments changes, and the issue of affordable housing in the area. She gave information about the Strengthening Families group in the interview.
- Henry Fair suggested developing a tiny house community to address the issue.
- Henry and Ann Sprague shared details about a tiny house village in Austin, TX that was developing for low resource individuals.
MINUTES

- Sarah shared that she has spoken to local city managers about building a complex at the One Hopeful Place campus; however, she was informed that it is very difficult to obtain licensing and approval to do so. In addition, to accept HUD vouchers, the properties must meet certain requirements (i.e. full-size kitchens) that aren't conducive to tiny house buildings.
- The group agreed that scattered sites are key, due to their increased profits and community integration successes.
- Sarah shared a mockup of the Housing Inventory Survey to be completed by interns. The following changes were suggested by the group:
  - Add definitions for industry terms (i.e. scattered site, AMI)
  - Add a question about the housing application process
  - Change the “Please indicate the funding source…” to “Are you funding through HUD, SHIP, etc.”
  - Add examples of responses (i.e. “Populations served – 60 years old and older, veterans only, etc.)
  - Remove the “Target Population” question
- Sydney Harper shared that she contacted the University of West Florida (UWF)’s Public Health Department for internship information. UWF requests a write up on the potential intern’s duties and work timeline before approval. Sydney will use the Housing Inventory Survey sheet to develop the intern work plan.
- Sarah requested that Ted assist us in setting up a lunch and learn with realty groups/landlords. Sarah’s vision is that Strengthening Families would educate them on HUD vouchers and the process for accepting them. Landlords who currently accept vouchers would be invited to speak to them about the positives of accepting vouchers and encourage them to join to increase housing availability.
- Tracey Williams suggested holding a meeting with the Emerald Coast Association of Realtors and other realty associations to request that additional housing information (i.e. acceptance of HUD vouchers) be added to the MLS forms. This would allow service providers to easily search for available housing sites without contacting them individually. This could be used as a community model across the state and nation.
- Sydney shared that group members should hold the week of July 23rd, 2018 for a potential on-site visit with the Florida Housing Coalition. The date will not be confirmed until they confirm funding for technical assistance in their next fiscal year. She will continue to follow-up on the date.

Partner Updates

- Tracey shared that she now serves as the Executive Director of the United Methodist Children’s Home Northwest Florida Ministries.
- Sarah shared that the Homelessness and Housing Alliance has moved to a new location. The new location is the teal house next to Bank of America in Fort Walton Beach, FL.
- Sarah shared that the Homelessness and Housing Alliance is currently
- Ann shared that members of the Crestview Area Shelter for the Homeless board are visiting a tiny house village in Austin, TX to learn more about their work.
- Carrie Ziegler shared that Dan Cobbs is retiring from Bridgeway, Inc. and will be replaced by Bonnie Barlow.
- Sarah shared that Rachel Gillis is retiring from COPE, but a replacement has not been selected yet.
Community Health Improvement in Okaloosa County  
Strengthening Families Meeting  
Fresh Start Offices, Ft. Walton Beach  
May 17, 2018  2:00 PM – 3:30 PM

MINUTES

- Tracey shared that Fresh Start has not yet chosen a new Executive Director.

Next Meeting

- The next meeting date/time TBD via Doodle Poll.

Follow-up Actions

- Assignments were reviewed and recorded in an action roster:

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share prospective internship request from the University of West Florida Registered Nursing students when available</td>
<td>Eva</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Visit <a href="http://floridahousing.org">floridahousing.org</a> and other sources to learn more about affordable housing funding opportunities</td>
<td>All</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Contact builders who previously worked on the Arc’s group home project to gauge interest in future opportunities</td>
<td>Erin</td>
<td>5/30/2018</td>
</tr>
<tr>
<td>Hold technical assistance meeting with business leaders and Florida Housing</td>
<td>All</td>
<td>7/2018</td>
</tr>
<tr>
<td>Create a list of individuals and organizations who should be invited to the main technical assistance call</td>
<td>All</td>
<td>Next meeting, TBD</td>
</tr>
<tr>
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<td>8/1/2018</td>
</tr>
<tr>
<td>Determine how many HUD vouchers have gone unfilled</td>
<td>Sarah</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>Schedule a meeting with HUD representatives to learn about inspection process</td>
<td>All</td>
<td>7/2/2018</td>
</tr>
<tr>
<td>Share the Housing Inventory Survey document with the group</td>
<td>Sarah</td>
<td>6/1/2018</td>
</tr>
<tr>
<td>Write intern project action items, goals, and time frame for submission to UWF</td>
<td>Sydney</td>
<td>6/10/2018</td>
</tr>
<tr>
<td>Edit the Housing Inventory Survey document with the changes suggested during the 5/17/2018 meeting</td>
<td>Sydney</td>
<td>6/10/2018</td>
</tr>
<tr>
<td>Use the Housing Inventory Survey to develop an Excel sheet for data entry</td>
<td>Tracey</td>
<td>6/20/2018</td>
</tr>
<tr>
<td>Share details of visit with Austin, TX Tiny House Community with group</td>
<td>Ann</td>
<td>TBD</td>
</tr>
<tr>
<td>Share RFPs with Alan Baggett for review</td>
<td>Sarah</td>
<td>6/15/2018</td>
</tr>
</tbody>
</table>

Meeting Evaluation

- Participants filled out meeting evaluation forms.

Adjourn

- Meeting adjourned at 3:40 p.m.
Please complete a separate Housing Assessment survey for each applicable project, regardless of the funding source.

Agency/Project Information
Please be sure to complete all the information based on one individual project at your agency.
Please complete a separate survey for each project within your agency.

1. Agency Name *

2. Primary Contact Information *
First Name________________________ Last Name________________________
Title____________________________

Email Address________________________
Phone Number________________________
Site address if site-based: __________________________

- Site-based – single site
- Site-based – clustered / multiple sites
- Scattered site

For Scattered Sites: Please indicate zip codes for all sites
For Single site: please indicate full address including zip code *

☐ Scattered Sites (enter zip codes):

☐ Project Address :

☐ Domestic Violence - Address Confidential

What's your application process?
Number of units considered affordable, subsidized, or workforce housing______________________________

Do you accept any HUD Vouchers YES/NO__________________________________________?

If so what types of vouchers do you accept__________________________________________?

Are you willing to work with not-for-profit agencies that provide housing assistance? YES/NO

If so what type of programs/clientele are you willing to accept?

____________________________________________________________________________________

Geographic location if scattered site____________________________________________________

Income requirements (i.e. 30% under AMI) at median income

Populatin served (i.e. households with children)_________________________________________

Disqualifiers (i.e. felonies or evictions)_________________________________________________

Other requirements for eligibility (i.e. lived in county for 60 days)________________________

Is there a credit check or application fee YES/NO, if yes amount____________________________

What credit score is needed?___________________________________________________________

Do you have a waiting list YES/NO if yes what is current list?_______________________________

What is rent for 1 bedroom?____________________________________________________________

What is rent for 2 bedroom?____________________________________________________________

What is rent for 3 bedroom?____________________________________________________________

Do the above amounts include a subsidy?

Please indicate the funding source for this project.

Please indicate all funding sources for this project.*

[ ] Emergency Solutions Grant Program (ESG)

[ ] Continuum of Care Program (CoC)

[ ] Shelter Plus Care Program (S+C)

[ ] Section 8 Moderate Rehabilitation Single-Room Occupancy Program (SRO), including grants formerly funded under McKinney-Vento but renewed under Section 8

[ ] HUD Housing Opportunities for Persons with AIDS (HOPWA)

[ ] Department of Veterans Affairs (VA)

[ ] Supportive Housing Program (SHP)

Are you funded through HUD, SHP, etc.
Homelessness & Housing Alliance of Okaloosa and Walton Counties
2017 Housing Inventory Count Survey

☐ State Housing Initiative Program
☐ Neighborhood Stabilization Program
☐ HUD-VA Supportive Housing (HUD-VASH)
☐ Supportive Services for Veteran Families Program (SSVF)
☐ VA Grant Per Diem Program (GPD)
☐ VA Health Care for Homeless Veterans (HCHV)
☐ VA Domiciliary Care of Homeless Veterans (VADOM)
☐ VA Compensated Work Therapy-Transitional Residence (CWT/TR)
☐ Private Funding
☐ HHS RHY Basic Center Programs (BCP)
☐ HHS RHY Transitional Living Program (TLP)
☐ HHS RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)
☐ HUD Public and Indian Housing (PIH) Programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons
☐ Other: ____________________________

The following section is designed to identify projects who have target populations and subpopulations. In order for projects to select the target and subpopulation, they must meet the following requirements:

1. The project intends to serve that specific population
2. At least three fourths (75%) of the clients served by the project fit the target group descriptor.

Only one descriptor can be selected for the Target and Subpopulation per project. Projects can also select to not have a target population or subpopulation.

Target Population
☐ SM: Single Males 18 years old and over
☐ SF: Single Females 18 years old and over
☐ SMF: Single Males and Females 18 years old and over
☐ CO: Couples Only, No Children
☐ HC: Households with Children
☐ SMHC: Single Males 18 years old and over and Households with Children
☐ SFHC: Single Females 18 years old and over and Households with Children
☐ SMF+HC: Single Males and Females 18 years old and over plus Households with Children
☐ YM: Youth Males under 25 years old
☐ YF: Youth Females under 25 years old
   ☐ YMFE: Youth Males and Females under 25 years old
   ☐ N/A: Not Applicable - Project does not have a target population

Subpopulation
☐ Person with disability
☐ Elderly
☐ Homeless
☐ DV: Domestic violence victims
☐ HIV: Persons with HIV/AIDS
☐ N/A: Not Applicable - Project does not have a subpopulation
**Purpose:**
Engage the community on topics related to Strengthening Families through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Ford</td>
<td>Catholic Charities</td>
<td><a href="mailto:faith@occidental.org">faith@occidental.org</a></td>
<td>850-244-2825 X 1056</td>
</tr>
<tr>
<td>Ann Sprague</td>
<td>Cristian Acass Shelter for the Homeless</td>
<td>chuck and ann <a href="mailto:sprague@gmail.com">sprague@gmail.com</a></td>
<td>850-826-1770</td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>DHT Okaloosa</td>
<td><a href="mailto:sydney.hayner@health.gov">sydney.hayner@health.gov</a> 850-344-0662</td>
<td>850-344-0662</td>
</tr>
<tr>
<td>Tracey Williams</td>
<td>UMCH</td>
<td><a href="mailto:tracey.williams@umch.net">tracey.williams@umch.net</a> (850)240-6234</td>
<td></td>
</tr>
<tr>
<td>Sarah Yeuton</td>
<td>HHA</td>
<td><a href="mailto:Sarah@hhalliance.org">Sarah@hhalliance.org</a> 850-830-8208</td>
<td></td>
</tr>
</tbody>
</table>
Purpose: Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

Welcome
   Introductions
   Overview of Agenda

Review of Previous Minutes

CHIP Group Progress
   Overview of CHIP group progress

Action Item Updates

Partner Updates

Next Steps
   Confirm Next Meeting Date/Time

Meeting Evaluation
   Please complete the Community Engagement Survey
MINUTES

Purpose: Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

Present: Sarah Yelverton, Homelessness and Housing Alliance (HHA); Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Sarah Reece, Catholic Charities of Northwest Florida; Deborah Lord, Catholic Charities of Northwest Florida; Susie Pierce, Others of Destin; Michelle Milligan, Opportunity Place, Inc. Adrienne McCardle, HHA

Absent: Eva Wise, Catholic Charities of Northwest Florida; Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Laurel Vermillion, Others of Destin; Denise Kendust, Fort Walton Beach Medical Center; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Deb McDaniel, Opportunity Place; Tracey Williams, United Methodist Children’s Home Northwest Florida Ministries; Ann Sprague, Crestview Area Shelter for the Homeless

Welcome
- Sarah Yelverton welcomed attendees and participants introduced themselves.
- All in attendance were asked to sign-in.

Review of Previous Minutes
- The group reviewed minutes from the May 17, 2018 meeting.
- The minutes were approved as written.

CHIP Group Progress
- Sarah provided an overview of CHIP group progress for the new attendees.
- Sarah shared that she spoke with Ted and the chamber executive committee about the Strengthening Families CHIP goals. She told the committee that Strengthening Families hopes to put together a team (i.e. builders, realty groups, etc.) that would be willing to review RFPs and wait until there’s an opportunity that is a good fit for the community.
- Sarah met with Alan Baggett of the Building Industry Association of Okaloosa and Walton Counties, Inc. He suggested changing the focus from “affordable housing” to “workforce housing” to gain more community buy-in. Sarah will share previous RFPs with Alan for review.
- Sarah shared that Hurlburt Arms Apartments, which was previously owned by MBI, has been purchased and is restructuring into luxury apartments. The complex will no longer accept HUD vouchers, leaving individuals in 50 units without a home. 12 of these units were held by individuals in Bridgeway’s permanent supportive housing program, which services those who are chronically homeless.
- Sarah requested that Ted assist us in setting up a lunch and learn with realty groups/landlords. Sarah’s vision is that Strengthening Families would educate them on HUD vouchers and the process for accepting them. Landlords who currently accept vouchers would be invited to speak to them about the positives of accepting vouchers and encourage
MINUTES

them to join to increase housing availability. She will follow up with Ted to select a date for the lunch and learn event.

- Tracey Williams suggested holding a meeting with the Emerald Coast Association of Realtors and other realty associations to request that additional housing information (i.e. acceptance of HUD vouchers) be added to the MLS forms. This would allow service providers to easily search for available housing sites without contacting them individually. This could be used as a community model across the state and nation.

- Michelle Milligan suggested inviting homeless individuals to speak to the realtors and builders to give a more realistic picture of what they face.

Action Updates

- Sydney Harper shared that the on-site visit with the Florida Housing Coalition dates have been changed to August 2018. The final date will be announced soon.

- Sarah shared that she would reserve a room at Career Source for the training after the date in confirmed.

- Sydney shared the “Housing Inventory Survey” and “Housing Inventory Internship Description” documents with attendees. She asked attendees to review the forms and share any suggested changes via email by June 27, 2018.

- Sarah suggested removing the “Funding Source(s)” question.

- Michelle shared that she would assist with the Housing Assessment Survey visits and/or phone calls.

- Sarah shared that she is continues to work on obtaining the number of unfilled HUD vouchers and setting up a meeting with HUD to discuss their housing review processes.

- Sarah shared that Elliot Kemper leads an Affordable Housing Committee that she is attempting to join.

Partner Updates

- Michelle shared that there is a pastor working with Opportunity Place to locate jobs for their residents. She will share information about the pastor after they have tested the program.

- Sarah shared that the ISP group is assessing homelessness in Crestview, Florida. The city wanted recommendations for how to address homelessness; however, Sarah isn’t sure what direction they hope to take.

- Sarah shared that HHA will no longer receive Challenge Grant funding beginning June 30, 2018. In 2017, HHA receive $240,000 through the grant and served 40 households with a total of 368 people.

Next Meeting

- The next meeting date/time TBD.

Follow-up Actions

- Assignments were reviewed and recorded in an action roster:

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share prospective internship request from the University of West Florida Registered Nursing students when available</td>
<td>Eva</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
## MINUTES

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit <a href="http://floridahousing.org">floridahousing.org</a> and other sources to learn more about affordable housing funding opportunities</td>
<td>All</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Contact builders who previously worked on the Arc’s group home project to gauge interest in future opportunities</td>
<td>Erin</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>Hold technical assistance meeting with business leaders and Florida Housing Coalition</td>
<td>All</td>
<td>8/2018</td>
</tr>
<tr>
<td>Confirm final date for Florida Housing Coalition on-site visit</td>
<td>Sydney</td>
<td>8/2018</td>
</tr>
<tr>
<td>Reserve room at Career Source for the on-site visit with the Florida Housing Coalition</td>
<td>Sarah</td>
<td>8/2018</td>
</tr>
<tr>
<td>Create a list of individuals and organizations who should be invited to the main technical assistance call</td>
<td>All</td>
<td>Next meeting, TBD</td>
</tr>
<tr>
<td>Invite contacts to the main technical assistance call with Florida Housing</td>
<td>All</td>
<td>8/1/2018</td>
</tr>
<tr>
<td>Determine how many HUD vouchers have gone unfilled</td>
<td>Sarah</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>Schedule a meeting with HUD representatives to learn about inspection process</td>
<td>All</td>
<td>7/2/2018</td>
</tr>
<tr>
<td>Review intern project action items, goals, and time frame for submission to UWF and send any suggested changes to Sydney</td>
<td>All</td>
<td>6/27/2018</td>
</tr>
<tr>
<td>Review the Housing Inventory Survey document and send any suggested changes to Sydney</td>
<td>All</td>
<td>6/27/2018</td>
</tr>
<tr>
<td>Schedule a lunch and learn in collaboration with the Fort Walton Beach Chamber of Commerce</td>
<td>Sarah</td>
<td>8/1/2018</td>
</tr>
<tr>
<td>Use the Housing Inventory Survey to develop an Excel sheet for data entry</td>
<td>Tracey</td>
<td>7/15/2018</td>
</tr>
<tr>
<td>Share details of visit with Austin, TX Tiny House Community with group</td>
<td>Ann</td>
<td>TBD</td>
</tr>
<tr>
<td>Share RFPs with Alan Baggett for review</td>
<td>Sarah</td>
<td>6/25/2018</td>
</tr>
</tbody>
</table>

### Meeting Evaluation
- Participants filled out meeting evaluation forms.

### Adjourn
- Meeting adjourned at 2:50 p.m.
**Florida Department of Health in Okaloosa County**  
**Strengthening Families – Community Action Planning Team Meeting**  
DOH-Okaloosa, Fort Walton Beach Location, Room 306  
June 14, 2018 1:30PM-3:00PM

**Sign In Sheet**

**Purpose:**  
Engage the community on topics related to Strengthening Families through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:sydney.humphre@flhealth.gov">sydney.humphre@flhealth.gov</a></td>
<td>850-244-2825</td>
</tr>
<tr>
<td>Deborah Lord</td>
<td>Catholic Charities</td>
<td><a href="mailto:lordd@ceapatdiocese.org">lordd@ceapatdiocese.org</a></td>
<td>850-244-2825</td>
</tr>
<tr>
<td>Sarah M. Reese</td>
<td>Catholic Charities</td>
<td><a href="mailto:reeces@cc.ptdiocese.org">reeces@cc.ptdiocese.org</a></td>
<td>(850)244-2825 x 2</td>
</tr>
<tr>
<td>Michelle Milliron</td>
<td>Opportunity Alliance</td>
<td><a href="mailto:michelle@opportunityalliance.org">michelle@opportunityalliance.org</a></td>
<td>(850)244-2825 x 2</td>
</tr>
<tr>
<td>Adrienne McCullar</td>
<td>HHA</td>
<td><a href="mailto:adrienne@hhalliance.org">adrienne@hhalliance.org</a></td>
<td>(850)382-7932</td>
</tr>
<tr>
<td>Sarah Yehwarter</td>
<td>HHA</td>
<td><a href="mailto:sarah@hhalliance.org">sarah@hhalliance.org</a></td>
<td>850-382-7429</td>
</tr>
<tr>
<td>Carrie Ziegler</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:carolyn.ziegler@flhealth.gov">carolyn.ziegler@flhealth.gov</a></td>
<td></td>
</tr>
</tbody>
</table>
Purpose: Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

Welcome
- Introductions
- Overview of Agenda

Review of Previous Minutes

Action Item Updates
- Progress on Housing Inventory Story (Michelle Milligan)

Next Steps
- Confirm Next Meeting Date/Time

Meeting Evaluation
- Please complete the Community Engagement Survey
**Purpose:** Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

**Present:** Sarah Yelverton, Homelessness and Housing Alliance (HHA); Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa; Michelle Milligan, Opportunity Place, Inc.; Eva Wise, Catholic Charities of Northwest Florida; Ann Sprague, Crestview Area Shelter for the Homeless

**Absent:** Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Laurel Vermillion, Others of Destin; Denise Kendust, Fort Walton Beach Medical Center; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Deb McDaniel, Opportunity Place; Tracey Williams, United Methodist Children’s Home Northwest Florida Ministries; Sarah Reece, Catholic Charities of Northwest Florida; Deborah Lord, Catholic Charities of Northwest Florida; Susie Pierce, Others of Destin; Adrienne McCardle, HHA

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**Welcome**
- Sarah Yelverton welcomed attendees and participants introduced themselves.
- All in attendance were asked to sign-in.

**Review of Previous Minutes**
- The group reviewed minutes from the June 14, 2018 meeting.
- No changes were made to the minutes.

**Action Updates**
- Sydney Harper shared that the on-site visit with the Florida Housing Coalition is scheduled for August 21, 2018 from 1:00 p.m. – 5:00 p.m. Sarah shared that the visit will be held in Career Source’s Fort Walton Beach Office.
- A discussion took place on who to invite to the Florida Housing Coalition visit. Group members were encouraged to make a list of the people they suggest inviting and send to Sydney by July 26, 2018. The list should include both the individual’s physical and email address, if possible. Sydney will compile the list and send to Sarah on July 27, 2018 for distribution.
- Michelle Milligan shared information on her progress with the Housing Inventory Survey. She tested the Housing Inventory Survey Form by making three calls with local housing sites. Based on her experience, the following edits were suggested:
  - Add a “If not, why” sub-question under “Do you accept HUD vouchers?”
  - Remove the “Subpopulation(s) Served” question on the survey.
  - Remove the “Population Served” question on the survey.
- Eva Wise shared that Catholic Charities has daily volunteers who can make calls to housing sites and complete the surveys.
- Sarah shared that she met with Elliot Kampert, Abra McGill, and Ted Corcoran. Elliot leads an [Affordable Housing Advisory Committee](#) that she hopes to join. She requested to be added to the committee via letter, but has not received any response to date. The committee makes
MINUTES

decisions on administering SHIP funds. These funds can be used for various projects and
Sarah has requested to receive additional details. Any SHIP funds that are given out must be
connected to the Okaloosa County Local Housing Assistance Plan (LHAP).

- The next Affordable Housing Advisory Committee meeting will be held on October 4, 2018 at
  10:30 a.m. at the Okaloosa County Administrative Complex (1250 Eglin Parkway N, 1st Floor
  Training Room, Shalimar, FL).
- Sarah shared information about an unfinished housing site in Fort Walton Beach. The SHIP
  funds distributed by the Affordable Housing Advisory Committee could potentially be used to
  complete this project.
- Sarah shared information about HUD Rural Development funds that may be used for projects
  in rural areas of the county (i.e. Baker).
- The group discussed the need to hold a meeting with the HUD offices in the future to discuss
  issues with the HUD inspection process.

Partner Updates

- Michelle shared that there is a pastor working with Opportunity Place to locate jobs for their
  residents. She will share information about the pastor after they have tested the program.
- Sarah shared that HHA will have their Challenge Grant funding reinstated beginning in
  October 2018. The funding amount has not yet been determined. However, Sarah plans to
  hire a Housing Navigator with the funds to maintain the Housing Inventory listing.

Next Meeting

- No August meeting will be held, due to the on-site technical assistance visit with the Florida
  Housing Coalition.

Follow-up Actions

- Assignments were reviewed and recorded in an action roster:

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share prospective internship request from the University of West Florida Registered Nursing students when available</td>
<td>Eva</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Visit floridahousing.org and other sources to learn more about affordable housing funding opportunities</td>
<td>All</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Hold technical assistance meeting with business leaders and Florida Housing Coalition</td>
<td>All</td>
<td>8/21/2018</td>
</tr>
<tr>
<td>Create a list of individuals and organizations who should be invited to the on-site visit with the Florida Housing Coalition and email to Sydney at <a href="mailto:Sydney.Harper@flhealth.gov">Sydney.Harper@flhealth.gov</a></td>
<td>All</td>
<td>7/26/2018</td>
</tr>
<tr>
<td>Invite contacts to the on-site visit with the Florida Housing Coalition</td>
<td>Sarah</td>
<td>7/31/2018</td>
</tr>
<tr>
<td>Determine how many HUD vouchers have gone unfilled</td>
<td>Sarah</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>Schedule a meeting with HUD representatives to learn about inspection process</td>
<td>All</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>Update the Housing Inventory Survey document with changes from the July 19, 2018 meeting</td>
<td>Sydney</td>
<td>7/20/2018</td>
</tr>
<tr>
<td>Create a Google email account for the group</td>
<td>Sydney</td>
<td>7/20/2018</td>
</tr>
</tbody>
</table>
**Community Health Improvement in Okaloosa County**  
**Strengthening Families CHIP Team Meeting**  
**Florida Department of Health in Okaloosa County, FWB Office #306**  
**July 19, 2018   1:30 PM – 3:00 PM**

**MINUTES**

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a Google Drive file wherein the Housing Inventory Survey can be entered and shared with group members</td>
<td>Eva and Grace</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>Share housing site contact list with Catholic Charities</td>
<td>Sarah</td>
<td>7/26/2018</td>
</tr>
<tr>
<td>Contact local housing sites to complete the Housing Inventory Surveys</td>
<td>Catholic Charities Volunteers</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Schedule a lunch and learn in collaboration with the Fort Walton Beach Chamber of Commerce</td>
<td>Sarah</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>Use the Housing Inventory Survey to develop an Excel sheet for data entry</td>
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<td>Share details of visit with Austin, TX Tiny House Community with group</td>
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<td>TBD</td>
</tr>
<tr>
<td>Share RFPs with Alan Baggett for review</td>
<td>Sarah</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>Hold meetings with HUD offices in Okaloosa County to determine their requirements and processes</td>
<td>Eva and Grace</td>
<td>8/31/2018</td>
</tr>
<tr>
<td>Determine whether the HUD offices in Okaloosa County hold joint meetings and if the group can attend</td>
<td>Eva and Grace</td>
<td>8/31/2018</td>
</tr>
</tbody>
</table>

**Meeting Evaluation**
- Participants filled out meeting evaluation forms.

**Adjourn**
- Meeting adjourned at 3:00 p.m.
Homelessness & Housing Alliance
Housing Assessment Survey

The Housing Assessment Survey was developed by the Homelessness and Housing Alliance (HHA) of Okaloosa and Walton Counties in partnership with Okaloosa and Walton County community organizations. The survey allows providers to collect information about affordable housing options in Okaloosa and Walton counties to quickly connect clients to services.

Please complete a separate Housing Assessment Survey for each applicable project, regardless of the funding source. A separate form should be completed for each project within your agency.

<table>
<thead>
<tr>
<th>Agency/Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Name</strong></td>
</tr>
<tr>
<td><strong>Primary Contact Name</strong></td>
</tr>
<tr>
<td><strong>Primary Contact Title</strong></td>
</tr>
<tr>
<td><strong>Primary Contact Email Address</strong></td>
</tr>
<tr>
<td><strong>Primary Contact Phone Number</strong></td>
</tr>
<tr>
<td><strong>Site Address</strong> (If Site Based)</td>
</tr>
<tr>
<td><strong>Site Type</strong></td>
</tr>
<tr>
<td>□ Single Site*</td>
</tr>
</tbody>
</table>

*For single sites, please indicate full address including zip code: All in Crestview, within 3 miles from office

**For scattered sites, please indicate zip codes for all sites: 

<table>
<thead>
<tr>
<th>Project Physical Address</th>
<th>Sane</th>
</tr>
</thead>
</table>

□ Project is domestic violence-related, and therefore address is confidential.

How many of your units are considered affordable, subsidized, or workforce housing? 0
Homelessness & Housing Alliance
Housing Assessment Survey

Do you accept any HUD Vouchers? □ Yes* □ No
*If yes, what types of vouchers do you accept?
Conventional - NO HUD 10 series.

Would you work with non-profits that provide housing assistance? □ Yes* □ No
*If yes, what types of programs/clients are you willing to accept? (i.e. single mothers, veterans, disabled individuals) All

Project Income Requirements (i.e. 30% under AMI)
3X's Income + Amounts Verifiable Income

Population Served by Project (i.e. households with children)
All open.

Project Disqualifiers (i.e. felonies or evictions, credit score minimum)
All - Yes. Must not owe utilities

Other Project Eligibility Requirements (i.e. lived in county for 60 days)
To anyone - Elig

Is there a credit check fee and/or application fee? □ Yes* □ No
*If yes, indicate cost of credit check fee: $50 and/or application fee: $50

Do you have a waiting list? □ Yes* □ No
*If yes, what is the current wait list?

Rent Prices (multiple) See Attached
1 Bedroom __________ - 2 Bedroom __________ - 3 Bedroom __________

Do the rent prices listed above include a subsidy? □ Yes* □ No

Subpopulation(s) Served
□ Individuals with disabilities  □ Domestic violence victims
□ Elderly individuals  □ Individuals with HIV/AIDS
□ Homeless individuals  □ N/A Project does not have a
□ Domestic violence victims

- Must make 3X Income to apply
- Must have verified income
INNTOWN APARTMENTS – 14 UNITS
LOCATION: MAPOLES, CYPRESS & WILSON ST. 32536
1/1 (11) $500.00 PER MONTH 512 SQFT
2/1 (3) $525.00 PER MONTH 700 SQFT
Water, sewer, garbage, & pest control included

QUINTA VILLA TOWNHOMES – 32 UNITS
LOCATION: 125 w. 1ST AVENUE 32536
2/1.5 (30) $765.00 PER MONTH 900 SQFT
3/1.5 (2) $1010.00 PER MONTH 1200 SQFT
Water, sewer, garbage, & pest control included
Private coin laundry & a complex outdoor pool

RIDGECWOOD APARTMENTS – 32 UNITS
LOCATION: 336 – 398 HOSPITAL DRIVE 32539
2/2 (32) $715.00 OR $740.00 PER MONTH 820 SQFT
Water, sewer, & garbage in units 336 – 382
Pest control included in all units
All units have a washer/dryer connection

APLIN COURT APARTMENTS – 80 UNITS
LOCATION: SOUTHERN COURT, OFF APLIN ROAD 32539
1/1 (24) $665.00 PER MONTH 645 SQFT
2/1 (40) $690.00 PER MONTH 686 SQFT
3/2 (16) $815.00 PER MONTH 1200 SQFT
Garbage & pest control included
Coin laundry available

SECURITY DEPOSIT STARTS AT $250 AND CAN GO UP TO ONE MONTH’S RENT DEPENDING ON CREDIT
APPLICATION FEE $50.00 PER APPLICANT
$50.00 ADMINISTRATION FEE

795 North Wilson Street Crestview, FL 32536
(850) 682-6310 Phone (850) 683-8093 Fax

(Price and items that are included are subject to change without notice)
Homelessness & Housing Alliance
Housing Assessment Survey

The Housing Assessment Survey was developed by the Homelessness and Housing Alliance (HHA) of Okaloosa and Walton Counties in partnership with Okaloosa and Walton County community organizations. The survey allows providers to collect information about affordable housing options in Okaloosa and Walton counties to quickly connect clients to services.

Please complete a separate Housing Assessment Survey for each applicable project, regardless of the funding source. A separate form should be completed for each project within your agency.

<table>
<thead>
<tr>
<th>Agency/Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Name</strong></td>
</tr>
<tr>
<td>Will Rent to You</td>
</tr>
<tr>
<td><strong>Primary Contact Name</strong></td>
</tr>
<tr>
<td>Ken Williams</td>
</tr>
<tr>
<td><strong>Primary Contact Title</strong></td>
</tr>
<tr>
<td>Co - Owner</td>
</tr>
<tr>
<td><strong>Primary Contact Email Address</strong></td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td><strong>Primary Contact Phone Number</strong></td>
</tr>
<tr>
<td>(850) 259-1446</td>
</tr>
<tr>
<td><strong>Site Address (If Site Based)</strong></td>
</tr>
<tr>
<td>Uses P.O. Box for Rent Site</td>
</tr>
<tr>
<td><strong>Site Type</strong></td>
</tr>
<tr>
<td>☑ Single Site*</td>
</tr>
<tr>
<td>□ Clustered/Multiple Sites</td>
</tr>
<tr>
<td>□ Scattered Site**</td>
</tr>
<tr>
<td>□ N/A, non-site based</td>
</tr>
</tbody>
</table>

*For single sites, please indicate full address including zip code:

**For scattered sites, please indicate zip codes for all sites:

- Union St. - (48) Trailers
- Miracle Dr. - Many Esthen - (44) Trailers

**Project Physical Address**

□ Project is domestic violence-related, and therefore address is confidential.

**How many of your units are considered affordable, subsidized, or workforce housing?**

All of them
### Homelessness & Housing Alliance Housing Assessment Survey

**Do you accept any HUD Vouchers?**
- Yes* [ ] No [X]

*If yes, what types of vouchers do you accept?*

**Would you work with non-profits that provide housing assistance?**
- Yes* [X] No [ ]

*If yes, what types of programs/clients are you willing to accept? (i.e. single mothers, veterans, disabled individuals)*

Catholic Charities, others. - All types of clients

**Project Income Requirements** (i.e. 30% under AMI)

- [ ]

**Population Served by Project** (i.e. households with children)

- All

**Project Disqualifiers** (i.e. felonies or evictions, credit score minimum)

- No aggressive felonies

**Other Project Eligibility Requirements** (i.e. lived in county for 60 days)

- [ ]

**Is there a credit check fee and/or application fee?**
- Yes* [X] No [ ]

*If yes, indicate cost of credit check fee: [ ] and/or application fee: [ ]

**Do you have a waiting list?**
- Yes* [X] No [ ]

*If yes, what is the current waitlist?*

People in other trailers are 1st then waitlist

**Rent Prices**

<table>
<thead>
<tr>
<th>1 Bedroom</th>
<th>2 Bedroom</th>
<th>3 Bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] None</td>
<td>$500-600</td>
<td>$700-800</td>
</tr>
</tbody>
</table>

**Do the rent prices listed above include a subsidy?**
- Yes [ ] No* [X]

**Subpopulation(s) Served**

- [ ] Individuals with disabilities
- [ ] Elderly individuals
- [X] Homeless individuals
- [ ] Domestic violence victims
- [ ] Individuals with HIV/AIDS
- [ ] N/A* Project does not have a subpopulation
Homelessness & Housing Alliance
Housing Assessment Survey

The Housing Assessment Survey was developed by the Homelessness and Housing Alliance (HHA) of Okaloosa and Walton Counties in partnership with Okaloosa and Walton County community organizations. The survey allows providers to collect information about affordable housing options in Okaloosa and Walton counties to quickly connect clients to services.

Please complete a separate Housing Assessment Survey for each applicable project, regardless of the funding source. A separate form should be completed for each project within your agency.

<table>
<thead>
<tr>
<th>Agency/Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Name</strong></td>
</tr>
<tr>
<td>Pine Ridge - Shalimar LLC</td>
</tr>
<tr>
<td><strong>Primary Contact Name</strong></td>
</tr>
<tr>
<td>Karen</td>
</tr>
<tr>
<td><strong>Primary Contact Title</strong></td>
</tr>
<tr>
<td>Office Manager</td>
</tr>
<tr>
<td><strong>Primary Contact Email Address</strong></td>
</tr>
<tr>
<td><a href="mailto:ShalimarRentalOffice@gmail.com">ShalimarRentalOffice@gmail.com</a></td>
</tr>
<tr>
<td><strong>Primary Contact Phone Number</strong></td>
</tr>
<tr>
<td>(850) 651-8260</td>
</tr>
<tr>
<td><strong>Site Address (if Site Based)</strong></td>
</tr>
<tr>
<td>100 8th Ave. Shalimar, FL 32579</td>
</tr>
<tr>
<td><strong>Site Type</strong></td>
</tr>
<tr>
<td>☒ Single Site*</td>
</tr>
<tr>
<td>☐ Clustered/Multiple Sites</td>
</tr>
<tr>
<td>☐ Scattered Site**</td>
</tr>
<tr>
<td>☐ N/A, non-site based</td>
</tr>
</tbody>
</table>

*For single sites, please indicate full address including zip code:

6114 Apartments

**For scattered sites, please indicate zip codes for all sites:

Project Physical Address

☐ Project is domestic violence-related, and therefore address is confidential.

How many of your units are considered affordable, subsidized, or workforce housing?

not sure
Homelessness & Housing Alliance
Housing Assessment Survey

Do you accept any HUD Vouchers?  X Yes*  □ No  — Sect 8  
*If yes, what types of vouchers do you accept?  
(Section 8, goes case by case)

Would you work with non-profits that provide housing assistance?  X Yes*  □ No  
*If yes, what types of programs/clients are you willing to accept? (i.e. single mothers, veterans, disabled individuals)  
Any.

Project Income Requirements (i.e. 30% under AMI)

Population Served by Project (i.e. households with children)  
Any

Project Disqualifiers (i.e. felonies or evictions, credit score minimum)  
Will work w/ Eviction / Felonies (case by case)

Other Project Eligibility Requirements (i.e. lived in county for 60 days)  
If Sect 8 — No.  If not Sect 8 — Must show 30 day pay stub.

Is there a credit check fee and/or application fee?  □ Yes*  □ No  
*If yes, indicate cost of credit check fee:  
and/or application fee: $25

Do you have a waiting list?  X Yes*  □ No  
*If yes, what is the current wait list?

Rent Prices  
1 Bedroom $795  -  2 Bedroom $895  -  3 Bedroom $995 (4 bed) $1195

Do the rent prices listed above include a subsidy?  □ Yes  X No

Subpopulation(s) Served  
□ Individuals with disabilities  □ Domestic violence victims  
□ Elderly individuals  □ Individuals with HIV/AIDS  
□ Homeless individuals  □ N/A – Project does not have a  
      subpopulation
Purpose: Engage the community on topics related to Strengthening Families through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:sydney.harper@health.gov">sydney.harper@health.gov</a></td>
<td>850-344-0662</td>
</tr>
<tr>
<td>Ann Sprague</td>
<td>Crestview Area Shelter for the Homeless</td>
<td><a href="mailto:chuck.and.ann.sprague@gmail.com">chuck.and.ann.sprague@gmail.com</a></td>
<td>850-826-1770</td>
</tr>
<tr>
<td>Carrie Zeezer</td>
<td>DOH - Okaloosa</td>
<td>carolyne.zeез<a href="mailto:er@health.gov">er@health.gov</a></td>
<td>850-344-0669</td>
</tr>
<tr>
<td>Michelle Milligan</td>
<td>OPI</td>
<td><a href="mailto:michelle@opiflorida.org">michelle@opiflorida.org</a></td>
<td>850-300-4412</td>
</tr>
<tr>
<td>Grace Russell</td>
<td>Catholic Charities</td>
<td><a href="mailto:russellgc@catholiccharities.org">russellgc@catholiccharities.org</a></td>
<td>(850)241-2925</td>
</tr>
<tr>
<td>Eva Wise</td>
<td>CCNWFL</td>
<td><a href="mailto:wiseeez@ccnwfl.org">wiseeez@ccnwfl.org</a></td>
<td>776-0198</td>
</tr>
<tr>
<td>Sarah Yelverton</td>
<td>HHA</td>
<td>Sarah@hnullrnergy</td>
<td>850-830-8289</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Presenter</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00</td>
<td>Arrival and Sign-In</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>1:00 – 1:10</td>
<td>Welcome and Introductions</td>
<td>TBD – Okaloosa representative</td>
<td></td>
</tr>
<tr>
<td>1:10 – 1:30</td>
<td>• Brief overview of FHFC process</td>
<td>Ashon Nesbitt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Survey of projects in Okaloosa County successfully funded by FHFC in last 5 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30 – 2:00</td>
<td>• Description of Upcoming RFAs</td>
<td>Ashon Nesbitt</td>
<td></td>
</tr>
<tr>
<td>2:00 – 3:00</td>
<td>• RFAs Applicable to Okaloosa County</td>
<td>Ashon Nesbitt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Local and other sources of financing beyond FHFC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 – 3:10</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:10 – 4:30</td>
<td>• Two Project Scenarios (interactive session)</td>
<td>Ashon Nesbitt and All Attendees</td>
<td></td>
</tr>
</tbody>
</table>
MINUTES

**Purpose:** Engage the community on topics related to Strengthening Families through a training by the Florida Housing Coalition and an open two-way dialogue.

**Present:** Sarah Yelverton, Homelessness and Housing Alliance (HHA); Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Trisha Dall, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Michelle Milligan, Opportunity Place, Inc.; Eva Wise, Catholic Charities of Northwest Florida; Ann Sprague, Crestview Area Shelter for the Homeless (CASH); Joe Barley, CASH; Chris Snyder, CASH; Deb McDaniel, Opportunity Place, Inc.; Buddy Cotton, HHA; James Ward, HHA; Abra McGill, Okaloosa County; Chandler Robbins, RBG, Inc.; Tracie Moorer, Big Bend Community Based Care; K’yone Delevoe, Big Bend Community Based Care; Cindy Fowler, Fresh Start; Mary Wilson, Fresh Start; Sharron Stephens, Fresh Start; Gayle Fredenburgh, CASH; Aubrey Parks, CASH; Jamie Searle, Summit Bank; Debi Riley-Broadnax, Okaloosa County Head Start

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**Welcome**
- Sarah Yelverton welcomed attendees and all in attendance to sign-in.
- Sarah introduced Ashon Nesbitt, Florida Housing Coalition Technical Advisor.
- All attendees introduced themselves.

**Strategies for Affordable Housing Development Presentation**
- Ashon shared that the Florida Housing Finance Corporation’s Affordable Housing Catalyst Program sponsored the presentation.
- Ashon shared that the Florida Housing Coalition Statewide Annual Conference will be held on August 27-29, 2018 in Orlando, Florida. To register, visit [www.FLHousingConference.org](http://www.FLHousingConference.org).
- Ashon provided an overview of the request for application (RFA) process and timelines. In addition, he shared the expected funding amounts for 2018 (see attached Tentative Funding Amounts and Timelines document).
- Ashon shared tips for the RFA process, including the following:
  - Participate in the rulemaking process via public comments.
  - Participate in the RFA workshops (see attached Tentative Funding Amounts and Timelines document for workshop dates).
  - The same types of RFAs tend to be released at the same time each year, so begin developing your application in advance.
  - Study previously successful applications, in particular those in Okaloosa County. Click here to view previously successful applications for competitive multi-family programs.
- Ashon provided an overview of recent RFA successes within Okaloosa County. The sites include:
  - Katie Manor
  - Cowrie Rehab
  - Jet Court
  - Crestview Group Home
- Ashon shared a summary of the RFA opportunities that are available (see attached PowerPoint slideshow). He shared two strategies for increasing the chances of development:
  - Focus on developments that can receive non-competitive housing credits.
Community Health Improvement in Okaloosa County
Strengthening Families – Florida Housing Coalition Training
Career Source, 409 Racetrack Rd., NE, Fort Walton Beach, FL
August 21, 2018 1:00PM-5:00PM

MINUTES

- Build up non-profit partnerships with developers and apply for funding jointly.

- Ashon encouraged attendees to review and consider alternative funding sources, including:
  - Opportunity Zones
  - Florida Multifamily Mortgage Revenue Bonds
  - Florida Community Loan Fund
  - National Association for Latino Community Asset Builders – Florida Office
  - Federal Home Loan Bank – Affordable Housing Program

- Ashon encouraged attendees to use local-level funding. He shared the projected SHIP funding details for Okaloosa County and Fort Walton Beach, Florida (see attached Project SHIP document).

- Ashon shared two RFAs that he believes are the best fit for Okaloosa County (see attached PowerPoint slides for full list). These RFAs include:
  - RFA 2018-101 SAIL for Smaller Developments for Persons with Special Needs and Homeless Households
  - RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Ashon shared that the Florida Housing Finance Corporation has a Predevelopment Loan Program that gives a low-interest loan (1%), non-amortizing, for three years for up to $500,000. The loan program covers pre-development soft-costs (i.e., zoning, architect fees, environmental assessment). It also comes with technical assistance. An additional $250,000 can be loaned to acquire land.

Adjourn

- Meeting adjourned at 4:40 p.m.
Strategies for Affordable Housing Development in Okaloosa County

Opportunities for Funding Success

Presented by:

Aston Neal, Technical Advisor
(813) 476-4270
Neal@Housing.org

Our Thanks to the Florida Housing Catalyst Program

AFFORDABLE HOUSING CATALYST PROGRAM

Sponsored by the Florida Housing Finance Corporation

Catalyst Training Schedule

www.flhousing.org
Today's Agenda

Project Scenarios

Success:
- Skill for special needs and homelessness (5009-101)
- Short-term Community Strategy
- Long-term Community Strategy
- Summary of RFRs - Past and Present
- Recent RFA Success in Okra County
- Overview of PHC's RFA Process
Who's here?

FHFC's RFA Process
Timeline and Tips

History of FHFC Application Process
- Pre 2013: Universal Cycle
  - All funding through one application
  - Highly competitive
- 2013 to present: RFA process
  - Specialized/Targeted Funding
  - Benefits nonprofits
Applications

A Few Tips on the RFA Process

- RFP Board Approval of Recommendation
- Recommendations for Funding
- Applications Due and Reviewed
- RFA Released
- Workshop
- For each RFA
- Timelines for each RFA Released
- Preliminary description: amounts and
  Remaining Workshops

A Study of Previous Successes

- The same type of RFPs tend to be
- Participate in RFA workshops
- Public comments
- Participate in the implementation process via
Recent RFA Success

- Katie Manor (2013-001 – HC for Small/Med)
- Cowrie Rehab (2013-005 – Smaller Developments for Dev. Disabilities)
- Jet Court (2015-105 – Smaller Perm. Supportive Housing)
- Crestview Group Home (2016-107 – Smaller Perm. Supportive Housing)

Summary of RFAs

Where are the opportunities?
### 2016 RFAs

<table>
<thead>
<tr>
<th>RFA #</th>
<th>Funding Available</th>
<th>Funding Requested</th>
<th>Funding Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>110 – Housing Credit for Medium and Small Counties</td>
<td>$12,769,723</td>
<td>$193,712,573</td>
<td>$12,548,740</td>
</tr>
<tr>
<td>115 – SAIL for Smaller Permanent Supportive Housing Properties (4 to 30 units)</td>
<td>$18,100,000</td>
<td>$29,426,678</td>
<td>$9,118,789</td>
</tr>
<tr>
<td>116 – Housing Credit for Preservation of Existing Affordable Developments</td>
<td>$6,626,500</td>
<td>$20,505,212</td>
<td>$6,592,917</td>
</tr>
</tbody>
</table>

### 2017 RFAs

<table>
<thead>
<tr>
<th>RFA #</th>
<th>Funding Available</th>
<th>Funding Requested</th>
<th>Funding Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 – Financing for Smaller Permanent Supportive Housing Properties (up to 8 units)</td>
<td>$6,000,000</td>
<td>$4,336,000</td>
<td>$4,064,000</td>
</tr>
<tr>
<td>102 – Housing Credit for Revitalization Initiatives</td>
<td>$2,455,000</td>
<td>$14,653,387</td>
<td>$2,445,000</td>
</tr>
<tr>
<td>103 – Housing Credit and SAIL for Homeless</td>
<td>$6,075,000</td>
<td>$22,974,600</td>
<td>$16,900,000</td>
</tr>
</tbody>
</table>

### 2017 RFAs

<table>
<thead>
<tr>
<th>RFA #</th>
<th>Funding Available</th>
<th>Funding Requested</th>
<th>Funding Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>104 – SAIL for Farmworkers and Commercial Fishing Workers</td>
<td>$5,750,000</td>
<td>$2,286,000</td>
<td>$0</td>
</tr>
<tr>
<td>105 – HOME for Rural Rental Developments in Rural Areas</td>
<td>$15,000,000</td>
<td>$39,978,350</td>
<td>$12,086,300</td>
</tr>
<tr>
<td>106 – Financing for Smaller Permanent Supportive Housing Properties (up to 6 units)</td>
<td>$5,714,883</td>
<td>$4,554,000</td>
<td>$3,511,000</td>
</tr>
</tbody>
</table>
### 2018 RFAs

<table>
<thead>
<tr>
<th>RFA #</th>
<th>Funding Available</th>
<th>Funding Requested</th>
<th>Funding Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>104 – SAIL for Farmworkers and Commercial Fishing Workers</td>
<td>$6,500,000</td>
<td>$12,949,391</td>
<td>$6,500,000</td>
</tr>
<tr>
<td>105 – HOME for Rural Areas</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>106 – Financing for Smaller Permanent Supportive Housing Developments</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### 2018 RFAs

<table>
<thead>
<tr>
<th>RFA #</th>
<th>Funding Available</th>
<th>Funding Requested</th>
<th>Funding Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>108 – Housing for Persons with Disability or Developmental Disabilities</td>
<td>$2,495,000</td>
<td>$36,672,285</td>
<td>$4,583,000</td>
</tr>
<tr>
<td>109 – Development Viability Loan</td>
<td>Housing Credit/Grant Funding</td>
<td>$13,472,173</td>
<td>$15,817,067.30</td>
</tr>
<tr>
<td>110 – Housing Credit for Medium Counties</td>
<td>$14,397,104 (estimated)</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### 2018 RFAs

<table>
<thead>
<tr>
<th>RFA #</th>
<th>Funding Available</th>
<th>Funding Requested</th>
<th>Funding Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>114 – SAIL for Workforce Housing</td>
<td>$22,000,000 (estimated, including remaining funds from 2017)</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>116 – SAIL to be used with Tax-Exempt Bonds and Housing Credits</td>
<td>$19,467,000 SAIL-Elderly, Family; $51,500,000 SAIL-Needy; $10,442,914 HOME (estimated)</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>118 – CDBG to be used with Tax-Exempt Bonds and Housing Credits</td>
<td>$80,000,000 Disaster Recovery; $20,000,000 Land Acquisition</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Local Funding Sources and Incentives

- SHIP
- CDBG
- Continuum of Care
- Local Housing Finance Authority?
- Surplus Land
  - Ground Lease/Community Land Trust
- Community Redevelopment Agencies
- Infrastructure Surtax?
- Land Use Tools

Other Funding Sources

- State MMRB
- Federal Home Loan Bank – AHP
- CDFIs and Other Grant Sources
  - FOLF
  - NALCAB
  - HAC
- Opportunity Zones

Strategies to Consider

- Focus on developments that can receive non-competitive housing credits
  - Will require significant local commitment of land and funds
- Build up nonprofits
  - Partnerships among nonprofits where there is strength and experience
  - Partnership of local nonprofits with higher capacity developers
  - Opt to pursue smaller RFAs to build capacity
POINTS DURING ADVANCE REVIEW PROCESS (6)

- Complete Principal Disclosure Form
- Development needs to be 60% or above of current
- Do annual income January 1st
- Do annual income
- Developer experience
- Development experience
- Hours not to be
- Hours spent on description
- Hours spent on description
- Be sure to know the date and time
- Submission deadline

Needs and Homeless Households Development for Persons with Special
RFA 2018-015 SAIL for Smaller

RFA SAIL for Special Needs and Homeless and SAIL for

RFA SAIL for Special Needs and Homeless and SAIL for

More in-depth look at
RFA 2018-101 SAIL for Smaller Developments for Persons with Special Needs and Homeless Households

- **Location**
  - Know how the location affects
    - funding levels
    - minimum/maximum number of units
    - Income level set-asides
  - Funding chances (funding targets)
  - Single location v. scattered sites – must have site control for each site
  - Latitude/Longitude for each site (Google Earth)

- **Demographics and Required Set-Asides**
Department of Agriculture

- Develop new applications to support onboarding
- Evaluate eligibility
- Understand and use demographic means
- Be sure to know the date and time
- Submission deadlines

RFA 2018-04 SAIL for Farmworker

Special needs applicants (20 points)
- General support
- Access to community-based services and supports
- Where you reside
- Organizational experience (40 points)

Needs and Homelessness Households

RFA 2018-04 SAIL for Smaller
RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Developer Experience
  - Needs 2 affordable housing developments within last 20 years (since January 1, 1998)
  - At least 1 development needs to be at least 50% of size of current proposal
- COMPLETE PRINCIPAL DISCLOSURE FORM DURING ADVANCE REVIEW PROCESS (5 POINTS)
- General Management Company Experience
  - Needs 2 affordable housing developments
  - At least 1 development at 50% of size of current proposal for at least 2 years

RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Location
  - Know how the location affects
    - funding levels
    - minimum/maximum number of units
    - Income level set-asides
    - funding chances (funding targets)
  - Single location vs. scattered sites
  - Know requirements for scattered sites
  - Latitude/Longitude for each site (Google Earth)
  - Understand Farmworker Limited Development Areas (FLDA)
  - Demographics and Required Set-Asides

RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Units allowed
  - Know minimum/maximum number of units
  - Know minimum/maximum bedroom sizes
  - Understand "Shared Housing"
- Ability/Readiness to Proceed
  - Site Control – know what constitutes
  - Site Plan Approval
  - Zoning
  - Utilities/Infrastructure
0

Come with technical assistance
Rolling application period
(std. underwriting)
Can be used for property acquisition
Cover pre-development soft-costs
Three years
Low interest loan (2%)
Non-amortizing for
Program

RFA 2018-04 Sail for Farmer Worker

Comprehend fees and expenses
Understand how to calculate developer fees
Understand how to qualify other funding
Understand how to calculate max
Funding

Selected sites (e.g., Reserve Reshield Programs)
Based on demographic and soil condition analysis
Know requirements for grant regulations
Construction features and amenities

RFA 2018-04 Sail for Farmer Worker
Development Scenarios

Group Activity

The Nonprofit Capacity-Building Team

Our Vision: At least one active, viable community-based organization plays an important role in delivering affordable housing and related services in each community.

Meet the Team!

Gladys Cook  Ben Torosian  Ashon McDonald  Jaimee Ross
<table>
<thead>
<tr>
<th>Assigned RFA Number</th>
<th>Subject of RFA</th>
<th>2017/2018 Program Funding and Estimated Funding Amount Available</th>
<th>Notes</th>
<th>Board Approval for RFA</th>
<th>RFA Workshop</th>
<th>RFA Issue Date</th>
<th>RFA Due Date</th>
<th>Review Committee (make recommendations to Board)</th>
<th>Request Board Approval of Recommendations (at scheduled Board Meeting if dates are met)</th>
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<td>Financing to Build or Rehab: Smaller Permanent Supportive Housing Properties for Persons with Developmental Disabilities</td>
<td>$6,000,000.00 (D) Grant (estimated) $3,300,000.00 (D) Grant remaining from 2017</td>
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<td>Housing Credit Financing for Affordable Housing Developments Located in Miami-Dade County</td>
<td>$514,951,104 9% HC (estimated)</td>
<td>*Withdrawal Inactive (point item only) *Goal to fund 3 Non-Profit Development *Goal to fund one Elderly AH Development *ER Set Aside Requirements for all Applicants **A portion of the total units must be set aside as ER Set-Aside Units **A portion of the required ER Set-Aside units must be set aside for Persons with Special Needs *Goal to fund 2 developments that qualify for Local Government Area of Opportunity *Goal to fund 2 developments located in a Geographic Area of Opportunity **Each Local Government jurisdiction limited to one application **Applications that qualify will automatically qualify for RCAP, Mandatory Distance and Proximity Funding Preferences, but must meet minimum Transit-Friendly requirements</td>
<td>7/21/2018 8/14 @ 2:00 p.m.</td>
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<td>Housing Credit Financing for Affordable Housing Developments Located in Broward, Dade, Hillsborough, Orange, Palm Beach, and Pinellas Counties</td>
<td>$8,891,821 9% HC (estimated)</td>
<td>*Withdrawal Inactive (point item only) *Goal to fund 3 Non-Profit Development *ER Set Aside Requirements for all Applicants **A portion of the total units must be set aside as ER Set-Aside Units **A portion of the required ER Set-Aside units must be set aside for Persons with Special Needs *Goal to fund one development located in a TBD *Goal to fund one development located in a Geographic Area of Opportunity</td>
<td>7/21/2018 8/14 @ 2:00 p.m.</td>
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<td>Review Committee (make recommendations to Board)</td>
<td>Request Board Approval of Recommendations (at scheduled Board Meeting - all dates are tentative)</td>
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<td>Housing Credit Financing to Provide Affordable Multifamily Rental Housing that is a Part of Local Revitalization Initiatives</td>
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<td>Housing Credit and SAIL Financing to Develop Housing for Homeless Persons</td>
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Projected SHIP based on most recent Conference information (Less: $5 million DR holdback, Monitoring, & Catalyst funding)

TOTAL 38,838,875  38,838,875
DR Holdback & Compliance Monitoring 5,111,125
Catalyst 500,000
Total estimated appropriation $44,450,000
Today's Agenda

- Project Scenarios
- Still for Special Needs and Homeless (J.L.2014)
- Success Stories: A tale of RFA with high chances of
  Long Term Community Stabilization
- Opportunities: Summary of RFA - Past and Present
- Recent RFA Success in Clark County
- Overview of PHC's RFA Process
Who's here?

FHFC's RFA Process
Timeline and Tips

History of FHFC Application Process
• Pre 2013: Universal Cycle
  • All funding through one application
  • Highly competitive
• 2013 to present: RFA process
  • Specialized/Targeted Funding
  • Benefits nonprofits
Recent RFA Success

- Katie Manor (2013-001 - HC for Small/Med)
- Cowrie Rehab (2013-005 - Smaller Developments for Dev. Disabilities)
- Jet Court (2015-105 - Smaller Perm. Supportive Housing)
- Crestview Group Home (2016-107 - Smaller Perm. Supportive Housing)

Summary of RFAs
Where are the opportunities?
Local Funding Sources and Incentives

- SHIP
- CDBG
- Continuum of Care
- Local Housing Finance Authority?
- Surplus Land
  - Ground Lease/Community Land Trust
- Community Redevelopment Agencies
- Infrastructure Surtax?
- Land Use Tools

Other Funding Sources

- State MMRB
- Federal Home Loan Bank – AHP
- CDFIs and Other Grant Sources
  - FOLF
  - NALCAB
  - HAC
- Opportunity Zones

Strategies to Consider

- Focus on developments that can receive non-competitive housing credits
  - Will require significant local commitment of land and funds
- Build up nonprofits
  - Partnerships among nonprofits where there is strength and experience
  - Partnership of local nonprofits with higher capacity developers
  - OK to pursue smaller RFAs to build capacity
RFA 2018-101 SAIL for Smaller Developments for Persons with Special Needs and Homeless Households

• Location
  • Know how the location affects
    • funding levels
    • minimum/maximum number of units
    • Income level set-asides
    • funding chances (funding targets)
  • Single location vs. scattered sites – must have site control for each site
  • Latitude/Longitude for each site (Google Earth)

• Demographics and Required Set-Asides

RFA 2018-101 SAIL for Smaller Developments for Persons with Special Needs and Homeless Households

• Types of units allowed
  • Know minimum/maximum bedroom sizes
  • Know the required unit mix (i.e. minimum number of 1-Bedroom units required)

• Ability/Readiness to Proceed
  • Site Control – know what constitutes
  • Site Plan Approval
  • Zoning
  • Utilities/Infrastructure

RFA 2018-101 SAIL for Smaller Developments for Persons with Special Needs and Homeless Households

• Construction features and amenities
  • Know accessibility requirements based on demographics

• Required Resident Programs

• Funding and Pro Forma
  • Understand how to calculate max
  • Understand how to qualify other funding
  • Understand how to calculate developer fees and reserves
RFA 2018-004 SAIL for Farmworker

Special needs applicable (60 points)

- General Sources
- Special to Demographic
- Resource (65 points)
- Access to Community-Based Services and Support
- Other (please specify)

For the above, rate in the section this is

Needs and Homeless Households

Developments for Persons with Special

RFA 2018-004 SAIL for Smaller...
RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Developer Experience
  - Needs 2 affordable housing developments within last 20 years (since January 1, 1998)
  - At least 1 development needs to be at least 50% of size of current proposal
- COMPLETE PRINCIPAL DISCLOSURE FORM DURING ADVANCE REVIEW PROCESS (5 POINTS)
- General Management Company Experience
  - Needs 2 affordable housing developments
  - At least 1 development at 50% of size of current proposal for at least 2 years

RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Location
  - Know how the location affects
  - funding levels
  - minimum/maximum number of units
  - Income level set-asides
  - funding incentives (funding targets)
  - Single location v. scattered sites
  - Know requirements for scattered sites
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- Understand Farmworker Limited Development Areas (FLDA)
- Demographics and Required Set-Asides

RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Units allowed
  - Know minimum/maximum number of units
  - Minimum/maximum bedroom sizes
  - Understand "Shared Housing"
- Ability/Readiness to Proceed
  - Site Control – know what constitutes
  - Site Plan Approval
  - Zoning
  - Utilities/Infrastructure
The Predevelopment Loan Program

- Low interest loan (3%), non-amortizing for three years
- Covers pre-development soft costs
- Rolling application period
- Comes with technical assistance

RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- For the big points: Narrative Section (this is where you shine)
- Operating/Managing Experience (20 Points)
- Outreach/market referral (30 Points)
- Access to Undeveloped and Unsalted Programs (30 Points)

RFA 2018-104 SAIL for Farmworker and Commercial Fishing Worker

- Construction features and amenities
- Know requirements for general features and amenities (e.g., accessibility, parking, etc.)
- Understand funding and PITI requirements
- Understand how to calculate developer fees and reserves
Development Scenarios

Group Activity

The Nonprofit Capacity-Building Team

Our Vision: At least one active, viable community-based organization plays an important role in delivering affordable housing and related services in each community.

Meet the Team!

Gladys Cook  Ben Tondra-Spencer  Ashton Newsale  Jamie Rose
AGENDA

**Purpose:** Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

- **Welcome**
  - Introductions
  - Overview of Agenda

- **Review of Previous Minutes**

- **Action Item Updates**

- **Next Steps**
  - Confirm Next Meeting Date/Time

- **Meeting Evaluation**
  - Please complete the Community Engagement Survey
MINUTES

Purpose: Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

Present: Sarah Yelverton, Homelessness and Housing Alliance (HHA); Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Trisha Dall, DOH-Okaloosa; Jennifer Pittman, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Susie Pierce, Others of Destin; Michelle Milligan, Opportunity Place, Inc.; Tawni Ball, Opportunity Place, Inc.; Ann Sprague, Crestview Area Shelter for the Homeless; Tracey Williams, United Methodist Children’s Home Northwest Florida Ministries

Absent: Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Laurel Vermillion, Others of Destin; Denise Kendust, Fort Walton Beach Medical Center; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Deb McDaniel, Opportunity Place; Sarah Reece, Catholic Charities of Northwest Florida; Deborah Lord, Catholic Charities of Northwest Florida; Adrienne McCardle, HHA; Eva Wise, Catholic Charities of Northwest Florida

Welcome

- Sarah Yelverton welcomed attendees and participants introduced themselves.
- All in attendance were asked to sign-in.

Review of Previous Minutes

- The group reviewed minutes from the June 14, 2018 meeting.
- No changes were made to the minutes.

Action Updates

- A discussion took place on who to invite to the Florida Housing Coalition visit. Group members shared that the training was educational and provided great insight.
- Sarah shared details about a pilot program grant that was awarded to Chautauqua Healthcare Services. The grant was a 10-unit single or scattered site program with a forgivable loan. Chautauqua was unable to complete the underwriting process and had to return the funding.
- Sarah shared that Jamie Searle of Summit Bank is willing to assist with the underwriting process for future affordable housing grants.
- Sarah shared that Okaloosa County is being awarded a total of $350,000 in funding through SHIP. Any SHIP funds that are given out must be connected to the Okaloosa County Local Housing Assistance Plan (LHAP).
- Sarah shared that the LHAP is developed by the Okaloosa County’s Affordable Housing Advisory Committee. The committee meets quarterly and consists of 11 board members.
- The group agreed to attend the next meeting to learn about the process of developing the LHAP and ways to collaborate. The next meeting will be held on October 4, 2018 at 10:30 a.m. at the Okaloosa County Administrative Complex (1250 Eglin Parkway N, 1st Floor Training Room, Shalimar, FL).
Community Health Improvement in Okaloosa County
Strengthening Families CHIP Team Meeting
Florida Department of Health in Okaloosa County, FWB Auditorium
September 20, 2018   1:30 PM – 3:00 PM

MINUTES

• Sydney Harper shared that the Housing Inventory Survey was updated based on Michelle Milligan’s feedback. She will follow up with Eva Wise about the Catholic Charities volunteers who can make calls to housing sites and complete the surveys.
• A discussion took place on the unfinished housing site in Fort Walton Beach that is located behind Sonny’s Barbeque Restaurant. The SHIP funds distributed by the Affordable Housing Advisory Committee could potentially be used to complete this project.
• A discussion took place on potential sites that could be refurbished as housing sites.
• The group discussed the need to hold a meeting with the HUD offices in the future to discuss issues with the HUD inspection process.
• Sydney shared that she will follow up with Eva Wise about HUD meetings.

Partner Updates
• Ann Sprague shared that she is meeting with Commissioner Graham Fountain to discuss homelessness and affordable housing concerns in Okaloosa County.

Next Meeting
• TBD, based on the Homelessness and Housing Alliance Continuum of Care meeting schedule.

Follow-up Actions
• Assignments were reviewed and recorded in an action roster:

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share prospective internship request from the University of West Florida Registered Nursing students when available</td>
<td>Eva</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Visit <a href="http://floridahousing.org">floridahousing.org</a> and other sources to learn more about affordable housing funding opportunities</td>
<td>All</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Inform Abra McGill that members of the Strengthening Families CHIP group plan to attend the Okaloosa County Affordable Housing Advisory Committee meeting</td>
<td>Carrie</td>
<td>9/28/2018</td>
</tr>
<tr>
<td>Share the Okaloosa County LHAP with meeting attendees</td>
<td>Sydney</td>
<td>9/21/2018</td>
</tr>
<tr>
<td>Review the Okaloosa County LHAP and other Florida LHAPs (i.e., Polk, Bay, or Flagler Counties)</td>
<td>All</td>
<td>10/4/2018</td>
</tr>
<tr>
<td>Attend the Okaloosa County Affordable Housing Advisory Committee meeting</td>
<td>All</td>
<td>10/4/2018</td>
</tr>
<tr>
<td>Update group on the meeting with Commissioner Graham Fountain regarding homelessness and the need for affordable housing</td>
<td>Ann</td>
<td>Next meeting, TBD</td>
</tr>
<tr>
<td>Determine how many HUD vouchers have gone unfilled</td>
<td>Sarah</td>
<td>10/31/2018</td>
</tr>
<tr>
<td>Schedule a meeting with HUD representatives to learn about inspection process</td>
<td>All</td>
<td>10/31/2018</td>
</tr>
<tr>
<td>Follow up with Eva regarding Housing Inventory Survey process</td>
<td>Sydney</td>
<td>10/15/2018</td>
</tr>
<tr>
<td>Create a Google Drive file wherein the Housing Inventory Survey can be entered and shared with group members</td>
<td>Eva and Grace</td>
<td>TBD</td>
</tr>
<tr>
<td>Share housing site contact list with Catholic Charities</td>
<td>Sarah</td>
<td>9/31/2018</td>
</tr>
</tbody>
</table>
MINUTES

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact local housing sites to complete the Housing Inventory Surveys</td>
<td>Catholic Charities Volunteers</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Schedule a lunch and learn in collaboration with the Fort Walton Beach Chamber of Commerce</td>
<td>Sarah</td>
<td>10/31/2018</td>
</tr>
<tr>
<td>Share details of visit with Austin, TX Tiny House Community with group</td>
<td>Ann</td>
<td>TBD</td>
</tr>
<tr>
<td>Share RFPs with Alan Baggett for review</td>
<td>Sarah</td>
<td>9/31/2018</td>
</tr>
<tr>
<td>Hold meetings with HUD offices in Okaloosa County to determine their requirements and processes</td>
<td>Eva and Grace</td>
<td>10/31/2018</td>
</tr>
<tr>
<td>Determine whether the HUD offices in Okaloosa County hold joint meetings and if the group can attend</td>
<td>Eva and Grace</td>
<td>10/31/2018</td>
</tr>
</tbody>
</table>

Meeting Evaluation
- Participants filled out meeting evaluation forms.

Adjourn
- Meeting adjourned at 3:00 p.m.
**Sign In Sheet**

**Purpose:** Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:sydney.harper@flhealth.gov">sydney.harper@flhealth.gov</a></td>
<td>850-662-0162</td>
</tr>
<tr>
<td>Jennifer Pittman</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:jennifer.pittman@flhealth.gov">jennifer.pittman@flhealth.gov</a></td>
<td>850-661-0166</td>
</tr>
<tr>
<td>Carrie Zieger</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:carolyn.zieger@flhealth.gov">carolyn.zieger@flhealth.gov</a></td>
<td>850-662-0167</td>
</tr>
<tr>
<td>Tawny Ball</td>
<td>OPS FWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracey Williams</td>
<td>UMCH</td>
<td><a href="mailto:tracey.williams@umch.net">tracey.williams@umch.net</a></td>
<td>850-622-34</td>
</tr>
<tr>
<td>Ann Sprague</td>
<td>Crestview Area Shelter for Families</td>
<td>chuck.and.ann.sprague@comcast</td>
<td>850-826-1770</td>
</tr>
<tr>
<td>Trisha Dall</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:trisha.dall@flhealth.gov">trisha.dall@flhealth.gov</a></td>
<td>850-305-0245</td>
</tr>
<tr>
<td>Susie Pierce</td>
<td>Others</td>
<td><a href="mailto:susie.pierce30@ymail.com">susie.pierce30@ymail.com</a></td>
<td>850-499-5144</td>
</tr>
<tr>
<td>Michelle Miliuson-Cox</td>
<td>OPF</td>
<td><a href="mailto:melville@opa-five.com">melville@opa-five.com</a></td>
<td>(502)444-4124</td>
</tr>
<tr>
<td>Sarah Yetterton</td>
<td>HTML</td>
<td><a href="mailto:sara@hcalliance.org">sara@hcalliance.org</a></td>
<td>850-342-7429</td>
</tr>
</tbody>
</table>
Hurricane Michael has once again demonstrated a strong need for an emergency/disaster plan for Okaloosa and Walton Counties. Anyone that has relationships with County, City, Transit, Emergency Management, law enforcement, Red Cross or VOAD contacts, please invite them to attend. I know it's short notice and we can set up a separate time for another meeting but it is imperative that we do not put this off any longer.

The Office on Homelessness has informed us that the solicitation for grant funding for ESG, Challenge, and TANF will be released in January. The solicitation will incorporate all of these funding sources and those awarded will be on a 3 year contract term.

The Okaloosa Walton Homeless Continuum of Care Stakeholder meetings are open to anyone that would like to participate. We encourage attendees to notify persons experiencing homelessness or persons who are formerly homeless of these meetings. HHA would appreciate their participation and can help arrange transportation if needed.
Purpose: Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

Present: Michelle Milligan, Opportunity Place, Inc.; Tawni Ball, Opportunity Place, Inc.; Carrie Eckerty, Shelter House; Carisse LeJeune, CALM House; Jennifer Pittman, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

Absent: Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Laurel Vermillion, Others of Destin; Denise Kendust, Fort Walton Beach Medical Center; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Deb McDaniel, Opportunity Place; Sarah Reece, Catholic Charities of Northwest Florida; Deborah Lord, Catholic Charities of Northwest Florida; Adrienne McCadle, HHA; Eva Wise, Catholic Charities of Northwest Florida; Sarah Yelverton, Homelessness and Housing Alliance (HHA); Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Trisha Dall, DOH-Okaloosa; Susie Pierce, Others of Destin; Ann Sprague, Crestview Area Shelter for the Homeless; Tracey Williams, United Methodist Children’s Home Northwest Florida Ministries

Welcome
- Sarah Yelverton welcomed attendees and participants introduced themselves.
- All in attendance were asked to sign-in.
- Sarah shared that the meeting was held in conjunction with the Homelessness and Housing Alliance (HHA) Stakeholders meeting. The following work groups met: Emergency Management Plan, Housing, PIT Planning, Support Services/Outreach, Homeless Management Information System (HMIS)/Coordinated Entry System (CES), Updating Strategic Plan.

Review of Previous Minutes
- The group reviewed minutes from the September 11, 2018 HHA Stakeholders meeting.
- No changes were made to the minutes.

Action Updates (Housing Workgroup)
- Sydney Harper shared the responsibilities of the housing work group, based on the statewide requirements of HHA.
- A discussion took place on whether housing first and rapid rehousing was being implemented throughout Okaloosa and Walton Counties. Attendees shared that it is being implemented when possible, but the system is not user-friendly, and many barriers exist.
- Carrie Eckerty shared that board members are not responsible for promoting housing first and rapid rehousing. The process for housing first and rapid rehousing need improvements because the theory is not user friendly.
- Michelle Milligan shared that there are many barriers for clients during the process. Some clients are denied housing because the process for finding housing takes a long time. The barriers leave clients discouraged. The barriers include a slow process to receive funding for housing, the amount of time it takes to complete the process for housing assistance and finding landlords who are willing to wait for the completion of the process.
MINUTES

- Carrie shared that private landlords, not affiliated with US Department of Housing and Urban Development (HUD), are not accepting checks from Catholic Charities or other agencies assisting with housing. Clients are unable to sustain housing expenses on their own.
- A discussion took place about landlords not cooperating with clients and agencies because of the amount of time and work the process for funding assistance take. Those landlords who are willing to cooperate often provide housing with conditions that are unsafe and unsanitary.
- Sydney suggested using client success stories to show landlords and property managers the importance of housing and community support.
- Carrie suggested that the work group should come up with talking points, for two work group representatives, to encourage landlords and property managers to become “housing partners”. The work group should find an incentive to encourage landlords and property managers to work with clients.
- Carisse LeJeune shared that the work group should research the best practices of other counties including Seminole County’s Homelessness Coalition.
- A discussion took place on how to prepare for realtor, tenant and landlord outreach.
- Sydney suggested creating a listing of what services are offered by each organization (i.e. rental assistance, fee assessment).
- Carrie shared about speaking at realtor meetings or contacting property management companies to talk about private owners providing housing to clients.
- Carisse shared about the regional realtor’s association. She has a possible contact to get the work group on the agenda for a presentation about collaborating with agencies and potential tenants.
- Michelle shared that she has a property manager contact who may be able to connect the work group to other property managers.
- Sydney shared that Sarah met with Ted Corcoran of the Fort Walton Beach Chamber of Commerce about holding a luncheon for property managers and realtors. Sydney will contact Sarah to learn if this is still an option.
- A discussion took place on what should be included in the presentation at the realtor’s association.
- A discussion took place about creating the PowerPoint presentation and the talking points that will be presented to the realtors. Each person from the work group will bring five talking points to the next meeting to create an outline for the PowerPoint presentation.
- Sydney shared about the Housing Inventory Survey. Volunteers are needed to make calls to housing sites and complete the surveys. Sarah or Sydney are the contact for more information.
- Michelle share the need for an emergency shelter in the area. The nearest Salvation Army is in Pensacola.

Next Meeting
TBD, based on the HHA Stakeholders meeting schedule.

Follow-up Actions
- Assignments were reviewed and recorded in an action roster:

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Task</td>
<td>Responsible Person</td>
<td>Next Meeting TBD</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Research other counties housing committee successes</td>
<td>All</td>
<td>Next Meeting TBD</td>
</tr>
<tr>
<td>Choose 5 ideas/stats/talking points to include on PowerPoint presentation</td>
<td>All</td>
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<td>TBD</td>
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<tr>
<td>Contact Ted with Chamber of Commerce about realtor’s luncheon</td>
<td>Sarah Yelverton</td>
<td>TBD</td>
</tr>
<tr>
<td>Contact regional realtors association</td>
<td>Carisse LeJeune</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Adjourn**
- Meeting adjourned at 12:24 p.m.
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Contact Info (phone/ email)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:Sydney.Harper@FHEALTH.GOV">Sydney.Harper@FHEALTH.GOV</a> 850-349-6062</td>
</tr>
<tr>
<td>Jennifer Pittman</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:Jennifer.Pittman@FHEALTH.GOV">Jennifer.Pittman@FHEALTH.GOV</a> 850-349-0061</td>
</tr>
<tr>
<td>Jacqui Ball</td>
<td>OPI</td>
<td><a href="mailto:jacqui@gainesville.edu">jacqui@gainesville.edu</a></td>
</tr>
<tr>
<td>Michelle Mullen</td>
<td>OAF</td>
<td><a href="mailto:michelle@opifwb.org">michelle@opifwb.org</a></td>
</tr>
<tr>
<td>Carrie Eckerty</td>
<td>Shelter House</td>
<td><a href="mailto:ceckerty@shelterhousewma.org">ceckerty@shelterhousewma.org</a></td>
</tr>
<tr>
<td>Carisse LeJeune</td>
<td>CALM House</td>
<td><a href="mailto:carisselejeune@gmail.com">carisselejeune@gmail.com</a> 561-202-7554</td>
</tr>
</tbody>
</table>
I. Call to Order,
II. Introductions
III. Minutes
IV. Okaloosa County Transit-Robert Berkstresser
V. Break into work groups
   1. Emergency Management Plan
   2. Housing
   3. PIT Planning
   4. Support Services/Outreach
   5. HMIS/CES
   6. Updating Strategic Plan
   7. Crisis Response
VI. Adjournment

Hurricane Michael has once again demonstrated a strong need for an emergency/disaster plan for Okaloosa and Walton Counties. Anyone that has relationships with County, City, Transit, Emergency Management, law enforcement, Red Cross or VOAD contacts, please invite them to attend. I know it's short notice and we can set up a separate time for another meeting but it is imperative that we do not put this off any longer.

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MINUTES

**Purpose:** Engage the Strengthening Families Community Health Improvement Plan (CHIP) Group through an open two-way dialogue.

**Present:** Deborah Lord, Catholic Charities of Northwest Florida; Jennifer Pazmino-Safken, Catholic Charities of Northwest Florida; Jennifer Pittman, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

**Absent:** Cecil Williams, Gregg’s Chapel; Baillie Locke-Davis, Eglin AFB; Laurel Vermillion, Others of Destin; Denise Kendust, Fort Walton Beach Medical Center; Eve DiMaria, Greater Fort Walton Beach Women’s Club; Deb McDaniel, Opportunity Place; Sarah Reece, Catholic Charities of Northwest Florida; Adrienne McCardle, HHA; Eva Wise, Catholic Charities of Northwest Florida; Sarah Yelverton, Homelessness and Housing Alliance (HHA); Carrie Ziegler, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Trisha Dall, DOH-Okaloosa; Susie Pierce, Others of Destin; Ann Sprague, Crestview Area Shelter for the Homeless; Tracey Williams, United Methodist Children’s Home Northwest Florida Ministries; Michelle Milligan, Opportunity Place, Inc.; Tawni Ball, Opportunity Place, Inc.; Carrie Eckertly, Shelter House; Carisse LeJeune, CALM House

---

**Welcome**
- Sarah Yelverton welcomed attendees and participants introduced themselves.
- All in attendance were asked to sign-in.
- Sarah shared that the meeting was held in conjunction with the Homelessness and Housing Alliance (HHA) Stakeholders meeting. The following work groups met: Emergency Management Plan, Housing, PIT Planning, Support Services/Outreach, Homeless Management Information System (HMIS)/Coordinated Entry System (CES), Updating Strategic Plan.
- Robert Berkstresser shared about the Emerald Coast (EC) Rider including transit routes and fares.
- A discussion took place about how to add new routes and designated spots to help make providers more accessible. The EC rider will continue to provide transportation to local shelters during declared emergencies at no cost.
- Robert shared that EC Rider would like to become a member of the Okaloosa Walton Homelessness Continuum of Care to improve transportation for those who are experiencing homelessness and persons of low socioeconomic status.

**Review of Previous Minutes**
- The group reviewed minutes from the October 18, 2018 HHA Stakeholders meeting.
- No changes were made to the minutes.

**Action Updates (Housing Workgroup)**
- Sydney Harper shared the responsibilities of the housing work group, based on the statewide requirements of HHA.
- Deborah Lord shared that there are several HUD offices in the county. Providers need to know which areas are covered by which HUD branch. When clients apply to the wrong HUD branch, they must repeat the application process.
MINUTES

- Deborah shared that one barrier in applying for HUD funding is the amount of time it takes HUD to process applications.
- Sydney shared that Sarah Yelverton met with the Fort Walton Beach Chamber of Commerce previously to discuss scheduling a housing presentation to realtors.
- Deborah shared that some clients are turned down by realtors because of challenges with passing a background check.
- A discussion took place about educating landlords on HUD programs, grant programs, and local provider programs.
- A discussion took place on the importance of completing the housing inventory survey. The housing inventory will allow providers to search for housing sites that best fit their client.

Next Meeting
- TBD, based on the HHA Stakeholders meeting schedule.

Follow-up Actions
- Assignments were reviewed and recorded in an action roster:

<table>
<thead>
<tr>
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<td>Contact Ted with Chamber of Commerce about realtor’s luncheon</td>
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<td>TBD</td>
</tr>
<tr>
<td>Contact regional realtors association</td>
<td>Carisse LeJeune</td>
<td>TBD</td>
</tr>
<tr>
<td>Share housing inventory documents with Catholic Charities staff.</td>
<td>Sydney Harper</td>
<td>11/16/2018</td>
</tr>
<tr>
<td>Complete housing inventory surveys and share with Sydney or Sarah for use in the housing inventory document, all, ongoing.</td>
<td>All</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Adjourn
- Meeting adjourned at 12:30 p.m.
### Okaloosa County Strengthening Families Meeting
Florida Department of Health in Okaloosa County, FWB Auditorium
September 20, 2018  1:30 PM – 3:00 PM

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Facility</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Colwell</td>
<td>850.344.0673</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:amanda.colwell@flhealth.gov">amanda.colwell@flhealth.gov</a></td>
</tr>
<tr>
<td>Carrie Ziegler</td>
<td>850.344.0669</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:carolyn.ziegler@flhealth.gov">carolyn.ziegler@flhealth.gov</a></td>
</tr>
<tr>
<td>Tracey Williams</td>
<td>850.240.6234</td>
<td>United Methodist Children's Home</td>
<td><a href="mailto:tracey.williams@umch.net">tracey.williams@umch.net</a></td>
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<td>Ann Sprague</td>
<td>850.826.1770</td>
<td>Crestview Area Shelter for the Homeless</td>
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</tr>
<tr>
<td>Trisha Dall</td>
<td>850.305.0295</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:trisha.dall@flhealth.gov">trisha.dall@flhealth.gov</a></td>
</tr>
<tr>
<td>Susie Pierce</td>
<td>850.499.5144</td>
<td>Others of Destin, Inc.</td>
<td><a href="mailto:susiepierce30@yahoo.com">susiepierce30@yahoo.com</a></td>
</tr>
<tr>
<td>Michelle Milligan, LCSW</td>
<td>850.200.4412</td>
<td>Opportunity Place, Inc.</td>
<td><a href="mailto:michelle@opifwb.com">michelle@opifwb.com</a></td>
</tr>
<tr>
<td>Karen Chapman MD</td>
<td>850.833.9245</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:karen.chapman@flhealth.gov">karen.chapman@flhealth.gov</a></td>
</tr>
<tr>
<td>Sarah Yelverton</td>
<td>850.362.7429</td>
<td>Homelessness &amp; Housing Alliance</td>
<td><a href="mailto:sarah@hhalliance.org">sarah@hhalliance.org</a></td>
</tr>
<tr>
<td>Jennifer Pittman</td>
<td>850.344.0661</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:jennifer.pittman@flhealth.gov">jennifer.pittman@flhealth.gov</a></td>
</tr>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Organization</td>
<td>Email</td>
</tr>
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<td>--------------------------------</td>
</tr>
<tr>
<td>Grace Russell</td>
<td>850.244.2925</td>
<td>Catholic Charities</td>
<td><a href="mailto:russellg@cc.ptdiocese.org">russellg@cc.ptdiocese.org</a></td>
</tr>
<tr>
<td>Eva Wise</td>
<td>850.778.0198</td>
<td>Catholic Charities</td>
<td><a href="mailto:wisee@cc.ptdiocese.org">wisee@cc.ptdiocese.org</a></td>
</tr>
<tr>
<td>Deborah Lord</td>
<td>850.244.2825</td>
<td>Catholic Charities</td>
<td><a href="mailto:lordd@cc.ptdiocese.org">lordd@cc.ptdiocese.org</a></td>
</tr>
<tr>
<td>Sarah M. Reece</td>
<td>850.244.2825 x 2</td>
<td>Catholic Charities</td>
<td><a href="mailto:reecese@cc.ptdiocese.org">reecese@cc.ptdiocese.org</a></td>
</tr>
<tr>
<td>Adrienne McCardle</td>
<td>850.659.3190</td>
<td>Homelessness &amp; Housing Alliance</td>
<td><a href="mailto:adrienne@hhalliance.org">adrienne@hhalliance.org</a></td>
</tr>
<tr>
<td>Debra McDaniel</td>
<td>850.461.1471</td>
<td>GFWC FWB Women’s Club</td>
<td><a href="mailto:ecdimaria@outlook.com">ecdimaria@outlook.com</a></td>
</tr>
<tr>
<td>Erin Thatcher</td>
<td>850.863.1530</td>
<td>Arc Emerald Coast</td>
<td><a href="mailto:ethatcher.arcec@gmail.com">ethatcher.arcec@gmail.com</a></td>
</tr>
<tr>
<td>Laurel Vermillion</td>
<td>847.323.6806</td>
<td>Others of Destin, Inc.</td>
<td><a href="mailto:lvermillion@othersofdestin.com">lvermillion@othersofdestin.com</a></td>
</tr>
<tr>
<td>Tracey Williams</td>
<td>243.5468 x 4</td>
<td>Fresh Start</td>
<td><a href="mailto:twilliams@freshstart.com">twilliams@freshstart.com</a></td>
</tr>
<tr>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Location</td>
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</tr>
<tr>
<td>Okaloosa County Strengthening Families Meeting</td>
<td>September 20, 2018</td>
<td>1:30 PM – 3:00 PM</td>
<td>Florida Department of Health in Okaloosa County, FWB Auditorium</td>
</tr>
</tbody>
</table>
Appendix O: Preventing Injuries Meeting Records
Okaloosa County Injury Prevention Meeting
Fort Walton Beach Medical Center
January 24, 2018 9:00 AM – 10:30 AM

I. Call to Order- Chris Missler RN, BSN, EMTP

II. Introduce new members

III. Review minutes of last meeting/ Follow up on action items
   a. Fall Prevention Campaign
   b. Pedestrian Safety
   c. Injury Prevention Funding
   d. Motor Vehicle Safety
   e. Bike Safety/ Hover Board Safety- Helmet safety
   f. Unintental Poisoning Injury Prevention

IV. What can accomplish in the next 6-12 months?

V. What do we want to tackle first?

VI. What proven evidenced based programs do we have to accomplish our goals?

VII. New Business

VIII. Next Meeting

February 28, 2018 @ 9:00 AM-10:30 AM TBD
MINUTES

Purpose:
Engage Community Partners to kick-off the Preventing Injuries Committee through an open two-way dialogue.

Present: Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Deanndra Morgan, Hurlburt Field; Amber Bobbitt, Hurlburt Field; Brian Parkton, Okaloosa County Sheriff’s Office; Danny Shearn, North Okaloosa Medical Center (NOMC); Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Margi Young, FWBMC; Lautritia Moorehand, Twin Cities Hospital (TCH); Matt McGraw, Andrews Institute; Nushrat Alam, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Pamela Weeks, DOH-Okaloosa; Trisha Dall, DOH-Okaloosa; Dr. Karen Chapman, DOH-Okaloosa; Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

Absent: Katie McDeavitt, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa

Welcome
- Christopher (Chris) Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in. Chris encouraged participants to include their cell phone numbers on the sign-in sheet to ensure contact could be made during office closures and other events.
- Participants introduced themselves.

Review of Previous Minutes
- Chris provided a review of the November 16, 2017 Community Health Assessment (CHA) Agency Partner Meeting.
- Chris shared the Community Health Improvement Plan (CHIP) team worksheets and reviewed the Assets and Gaps and Early Wins that were chosen during the meeting (see attachment).

Injury Prevention Data
- Chris shared data collected by Fort Walton Beach Medical Center on pedestrian and motorcycle accidents in 2016 and 2017 (see attachment).
- Attendees suggested filtering the accident hospital data by time of day and day of the week to better understand the issue.
- Sydney Harper provided CHAs to those who did not attend the CHA Agency Partner Meeting (click here to view CHA PDF).
- Brian Parkton shared data collected by the Okaloosa County Sheriff’s Office. Okaloosa County had 5,859 traffic crashes county-wide in 2017. This was an increase of 237 from 2016. During the last three years, Okaloosa County has collectively
MINUTES

incurred 17,398 traffic crashes. In 2017, there were 31 traffic fatalities, an increase from 21 traffic fatalities in 2016.

- Participants suggested merging the hospital data and Sheriff’s Office data to see the full picture of the issue.
- Dr. Chapman shared that the Florida Department of Health in Okaloosa County (DOH-Okaloosa) has applied for an Injury Prevention Epidemiology Fellow. If DOH-Okaloosa receives a fellow, she/he could assist in data mining.

Group Priorities Discussion

- Chris led a discussion of the group’s short-term and long-term goals.
- Chris shared information about a Department of Health and Human Services-funded grant for an Evidence-Based Falls Prevention Program. The grant aims to develop capacity, bring to scale, and sustain evidence-based fall prevention programs that will help reduce the number of falls, fear of falling, and/or fall-related injuries in older adults.
- A subcommittee was formed to review the fall prevention grant and determine whether to apply. The subcommittee includes Chris, Sydney, Matt McGraff, and Erika Cathey.
- Participants discussed the need for additional fall data to better understand the issue, including fall locations and types.
- Nushrat Alam shared that from 2011 to 2015, falls were the number one mechanism for traumatic brain injury, as defined by the Centers for Disease Control and Prevention (CDC). Zip codes in the Crestview and Niceville areas had higher percentages of emergency department visits for falls. Zip codes in the Fort Walton Beach area had higher percentages for fall hospitalizations.
- Brian shared that the Okaloosa County Sheriff’s Office is applying for a Florida Department of Transportation grant to decrease motor vehicle accidents. Okaloosa County had approximately 8,000 crashes in 2017, with 33 driving fatalities. The grant would utilize social media, digital signs, digital speed enforcement trailers to increase awareness. In addition, the grant would provide officer overtime funds, specifically to monitor traffic safety and increase the number of traffic citations.
- A discussion took place regarding best practices in reducing motor vehicle accidents and improving traffic safety. Participants suggested education on crosswalks, increasing jaywalking citations, and implementing traffic cameras. Dr. Chapman suggested reviewing evidence-based approaches to determine which would be the most effective.
- Dr. Chapman shared that policy changes may be the most effective way to improve traffic safety. She suggested pulling data from DOH-Okaloosa, the Okaloosa County Sheriff’s Office, and other organizations together to tell the full story of motor vehicle accidents and alcohol use to the Okaloosa County Board of Commissioners.
- A subcommittee was formed to review and combine motor vehicle accident data. The subcommittee includes Chris, Brian, Erika, Nushrat Alam and Deanndre Morgan.
Community Health Improvement in Okaloosa County
Preventing Injuries Meeting
Fort Walton Beach Medical Center
January 24, 2018  9:00 a.m. – 10:30 a.m.

MINUTES

Injury Prevention Resources
- Chris shared that the Fort Walton Beach Medical Center is producing an injury prevention-specific blog. Chris invited the CHIP team members to write entries for the blog.
- Dr. Chapman shared that DOH-Okaloosa has a Twitter account (@FLHealthEmerald). She encouraged attendees to share any injury prevention-related tweets with DOH-Okaloosa staff for retweeting.
- Deanndre shared that Hurlburt Field distributes a monthly article that contains injury prevention information (see attachment).
- Chris shared the Fort Walton Beach Medical Center’s injury prevention handouts and promotional items. One promotional item, a beach safety magnet, was placed in 16,000 hotel and vacation rental properties.

Actions
- Email Matt McGraw the CDC definition of Traumatic Brain Injury. – Nushrat by 2/12/2018
- Schedule and hold a phone or in-person meeting to discuss motor vehicle accidents and traffic safety. – Chris, Brian, Erika, and Deanndre by 2/28/2018
- Email Dr. Chapman the contact information (full name, email address, cell phone, and work phone) of your Emergency Department Medical Director, Emergency Department Nursing Director, Director of Nursing, and Chief Executive Officer. – Chris, Danny, and Lautritia Moorehand by 2/12/2018
- Schedule and hold a phone or in-person meeting to discuss opioid hospital policies and provider education. – Dr. Chapman, Chris, and Danny by 2/28/2018
- Schedule and hold a phone or in-person meeting to discuss the Falls Prevention Program grant application. – Sydney, Chris, Erika, Nushrat, and Matt by 2/28/2018

Meeting Evaluation
- The team was asked to complete the meeting evaluation. DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 10:47 a.m.
Next meeting will be held on Wednesday, February 28 from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom
CHIP Team Worksheet

Champion

<table>
<thead>
<tr>
<th>Name</th>
<th>Chris Missler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td><a href="mailto:Christopher.Missler@HCAHealthcare.com">Christopher.Missler@HCAHealthcare.com</a>/ 850-315-4244</td>
</tr>
</tbody>
</table>

Co-Champion

<table>
<thead>
<tr>
<th>Name</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
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</tr>
</tbody>
</table>

Assets and Gaps
- What programs and/or services already exist to address this priority area?
- Which organizations/groups provide the programs and/or services?
- Are those organizations/groups here today?
- What should we, as a community be doing to address the priority area?
- What programs and/or services does our community need?
- Which organizations should play a role?

<table>
<thead>
<tr>
<th>Services we have</th>
<th>Services we need</th>
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<tbody>
<tr>
<td>Fort Walton Beach Medical Center (Trauma Center):</td>
<td>Fall Prevention Campaign</td>
</tr>
<tr>
<td>• Trauma Center Registry access</td>
<td>• Safe Steps Fall Prevention Campaign</td>
</tr>
<tr>
<td>• Expertise in trauma prevention education</td>
<td>• Expansion of Lean on Me program (brochures distributed in all medical facilities)</td>
</tr>
<tr>
<td>• Experience in executing successful injury prevention campaigns (Think Before You Dive)</td>
<td>• Sharing injury and fall prevention education with all hospital patients during discharge planning (Early win)</td>
</tr>
<tr>
<td>• Relationships with community partners</td>
<td></td>
</tr>
<tr>
<td>• Injury prevention education on nearly every topic, from lawn mower safety, to kitchen safety, to a comprehensive water safety program</td>
<td></td>
</tr>
<tr>
<td>Andrew’s Institute</td>
<td>Pedestrian Safety</td>
</tr>
<tr>
<td>• Relationships with community partners</td>
<td>• Enhancements in lighting (LED)</td>
</tr>
<tr>
<td>• Presence in schools, sports clubs</td>
<td>• Increasing pedestrian crosswalks</td>
</tr>
<tr>
<td>• Concussion educational materials</td>
<td>• Increasing/improving sidewalks</td>
</tr>
<tr>
<td>• Expertise in rehabilitation, physical therapy, exercise science, and physical education</td>
<td>• Education about the dangers of texting and walking</td>
</tr>
<tr>
<td>Board of County Commissioners (BOCC)</td>
<td>Injury Prevention Funding</td>
</tr>
<tr>
<td>• Expertise in infrastructure planning, including public transportation, crosswalks, lighting</td>
<td>• Expertise in grant writing to fund injury prevention projects</td>
</tr>
<tr>
<td>Institution</td>
<td>Security Measures</td>
</tr>
<tr>
<td>-------------</td>
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<tr>
<td>Florida Department of Agriculture and Consumer Services (FDACS)</td>
<td>Motor Vehicle Safety</td>
</tr>
<tr>
<td>Okaloosa County Water &amp; Sewer (OCWS)</td>
<td>Bike Safety</td>
</tr>
<tr>
<td>Twin Cities Hospital</td>
<td>Unintentional Poisoning Injury Prevention</td>
</tr>
<tr>
<td>DOH-Okaloosa Epidemiology/Environmental Health/Public Health Preparedness</td>
<td></td>
</tr>
</tbody>
</table>

**Florida Department of Agriculture and Consumer Services (FDACS)**
- Relationships with community partners, including the UF Extension Office
- Current involvement in health fairs, travel events
- Expertise in health education, including mosquito and pest prevention

**Motor Vehicle Safety**
- “Don’t Text and Drive” campaigns
- Driver safety courses

**Okaloosa County Water & Sewer (OCWS)**
- Relationships with Okaloosa County infrastructure partners
- Access to Okaloosa County water and sewer customers

**Bike Safety**
- Education on bike safety and the importance of helmets
- Helmet assistance program

**Twin Cities Hospital**
- Relationships with medical professionals in the community
- Existing injury prevention materials, including fall prevention
- Expertise in patient safety

**Unintentional Poisoning Injury Prevention**
- Evidence based programs that resemble the “Drug Abuse Resistance Education (D.A.R.E.)” program in schools
- Carbon monoxide poisoning education campaign

**DOH-Okaloosa Epidemiology/Environmental Health/Public Health Preparedness**
- Relationships with medical providers, military, hospitals, laboratories, facilities regulated by DOH, and other counties
- Current injury project data analysis
- Injury surveillance data system access
- EMSTARS access
- FL Poison Control Access
- Expertise in data analysis and management
- Lean on Me (LOM) Program
- Expertise in built environment (beaches, pools, septic)
### Assets and Gaps

- What programs and/or services already exist to address this priority area?
- Which organizations/groups provide the programs and/or services?
- Are those organizations/groups here today?
- What should we, as a community be doing to address the priority area?
- What programs and/or services does our community need?
- Which organizations should play a role?

<table>
<thead>
<tr>
<th>Who we have</th>
<th>Who we need</th>
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</thead>
<tbody>
<tr>
<td>Fort Walton Beach Medical Center (Trauma Center)</td>
<td>Department of Transportation</td>
</tr>
<tr>
<td>Andrews Institute</td>
<td>Emergency Medical Services (EMS)</td>
</tr>
<tr>
<td>Okaloosa County Deputy Administrator</td>
<td>Okaloosa County Beach Safety</td>
</tr>
<tr>
<td>Twin Cities Hospital</td>
<td>Municipalities (Planners, Parks &amp; Recreation, Board of County Commissioners)</td>
</tr>
<tr>
<td>Department of Agriculture and Consumer Services (FDACS)</td>
<td>West Florida Planning Council</td>
</tr>
<tr>
<td>DOH-Okaloosa Epidemiology</td>
<td>Florida Poison Control</td>
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<tr>
<td>DOH-Okaloosa Public Health Preparedness</td>
<td>Military (Eglin and Hurlburt Field)</td>
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<tr>
<td>DOH-Okaloosa Environmental Health</td>
<td>Fort Walton Beach Recreation Center</td>
</tr>
<tr>
<td>Okaloosa County Water and Sewer (OCWS)</td>
<td>Council on Aging/Elder Services</td>
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<tr>
<td></td>
<td>Florida Fish and Wildlife</td>
</tr>
<tr>
<td></td>
<td>Okaloosa County Sheriff’s Office (OSCO)/Law Enforcement</td>
</tr>
<tr>
<td></td>
<td>Agency for Health Care Administration (AHCA)</td>
</tr>
<tr>
<td></td>
<td>Local Fire Departments</td>
</tr>
<tr>
<td></td>
<td>DOH-Okaloosa Lean on Me (LOM)</td>
</tr>
<tr>
<td></td>
<td>Universities (Northwest Florida State College), High Schools, Elementary Schools/Okaloosa County School Board</td>
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<td></td>
<td>Association of Realtors</td>
</tr>
<tr>
<td></td>
<td>American Red Cross</td>
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<tr>
<td></td>
<td>Orthopedists/Physical Therapists</td>
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<td>Urgent Care Centers</td>
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<td>United States Coast Guard</td>
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<td>Department of Children and Families (DCF)</td>
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<td>Volunteer Organizations: Rotary Club, Optimist Club</td>
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<tr>
<td></td>
<td>Fraternal/Civic Organizations</td>
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</tbody>
</table>
Early Win
The priority areas and community health concerns are broad and may seem daunting. An early win, even if small contributes to improving the health of our community.

- What does the team believe they can accomplish in the next 6-12 months?
- What does the team want to tackle first? What is the team's early win?

Injury/Fall Prevention and Education: Fort Walton Beach Medical Center, Twin Cities Hospital, Andrews Institute, and other partners (NOMC, Eglin AFB, Hurlburt Field AFB, urgent care centers tentatively) will include booklets with information about injury prevention to all patients upon discharge from the hospital.

Next Meeting
The next team meeting should be set by December 8, 2017 to be held in January 2018. Identify who will coordinate the next meeting, how they plan to coordinate and when they will coordinate to the Suggest: A Doodle Poll to determine best meeting time.

<table>
<thead>
<tr>
<th>Who</th>
<th>Chris Missler</th>
</tr>
</thead>
<tbody>
<tr>
<td>How</td>
<td>Doodle Poll</td>
</tr>
<tr>
<td>When</td>
<td>Chris Missler will send out a Doodle Poll by December 8, 2017 to set up a meeting for January 2018.</td>
</tr>
<tr>
<td>Where</td>
<td>Location TBD, but the group prefers a face-to-face meeting.</td>
</tr>
</tbody>
</table>
Pedestrian and Motorcycle Accidents 2016 and 2017

Christopher Missler RN BSN NREMTP
Trauma Educator/Injury Prevention Coordinator
Fort Walton Beach Medical Center
2016 Pedestrian and Motorcycle Accidents - Crestview
2016 Pedestrian and Motorcycle Accidents- Fort Walton
2016 Pedestrian and Motorcycle Accidents - Eglin
2016 Pedestrian and Motorcycle Accidents-Niceville
2016 Pedestrian and Motorcycle Accidents - Destin
2017 Pedestrian and Motorcycle Accidents-Okaloosa
2017 Pedestrian and Motorcycle Accidents - Crestview
2017 Pedestrian and Motorcycle Accidents - Niceville
2017 Pedestrian and Motorcycle Accidents- Fort Walton
2017 Pedestrian and Motorcycle Accidents- Destin
2016 & 2017 Pedestrian and Motorcycle Accidents - Okaloosa
2016 & 2017 Pedestrian and Motorcycle Accidents - Crestview
2016 & 2017 Pedestrian and Motorcycle Accidents - Niceville
2016 & 2017 Pedestrian and Motorcycle Accidents - Fort Walton
2016 & 2017 Pedestrian and Motorcycle Accidents in Destin
HHS-2018-ACL-AOA-FPSG-0255  
2018 Evidence-Based Falls Prevention Program financed by Prevention and Public Health Fund  
Department of Health and Human Services  
Administration for Community Living

<table>
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<tr>
<td><strong>Document Type:</strong> Grants Notice</td>
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<tr>
<td><strong>Opportunity Number:</strong> HHS-2018-ACL-AOA-FPSG-0255</td>
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<tr>
<td><strong>Opportunity Title:</strong> 2018 Evidence-Based Falls Prevention Program financed by Prevention and Public Health Fund</td>
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<td><strong>Opportunity Category:</strong> Discretionary</td>
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<td><strong>Opportunity Category Explanation:</strong></td>
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<td><strong>Funding Instrument Type:</strong> Cooperative Agreement</td>
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<td><strong>Category of Funding Activity:</strong> Health</td>
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<tr>
<td><strong>Category Explanation:</strong></td>
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<td><strong>Expected Number of Awards:</strong> 10</td>
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<tr>
<td><strong>CFDA Number(s):</strong> 93.761 -- Evidence-Based Falls Prevention Programs Financed Solely by Prevention and Public Health Funds (PPHF)</td>
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<td><strong>Version:</strong> Forecast 1</td>
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<td><strong>Posted Date:</strong> Dec 28, 2017</td>
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<td><strong>Last Updated Date:</strong> Dec 28, 2017</td>
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<td><strong>Estimated Synopsis Post Date:</strong> Feb 28, 2018</td>
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<td><strong>Estimated Application Due Date:</strong> Apr 30, 2018 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.</td>
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<td><strong>Estimated Award Date:</strong> Jul 01, 2018</td>
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<td><strong>Estimated Project Start Date:</strong> Jul 01, 2018</td>
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<td><strong>Award Floor:</strong> $50,000</td>
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**Cost Sharing or Matching Requirement:** No

**Eligibility**

**Eligible Applicants:** Special district governments  
City or township governments  
County governments  
Private institutions of higher education  
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education  
Native American tribal governments (Federally recognized)  
Independent school districts  
State governments  
Native American tribal organizations (other than Federally recognized tribal governments)  
Public and State controlled institutions of higher education  
Public housing authorities/Indian housing authorities

**Additional Information on Eligibility:** To help ensure a wider geographic reach, it is unlikely that more than one applicant per state under each funding option (Capacity-Building and Sustainable Systems) will be funded. Applicants under the Capacity-Building option may request a total budget from $50,000 to $150,000 for the three-year project period. Applicants under the Sustainable Systems option may request a total budget from $400,000 to a maximum of $600,000 for the three-year project period.

**Additional Information**

**Agency Name:** Administration for Community Living  
**Description:** The Administration on Aging (AoA) within the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) forecasts the possible availability of Fiscal Year (FY) 2018 funds to make three-year grants to approximately 10 entities to develop capacity, bring to scale, and sustain evidence-based falls prevention programs that will help to reduce the number of falls, fear of falling, and/or fall-related injuries in older adults. ACL aims to compete these 10 grants via two options (both with 36-month grant periods): (A) Sustainable Systems Grants: approximately six grants of $400,000 to $600,000 focused on developing integrated, sustainable systems for delivering falls prevention programs; (B) Capacity-Building Grants: approximately four grants of

https://www.grants.gov/custom/viewOppDetails.jsp?oppId=299735  
1/23/2018
$50,000 to $150,000 to build capacity to introduce and deliver falls prevention programs within underserved areas and/or populations.

**Grantor Contact Information:**
Casey DiCocco  
(202) 795-7342

casey.dicocco@acl.hhs.gov
1st Special Operations Wing
Safety Focus – January 2018

Flight Safety

TYPES OF IN-FLIGHT ICING

CLEAR ICE Clear glossy ice identical to the coating found on objects after a freezing rain. It is the most dangerous of all icing types as it adheres so firmly to the aircraft. Conditions that favor clear air icing are high humidity or relatively large water droplet sizes, such as in cumuliform clouds in temperatures slightly below freezing (0 to -8 Celsius), but can also develop in temps as low as -25o C. It is hard, heavy, and difficult to remove.

RIME ICE Milky and opaque with rough granular surface, rime ice forms when super cooled water contacts a frozen surface (aircraft skin or existing ice). Has a wide temperature range, but most frequently occurs in stratus clouds between -8 to -10oC. Can also develop in cumuliform clouds between 0 to -20oC. It is light, brittle, and more easily removed than clear ice.

MIXED ICE A form of clear icing that envelops existing snow or ice pellets from the environment as it freezes on the aircraft surface. It forms a very rough accumulation on leading edges. It is most commonly encountered between -9 to -15C.
Sources: AFI 11-202v3, AFH 11-203v1

Deer Rut in Northwest Florida

Wildlife hazards to aircraft don’t just come from birds! Deer can be a major threat to aircraft operations as well. While a birdstrike might just prompt an early landing an impact with a deer or something larger (see right!) can cause severe damage and injuries.

It was only a few years ago that the U-28s had multiple deer encounters. One was at Crestview and the other here locally at Hurlburt. Both caused substantial aircraft damage but thankfully no injuries. Crews should always remain vigilant in scanning the runway to ensure it is clear prior to landing. When landing at an untowered/ unfenced airfield at night crews should consider performing a low approach upon their initial arrival to the field prior to commencing pattern operations to check the field for wildlife.
Cold Weather Vehicle Preparation

One of the most important things you have control over when departing on a trip by yourself or with family is making sure your vehicle is winter weather ready. People tend to not ensure their vehicle is prepared until they get in a bad situation and it’s too late. For example maybe you need to scrape ice off of the wind shield, but forgot to make sure an ice scraper was in the vehicle. Or you’re driving in an area where there is salt and sand on the roadway, and when you try to clean the wind shield there is not any wind shield washer fluid left. These are just two examples of situations that could happen to anyone. The link below will provide you a checklist and more information on preparing your vehicle for winter weather.

Driving in Icy Conditions

Protect Yourself in Cold Environments

According to NIOSH, Workers who are exposed to extreme cold or work in cold environments may be at risk of cold stress. Extreme cold weather is a dangerous situation that can bring on health emergencies in susceptible people, such as those without shelter, outdoor workers, and those who work in an area that is poorly insulated or without heat. What constitutes cold stress and its effects can vary across different areas of the country. In regions relatively unaccustomed to winter weather, near freezing temperatures are considered factors for cold stress. Whenever temperatures drop decidedly below normal and as wind speed increases, heat can more rapidly leave your body. These weather-related conditions may lead to serious health problems.

Cold Stress
Winter Weather Plan Equip Train

Warming Up Your Vehicle in the Garage Could Lead To Carbon Monoxide Poisoning

Carbon monoxide poisoning is a serious risk whenever a source of carbon monoxide is combined with an enclosed space like a home, garage, or a car. Severe neurological damage may occur after only minutes of exposure, and people die from carbon monoxide poisoning in their cars every single year. While the threat of exposure to carbon monoxide poisoning in your car is very real, there are some extremely easy precautions that can reduce the danger to almost nothing at all.

How to Avoid Carbon Monoxide Poisoning in Your Vehicle
All Locations (including licensed locations)

- Post the fire symbol and chemical symbol that applies to the most hazardous material present.

- Post firefighting symbols when explosives or chemical agents are placed in the Facility, and remove the symbols when explosives or chemical agents are removed.

- Notify the Emergency Communication Center (ECC) each time symbols are changed.

- Half-sized symbols may be used on doors or lockers inside buildings; additionally, they may be used for individual bays on structures where full size symbols prohibit functioning of doors.

Licensed Locations

- Post symbols on exterior and interior entrances to small rooms licensed for storing explosives.

- Post symbols on lockers or containers licensed for storing AE.

……Readiness through mishap prevention.
"CHECK 3" Check 3 is a quick and easy method to assess any activity or event for possible hazard and allow mitigation when required. This method has three general areas to assess, or check, for your activity. This “Check 3” approach is assessing three areas referenced by the common acronym GPS. In this case, GPS is not referencing a navigation aid. Rather, GPS is GEAR - PLAN - SKILLS

This allows a quick review of your activity to highlight any issues or hazards. For instance, “G,” or gear, may encompass details such as personal protective equipment, your vehicle, or availability of drinking water. “P,” or plan, may encompass the timeline, weather, sequence, emergency contact, backup, as well as other facets. “S,” or skills, may mean are you restoed for the activity.

If you see an issue or hazard in any of the areas, then assess if you can adjust an area to mitigate the hazard, especially the plan. This framework allows anyone, regardless of experience or knowledge, to have a mental method to begin assessing all their activities. As a person becomes more experienced and knowledgeable in any activity, their “Check 3” will also become more effective.

check3gps.com
IT WORKS **OFF DUTY.**
IT WORKS **ON DUTY.**

...IT WORKS WELL FOR **ALL YOU DO!**

Learn how at www.check3gps.com
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<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Facility</th>
<th>Email</th>
</tr>
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<tbody>
<tr>
<td>Christopher Hissley</td>
<td>850-335-4244</td>
<td>JFSMC</td>
<td>christopher.hissley@fort walton beach m. c.</td>
</tr>
<tr>
<td>Deanndra Morgan</td>
<td>(850) 884-7833</td>
<td>NURLEBRT AFB</td>
<td><a href="mailto:deanndra.morgan@us.af.mil">deanndra.morgan@us.af.mil</a></td>
</tr>
<tr>
<td>Amber Bobbitt</td>
<td></td>
<td>NURLEBRT AFB</td>
<td><a href="mailto:amber.bobbitt@us.af.mil">amber.bobbitt@us.af.mil</a></td>
</tr>
<tr>
<td>Brian Parker</td>
<td>(850) 259-0428</td>
<td>OCSE</td>
<td><a href="mailto:bnparker@sheriff.okaloosa.co">bnparker@sheriff.okaloosa.co</a></td>
</tr>
<tr>
<td>Enka Cathy</td>
<td>850-294-0535</td>
<td>DOTH-OKLA0012</td>
<td><a href="mailto:enka.cathy@flhealth.gov">enka.cathy@flhealth.gov</a></td>
</tr>
<tr>
<td>Karen Chapman</td>
<td>850-833-9245</td>
<td>DOTH-Okaloosa</td>
<td><a href="mailto:karen.chapman@flhealth.gov">karen.chapman@flhealth.gov</a></td>
</tr>
<tr>
<td>Penny Shearman</td>
<td>812-820-8458</td>
<td>North Okaloosa MC</td>
<td><a href="mailto:daniel_shearman@chs.net">daniel_shearman@chs.net</a></td>
</tr>
<tr>
<td>Trisha Doll</td>
<td>850-902-1299</td>
<td>DOTH-O-KALOOSA</td>
<td><a href="mailto:trisha.doll@flhealth.gov">trisha.doll@flhealth.gov</a></td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>850-844-0668</td>
<td>DOTH-Okaloosa</td>
<td><a href="mailto:sydney.harper@flhealth.gov">sydney.harper@flhealth.gov</a></td>
</tr>
<tr>
<td>Wanda Alam</td>
<td>850-334-0563</td>
<td>DOTH-Okaloosa</td>
<td><a href="mailto:wanda_alam@flhealth.gov">wanda_alam@flhealth.gov</a></td>
</tr>
<tr>
<td>Shane McGuffin</td>
<td>850-299-2198</td>
<td>EMS-Okaloosa</td>
<td><a href="mailto:smguffin@co.okaloosa.fl.us">smguffin@co.okaloosa.fl.us</a></td>
</tr>
<tr>
<td>Mary Young</td>
<td>703-542-4100</td>
<td>Trauma</td>
<td><a href="mailto:mary.youn@healthcare.com">mary.youn@healthcare.com</a></td>
</tr>
<tr>
<td>Pamela Weeks</td>
<td>850-305-0294</td>
<td>DOTH-Okaloosa</td>
<td><a href="mailto:pamela.weeks@flhealth.gov">pamela.weeks@flhealth.gov</a></td>
</tr>
<tr>
<td>Lautitia Mooreland</td>
<td>850-339-8546</td>
<td>TCH</td>
<td><a href="mailto:lauritza.moorhead@hcahealthcare.com">lauritza.moorhead@hcahealthcare.com</a></td>
</tr>
<tr>
<td>Matt McGraw</td>
<td>205-615-2398</td>
<td>Andrew's Institute</td>
<td><a href="mailto:matt.mcgraw@theandersinstitute.com">matt.mcgraw@theandersinstitute.com</a></td>
</tr>
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Commnity Health Improvement in Okaloosa County
Preventing Injuries Meeting
Florida Department of Health in Okaloosa County
Fort Walton Beach Location
February 12, 2018 1:00 PM – 2:00 PM

MINUTES

Purpose:
Engage community partners in Fall Prevention Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

Present: Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Matt McGraw, Andrews Institute; Nushrat Alam, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Katie McDeavitt, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa

Welcome
- Christopher “Chris” Missler welcomed attendees to the meeting.
- All in attendance were asked to sign-in.

Review of Previous Meeting
- Chris provided a review of the January 24, 2018 Preventing Injuries CHIP Team Meeting.
- Chris shared that the Fall Prevention Subcommittee was formed during the meeting to discuss ways to secure funding for fall prevention education.

Falls Prevention Grant
- Sydney Harper shared an overview of the “2018 Evidence-Based Falls Prevention Program,” funding by the Prevention and Public Health Funds (PPHF). PPHF will provide three-year grants to approximately 10 entities to develop capacity, bring to scale, and sustain evidence-based falls prevention programs that will help to reduce the number of falls, fear of falling, and/or fall-related injuries in older adults. The funding synopsis will be posted on February 28, 2018 and applications are due April 30, 2018.
- Sydney shared there are two types of grants organizations can apply for under the program, Sustainable Systems Grants and Capacity-Building Grants:
  - Sustainable Systems Grants of $400,000 to $600,000 will be awarded to approximately 6 organizations and aim to develop integrated, sustainable systems for delivering falls prevention programs.
  - Capacity-Building Grants of $50,000 to $150,000 will be awarded to approximately 4 organizations and aim to build capacity to introduce and deliver falls prevention programs within underserved areas and/or populations.
- Sydney shared information from an article about fall prevention programs previously funded by PPHF. She provided brief overviews of some of the programs used by former and current grantees:
  - A Matter of Balance
MINUTES

- Otago Exercise Program
- Stay Safe, Stay Active
- Stepping On
- Tai Chi for Arthritis
- Tai Ji Quan

- A discussion took place on attendees’ professional experiences and knowledge of the programs.
- Matt McGraw suggested selecting a program that a non-medical professional can teach, rather than choosing one that is specific to physical therapists and doctors.
- Katie McDeavitt suggested collaborating with the Healthcare Coalition to apply for the grant, due to the limited time frame.
- Katie suggested requesting funding from the Healthcare Coalition for falls prevention. She shared that to receive Healthcare Coalition funding, the application must show a preparedness connection. She suggested that the grant also include a template, so other counties in the region could replicate the program.
- Attendees agreed to move forward with analyzing fall data and choose a program to use, in order to be prepared to apply for grants as they become available.

Fall Data

- Chris shared the Fort Walton Beach Medical Center fall data. In 2015, there were 842 falls with 122 of those falls occurring at nursing home facilities. In 2016, there were 654 falls with 96 occurring in nursing home facilities. The average age of those who experience falls and present at FWBMC is approximately 63, with the oldest age being 100.

Actions

- Review selected fall prevention programs further and share information with the subcommittee members – Sydney by 3/21/2018
- Review selected fall prevention programs and contact Andrews Institute to gauge interest. - Matt by 3/21/2018
- Contact Utah Health Department for information on the Stepping On program and grant. – Nushy by 3/21/2018
- Contact grant funding office for additional details and share information with the subcommittee members. – Sydney by 3/21/2018
- Complete data collection process and share with subcommittee members. – Chris by 3/21/2018

Meeting adjourned at 1:58 p.m.
Next meeting TBD
Purpose:
Engage the community on topics related to fall injury prevention through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nushrat Alam</td>
<td>DOH- Okaloosa</td>
<td><a href="mailto:nushrat.alam2@flhealth.gov">nushrat.alam2@flhealth.gov</a></td>
<td>850-344-0563</td>
</tr>
<tr>
<td>Matt McKeen</td>
<td>Andrews Institute</td>
<td><a href="mailto:mmatt.mckeep@flhealth.gov">mmatt.mckeep@flhealth.gov</a></td>
<td>205-613-2398</td>
</tr>
<tr>
<td>Chrisiss Moller</td>
<td>FWBC</td>
<td><a href="mailto:christopher.moller@flhealth.gov">christopher.moller@flhealth.gov</a></td>
<td>850-305-4247</td>
</tr>
<tr>
<td>Enika Castley</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:enika.castley@flhealth.gov">enika.castley@flhealth.gov</a></td>
<td>850-344-0565</td>
</tr>
<tr>
<td>Katie McDevitt</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:katie.mcdevitt@flhealth.gov">katie.mcdevitt@flhealth.gov</a></td>
<td>850-344-0577</td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:sydney.harper@flhealth.gov">sydney.harper@flhealth.gov</a></td>
<td>850-344-0562</td>
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MINUTES

Purpose:
Engage community partners in Motor Vehicle Accident Prevention Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

Present: Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Brian Parkton, Okaloosa County Sheriff’s Office; Nushrat Alam, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

Welcome
- Christopher “Chris” Missler welcomed attendees to the meeting.
- All in attendance were asked to sign-in.

Review of Previous Meeting
- Chris provided a review of the January 24, 2018 Preventing Injuries CHIP Team Meeting.
- Chris shared that the Motor Vehicle Accident (MVA) Subcommittee was formed during the meeting to discuss ways to reduce MVAs and improve traffic-related safety issues.

MVA Discussion
- Brian Parkton shared the “Vacationing in Paradise? Accidents Can Still Happen.” card developed by the Okaloosa County Sheriff’s Office (OCSO). The card serves as a pedestrian safety education resource (see attached handout). He informed the group that the OCSO purchased multiple boxes of the cards and encouraged members to share them with their networks.
- The group discussed possible key issues surrounding the issue of MVAs, which included lighting and crosswalks.
- Brian suggested contacting Gulf Power to request funding for additional street lighting.
- The group agreed to review evidence-based approaches to determine which programs would best fit the Okaloosa County community.

MVA Data
- Chris shared that 172 MVAs met trauma criteria in 2016. Of the 172 MVAs, 84 were bicycle accidents and 44 were motorcycle accidents. The majority of car accidents occurred in daylight hours, whereas most bicycle accidents occurred at night. These numbers were determined based on trauma guidelines (see attached handout).
MINUTES

- Brian informed the subcommittee that in 2016 and 2017, there were 39 vehicle versus pedestrian accidents on US 98 in Destin, and 3 were pedestrian fatalities.
- The group agreed to combine the available data to determine which key areas and/or times of day are hotspots for accidents. After combining data, the group agreed to meet again to develop a plan of how to address the issues and present the needs to the Okaloosa Board of County Commissioners and/or other community leaders.

Actions

- Share webinar handouts on impaired driving billboard effectiveness with Brian. – Sydney by 3/21/2018
- Review evidence-based programs related to MVA reduction. – All by 4/1/2018
- Complete data collection process on accident hotspots and time(s) of day they occur. Share with subcommittee members. – Chris by 3/21/2018
- Complete data collection process on accident hotspots and time(s) of day they occur. Share with subcommittee members. – Brian by 3/21/2018
- Develop messaging for flashing signs near Emerald Grande. – Brian by 6/29/2018
- Review collected data and develop a plan to address high MVA areas. – All by 6/1/2018
- Develop messaging and PowerPoint slideshow to present MVA issue to Board of County Commissioners and/or other community leaders. – All by 6/29/2018

Meeting adjourned at 3:15 p.m.
Next meeting TBD
Florida Department of Health in Okaloosa County
Preventing Injuries – Community Action Planning Team
Motor Vehicle Accident Subcommittee Meeting
February 12, 2018 2:00PM-3:00PM

Sign In Sheet

**Purpose:**
Engage the community on topics related to motor vehicle accident injury prevention through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney Harper</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:sydney.harper@flhealth.gov">sydney.harper@flhealth.gov</a></td>
<td>850.344.0662</td>
</tr>
<tr>
<td>Christopher Reesley</td>
<td>FSBMC</td>
<td>c.r.</td>
<td>850.355.4244</td>
</tr>
<tr>
<td>Nushrat Alam</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:nushrat.alam2@flhealth.gov">nushrat.alam2@flhealth.gov</a></td>
<td>344-0563</td>
</tr>
<tr>
<td>Bryan M. Burke</td>
<td>OCSD</td>
<td>b.m.burke@sheriff-okaloosa.012</td>
<td>259.0928</td>
</tr>
<tr>
<td>Kat Beadie</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:katherine.beadie@flhealth.gov">katherine.beadie@flhealth.gov</a></td>
<td>850-344-0564</td>
</tr>
<tr>
<td>Erika Caffrey</td>
<td>DOH-Okaloosa</td>
<td><a href="mailto:erika.caffrey@flhealth.gov">erika.caffrey@flhealth.gov</a></td>
<td>850-844-0565</td>
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AGENDA

**Purpose:** Engage area hospital ED and Management staff on developing consistent Emergency Department policy for opioid prescribing through an open two-way dialogue.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Lead</th>
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<tbody>
<tr>
<td>Welcome</td>
<td>Chapman</td>
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<tr>
<td>• Introductions</td>
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<td>• Brief review of agenda</td>
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<td>Please sign in on provided sign-in sheets</td>
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<tr>
<td>Introduce Topic – Opioid Epidemic and Opioid Prescribing</td>
<td>Chapman</td>
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<tr>
<td>Discuss Supporting Information</td>
<td>Chapman</td>
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<tr>
<td>• Local data on the opioid epidemic including opioid prescribing, opioid deaths, and EMS use of Naloxone</td>
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<td>• Project Lazarus – Multi-sectoral response to include provider training and ED Policies on use of opioids</td>
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<tr>
<td>Open Floor for Hospital Input</td>
<td>All</td>
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<tr>
<td>• Discuss any current policies on opioid ED usage and prescribing in place</td>
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<td>• Discuss any best practices based on current evidence</td>
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<tr>
<td>• Discuss any actions being considered by hospitals to address opioids and ED usage and prescribing</td>
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<td>Consider Possible Directions</td>
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<td>• What strategies do we want to consider/use?</td>
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<td>• Can we agree that all EDs will use a consistent or very similar policy approach?</td>
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<td>• Can we collaborate and agree on management of common pain presentations to the ED?</td>
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<td>Actions</td>
<td>All</td>
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<td>• What can each hospital commit to work on between now and next meeting?</td>
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<td>• Set date/time for next meeting</td>
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<td>Meeting Evaluation</td>
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Purpose:
Engage community partners in Opioid Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

Present: Dannis Cain, Twin Cities Hospital (TCH); Dr. Lou Vagias, TCH; David Whalen, TCH; Frank Materese, TCH; Lautritia Moorehead, TCH; Shaun Lamprone, TCH; Kim Berggren, TCH; Mitch Mongell, Fort Walton Beach Medical Center; Danny Shearn, North Okaloosa Medical Center (NOMC); Chat Long, NOMC; Dr. Steve Noggle, NOMC; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Christine Syfrett, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa

Welcome
- Dr. Karen Chapman welcomed attendees to the meeting.
- Participants introduced themselves.
- All in attendance were asked to sign-in.

Review of Previous Meeting
- Dr. Chapman provided a review of the November 16, 2017 Community Health Assessment (CHIP) meeting and the community health improvement plan (CHIP) teams that were developed as a result.
- Dr. Chapman shared that the Opioid Subcommittee was formed during the first Injury Prevention meeting to discuss ways to address the opioid epidemic.

Project Lazarus Model
- Dr. Chapman shared a handout on the Project Lazarus Model. Project Lazarus was developed in 2007 as a response to the opioid epidemic in Wilkes County, North Carolina. The community has experienced a dramatic decrease in opioid-related deaths since the project’s implementation.
- Dr. Chapman reviewed the Provider Education, Hospital Emergency Department Policies, and Pain Patient Support portions of the model (see attachment).

Opioid Data
- Dr. Chapman shared Okaloosa County-specific opioid data pulled by Christine Syfrett from the Florida Drug-related Outcomes Surveillance and Tracking System (FROST) (see attachment).
- Dr. Chapman shared that the number of opioid prescriptions written is rising. In 2015, 187,747 opioid prescriptions were written. Based on this figure, there were 945 prescriptions per 1,000 population members.
- Dr. Chapman shared that Okaloosa had more opioid-related deaths in 2016 than any other county in Circuit 1. Mitch Mongell questioned whether drug-related deaths were
MINUTES

Emergency Department-related due to opioid prescription or due to heroin usage. Dr. Chapman reviewed charts showing the number of deaths per opioid type, along with charts showing heroin-related deaths (see attachment).

- Dr. Chapman shared that there has been an increase in the number of Naloxone administrations in Okaloosa County. In 2013, there were 77 administrations and this number increased to 325 in 2017.

Opioid Prescribing Guidelines

- Danny Shearm shared that North Okaloosa Medical Center does not have a consistent policy for opioid prescribing. He hopes the Okaloosa hospitals can form a common set of guidelines for opioid prescription and pain management. He believes that developing a common procedure would prevent hospital “shopping” for prescriptions. North Okaloosa Medical Center is on board to develop a consistent policy or set of guidelines.
- Danny shared North Okaloosa Medical Center’s Emergency Room Acute Pain Management Algorithm and Guidelines as a starting point (see attachment).
- David Whalen shared that Twin Cities Hospital is on board to develop a consistent policy or set of guidelines, but wants to ensure patients who need opioids can still receive them.
- Dr. Lou Vagias requested that the changes be framed as “guidelines,” rather than a policy. He shared that physicians should also be given the right to make changes to the policy or guidelines based on their professional opinion.
- Mitch shared that Fort Walton Beach Medical Center is on board to develop a consistent set of guidelines, if they do not conflict with HCA Healthcare regulations.
- Shaun Lamprone shared that one of Twin Cities Hospital's sister organizations developed a set opioid prescribing policy. She stated that she would request a copy of their policy to share with group members.
- Mitch suggested working with hospitalists to set similar guidelines as a next step. He shared that he has already begun to communicate with them about addressing the opioid issue and believes they will be on board.
- Mitch suggested marketing the guidelines in local newspapers, including that every hospital is on board with the change.
- Danny encouraged hospitals to consider security needs after implementing the guidelines, in the event of angry patients.
- Attendees agreed upon two initial goals:
  - To have nearly uniform policies/guidelines in all three emergency departments (EDs) on both the usage of opioids for common pain syndromes and on the prescribing of opioids (type and number of pills).
  - To apply this concept of uniform policies/guidelines for hospitalists usage of opioids for inpatient discharge.
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Actions

- Email attendees to schedule another meeting in approximately 6 weeks. – Dr. Chapman by 2/20/2018
- Collect organizational guidelines and/or policies related to opioid prescribing and pain management. – All by next meeting, TBD
- Contact Twin Cities Hospital’s sister organization to request opioid prescribing policy. – Shaun by next meeting, TBD

Meeting adjourned at 11:45 a.m.
Next meeting TBD
OPIOID PRESCRIPTIONS WRITTEN BY POPULATION
OKALOOSA COUNTY, 2013-2015

Florida Drug-related Outcomes Surveillance And Tracking System (FROST)

- 2013
  - Opioid Prescriptions Written- 163,842
  - Total Population-193,458
  - Rx per 1000 Population- 847
- 2014
  - Opioid Prescriptions Written- 175,476
  - Total Population- 195,650
  - Rx per 1000 Population- 897
- 2015
  - Opioid Prescriptions Written- 187,747
  - Total Population- 198,664
  - Rx per 1000 Population- 945
OPIOID PRESCRIPTIONS WRITTEN BY POPULATION
CIRCUIT 1, 2013-2015

Florida Drug-related Outcomes Surveillance And Tracking System (FROST)

Number of prescriptions written per 1,000 population
DEATHS PER OPIOID TYPE, OKALOOSA COUNTY
2013-2016 (FROST)

Number of Deaths per Opioid Type,
Okaloosa County
2013-2016 (FROST)
OPIOID DEATHS BY CIRCUIT 1 COUNTY, 2013-2016 (FROST)

Number of Opioid Deaths per Year by Circuit One County
2013-2016 (FROST)

Total Opioid Deaths by Circuit One County, 2013-2016

- Escambia: 147, 37.5%
- Santa Rosa: 19, 4.8%
- Okaloosa: 53, 13.5%
- Walton: 173, 44.1%
HEROIN-RELATED DEATHS, CIRCUIT 1, 2013-2016
Florida Drug-related Outcomes Surveillance And Tracking System (FROST)

(Rates calculated per 100,000 population)
HEROIN-RELATED DEATHS, CIRCUIT 1, 2013-2016

Florida Drug-related Outcomes Surveillance And Tracking System (FROST)

2013
(Rates calculated per 100,000 population)

2014

2015

2016
EMS NALOXONE ADMINISTRATION TOTALS
OKALOOSA COUNTY, 2013-2017
LEARN ABOUT THE
PROJECT LAZARUS MODEL
CLICK ANY PORTION OF THE MODEL TO FIND OUT MORE!
Provider Education

Chronic pain is recognized as a complicated medical condition requiring a substantial amount of knowledge and skill for appropriate evaluation, assessment, and management. Pain is sometimes treated in an emergency department with opioid-based medicine and often is not recognized as requiring pain-specific clinical expertise.

Provider education is most effective when provided by professional peers as opposed to concerned citizens. Members of the provider education sector group should include clinicians and work with other organizations offering continuing medical education (CME) to providers in the community to optimize their efforts. The local hospitals, statewide chronic pain organizations, local addiction treatment specialists, and local pain specialists are all examples of the kinds of resources that can support these efforts.

While much of the emphasis in these efforts is on those writing the actual prescriptions, it is important to also engage with nurses and pharmacists. Nurse practitioners should be receiving the same provider education as all other providers. The nurses being discussed here are those without prescriptive authority. Nurses have a vital role in caring for patients with chronic pain and/or addiction and should understand the signs of patients' risk behavior and be able to care for them effectively. Pharmacists also have an incredibly important role in this effort. Pharmacists should understand the problem and what their role is in identifying diversion, forgeries, and promoting patient safety.

Communities and professional organizations are continually developing new and creative ways to optimize education for providers and other clinicians. The following is a list of some of the activities that have been successfully implemented:

- Promoting adoption of the CPI toolkits for primary care providers, emergency departments, and care managers.
- One-on-one provider education or "academic detailing" on pain management.
- Continuing medical education sessions on pain management, appropriate prescribing, and diversion control.
- Pharmacist continuing education on diversion, forgeries and the use of the PDMP.
- Promoting provider and dispensing use of the PDMP.
- Information concerning the Good Samaritan Law and prescribing naloxone.
Hospital Emergency Department Policies

The emergency department (ED) is a source of many prescriptions for opioid pain medications. There are several factors that could increase the risk of adverse events in patients receiving controlled substances through the ED. Since there is no ongoing physician-to-patient relationship in most cases, the ED provider may not have readily available information regarding co-morbid medical conditions, other prescription medicines the patient is taking and possible drug-to-drug adverse interactions, or other patient factors that could increase the risk for overdose. There are also patients who exhibit “crash seeking behavior” and come through the ED, sometimes even multiple EDs, to get controlled medications for a variety of reasons, including trying to address unrelieved pain and issues related to medication dependency. For these reasons, it is recommended that hospital EDs develop a system-wide standard protocol with respect to prescribing narcotic analgesics. Considerations in developing an opioid prescribing policy might include the following points:

- ED will avoid prescribing controlled substances for pain that is chronic and, instead, prescribe a non-narcotic medication and refer to the patient’s primary care provider, pain specialist, or dentist.
- ED will avoid providing refills for chronic pain medications due to lost prescriptions, need for after-hours, or weekend refills.
- ED provider should check the POMP (CSRS) before prescribing a controlled medication for pain.
- ED will limit the number of doses of controlled medications dispensed or prescribed. For instance, the default number for computerized prescriptions for opiates will be set at 10 or less for chronic pain.
- For patients who are frequently seen in the ED for pain complaints and who have no established primary care provider, the ED or other hospital staff will work to get that patient established with a regular provider.
- ED will create a case manager position to work specifically with patients dealing with chronic pain and substance abuse issues, as well as coordinate appropriate care and work with patients who are under or uninsured.
Pain Patient Support

In the same way that providers benefit from additional education on managing chronic pain, the complexity of living with chronic pain makes supporting community members with pain vitally important.

A factor that contributes to the complexity of the overdose situation is the overlap of pain patients who have previously developed or have substance use disorders. If people who have pain and people who have substance use disorders were separate non-overlapping groups, then an effective intervention might be simpler. However, whether the use of prescription medications is legitimate or not is irrelevant when unintentional overdose deaths can be prevented.

Communities and health care professionals can work in many ways to optimize pain management and support patients with pain. The following is a list of some of the activities that have been successfully implemented:

- Promoting adoption of the CPI toolkits for primary care providers, EDs, and care managers.
- Medicaid policy change: Mandatory use of patient-provider agreements, medical home, and pharmacy home for high risk patients which could also be adopted by private insurance companies.
- Support groups for pain patients and their families.
- ED case manager for patients with chronic pain.
- Medical practice vetting of local pain clinics and facilitation of specialized pain clinic referrals.
North Okaloosa Emergency Room Acute Pain Management Algorithm & Guidelines

2017 to Present

Note - the doctor can supersede the direction of this algorithm.
- Always remember to assess for pain.
- Also, reassess routinely (30-60 minutes after pain medication is administered.
- Lastly, remember to document all pertinent information.

Utilize the Prescription Drug Monitoring Program (PDMP) Database prior to prescribing narcotics.

Is the Chronic pain causing a deteriorating condition?

Yes

Utilize Diagnosis Specific Treatments. See Grid A, and / or the concept of the Adult Pain Management Orders Grid B.

Is the pain acute or chronic?

Acute

No - Discharge with a Chronic Pain Referral: No treatment for pain required.

Yes - Treat accordingly and manage sequel of pain. Avoid narcotics.

Is the pain mild, moderate or severe?

Continue with algorithm

Yes

Treat Accordingly (See Grid B below)

Is the pain one of these types of pain? Dental, Abdominal, Migraine, or Back?

Yes

Diagnosis Specific Treatment Grid A.

Utilize the below boxes for the first line treatment option.

Dental
First Line Treatment:
- Acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs).
- Consult to see a dentist.

Abdominal
First Line Treatment:
- Clinical approach should be determined by review of the history and the physical examination.
Use PORST mnemonic:
- P3 – Positional, palliating, and provoking factors
- Q – Quality
- R3 – Region, radiation, referral
- S – Severity
- T3 – Temporal factors (time and mode of onset, progression, previous — episodes)

Migraine
First Line Treatment:
- Acute treatments- aspirin, acetaminophen, NSAIDs (may be combined with caffeine), anti-nausea meds, triptans-migraine-specific
- Preventative = Beta-blockers, TCAs, Anti-seizure meds, calcium channel blockers, non-pharmacological treatments

Back
First Line Treatment:
- Acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs)

Second Line:
- Serotonin and norepinephrine reuptake inhibitors (SNRIs) / Tricyclic antidepressants (TCAs)

General: Educate patient to remain active, avoid bed rest, exercise, use behavioral therapy, and interdisciplinary rehabilitation

Grid B.

Mild Pain (Scale 1-3)
- Use oral or rectal non-narcotic pain medication

Moderate Pain (Scale 4-6)
- Use oral / rectal non-narcotics first
- Use oral narcotics (lower dose and quantity)
- Use IV as last resort

Severe Pain (Scale 7-10)
- Assess and treat according to patient condition

Reference: Grid B used from the CDC website.
- Our ED will avoid prescribing controlled substances for pain that is chronic and, instead, prescribe a non-narcotic medication and refer to the patient’s primary care provider, pain specialist, or dentist.
- Our ED will avoid providing refills for chronic pain medications due to lost prescriptions, need for after hours, or weekend refills.
- Our ED provider should check the PDMP (CSRS) before prescribing a controlled medication for pain.
- Our ED will limit the number of doses of controlled medications dispensed or prescribed. For instance, the default number for computerized prescriptions for opiates will be set at #10 or less for chronic pain.
- For patients who are frequently seen in our ED for pain complaints and who have no established primary care provider, the ED or other hospital staff will work to help get that patient established with a regular provider.
- Our ED will have personnel who will work specifically with patients dealing with chronic pain and substance abuse issues, as well as coordinate appropriate care and work with patients who are under-or uninsured.

https://www.projectlazarus.org
**Purpose:** Engage area hospital ED and Management staff on developing consistent Emergency Department policy for opioid prescribing through an open two-way dialogue.

<table>
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<tr>
<th>Print Name</th>
<th>Organization or Community Representative</th>
<th>Email</th>
<th>Phone</th>
<th>Signature</th>
</tr>
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<tr>
<td>Sydney Harper</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:sydney.harper@health.fl.gov">sydney.harper@health.fl.gov</a></td>
<td>850.344.0162</td>
<td></td>
</tr>
<tr>
<td>Dannis L Cain</td>
<td>TCH</td>
<td><a href="mailto:danvis.cain@healthcarae.com">danvis.cain@healthcarae.com</a></td>
<td>850-729-9490</td>
<td></td>
</tr>
<tr>
<td>KMT Beedie</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:katherine.beedie@health.gov">katherine.beedie@health.gov</a></td>
<td>850-344-0564</td>
<td></td>
</tr>
<tr>
<td>Louis Vaghi</td>
<td>TCH ED</td>
<td><a href="mailto:louis.vaghi@hcahealthcare.com">louis.vaghi@hcahealthcare.com</a></td>
<td>850-496-8691</td>
<td></td>
</tr>
<tr>
<td>Mitch Moweren</td>
<td>TCH</td>
<td><a href="mailto:mitch.moweren@healthcarae.com">mitch.moweren@healthcarae.com</a></td>
<td>850-763-8901</td>
<td></td>
</tr>
<tr>
<td>Taylor Unkven</td>
<td>TCH</td>
<td><a href="mailto:david.unkven@hcahealthcare.com">david.unkven@hcahealthcare.com</a></td>
<td>850-729-9300</td>
<td></td>
</tr>
<tr>
<td>Karen Chapman</td>
<td>DOH - Okaloosa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frank Materiex</td>
<td>TCH Pharmacy</td>
<td><a href="mailto:frank.materiex@hcahealthcare.com">frank.materiex@hcahealthcare.com</a></td>
<td>850-729-9583</td>
<td></td>
</tr>
<tr>
<td>LaKotia Moorehead</td>
<td>TCH ICP</td>
<td><a href="mailto:lakotia.moorehead@hcahealth.com">lakotia.moorehead@hcahealth.com</a></td>
<td>850-729-9475</td>
<td></td>
</tr>
<tr>
<td>Shawn Langara</td>
<td>TCH - COO</td>
<td><a href="mailto:shawn.langara@hcahealthcare.com">shawn.langara@hcahealthcare.com</a></td>
<td>850-729-9304</td>
<td></td>
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**Purpose:** Engage area hospital ED and Management staff on developing consistent Emergency Department policy for opioid prescribing through an open two-way dialogue.

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</tr>
</thead>
<tbody>
<tr>
<td>Danny Shearn</td>
<td>NOMC North Okaloosa Medical Center</td>
<td><a href="mailto:Daniel_shearn@chp.net">Daniel_shearn@chp.net</a></td>
<td>850-689-8105</td>
<td>Shearn</td>
</tr>
<tr>
<td>Chat Long</td>
<td>NOMC</td>
<td><a href="mailto:chat_long@chp.net">chat_long@chp.net</a></td>
<td>850-689-8421</td>
<td>Long</td>
</tr>
<tr>
<td>Christine Syfrett</td>
<td>DOTH-Okaloosa</td>
<td><a href="mailto:Christine.syfrett@health.gov">Christine.syfrett@health.gov</a></td>
<td>850-344-0561</td>
<td>Syfrett</td>
</tr>
<tr>
<td>Kim Berggren</td>
<td>Twin Cities Hospital</td>
<td><a href="mailto:pakbergren@gmail.com">pakbergren@gmail.com</a></td>
<td>901-874-2323</td>
<td>Berggren</td>
</tr>
<tr>
<td>Scott Noggle MD</td>
<td>NOMC ED Medical Center</td>
<td><a href="mailto:stevennoogled@gmail.com">stevennoogled@gmail.com</a></td>
<td>850-398-1079</td>
<td>Noggle</td>
</tr>
</tbody>
</table>
Okaloosa County Injury Prevention Meeting
Fort Walton Beach Medical Center
February 28, 2018 9:00 AM – 10:30 AM

I. Call to Order- Chris Missler RN, BSN, EMTP

II. Introduce new members

III. Review minutes of last meeting/ Follow up on action items
   a. Opioid Prescribing Policy
   b. Fall Prevention Campaign
   c. Motor Vehicle Safety/ Pedestrian Safety
   d. Bike Safety/ Hover Board Safety- Helmet safety
   e. Unintentional Poisoning Injury Prevention
   f. Stop the Bleed- March 31, 2018

IV. What can accomplish in the next 6-12 months?

V. What do we want to tackle first?

VI. What proven evidenced based programs do we have to accomplish our goals?

VII. New Business

VIII. Next Meeting

March 28, 2018 @ 9:00 AM-10:30 AM TBD
Community Health Improvement in Okaloosa County
Preventing Injuries Meeting
Fort Walton Beach Medical Center
February 28, 2018  9:00 a.m. – 10:30 a.m.

MINUTES

**Purpose:** Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

**Present:** Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Brian Parkton, Okaloosa County Sherriff’s Office; Danny Shearn, North Okaloosa Medical Center (NOMC); Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Margi Young, FWBMC; Lautritia Moorehand, Twin Cities Hospital (TCH); Nushrat Alam, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Trisha Dall, DOH-Okaloosa; Dr. Karen Chapman, DOH-Okaloosa; Erika Cathey, DOH-Okaloosa; Christine Syfrett, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Katie McDeavitt, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa; Scott McDaniel, Gulf Power; Dorothy Walker; Wesley Boles, FWBMC; Ron Livingston, Florida Highway Safety and Motor Vehicles; Christopher McCarthy, Okaloosa Med Flight

**Absent:** Pamela Weeks, DOH-Okaloosa; Deanndra Morgan, Hurlburt Field; Amber Bobbitt, Hurlburt Field; Matt McGraw, Andrews Institute

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**Welcome**
- Christopher (Chris) Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in. Chris encouraged participants to include their cell phone numbers on the sign-in sheet to ensure contact could be made during office closures and other events.
- Participants introduced themselves.

**Review of Previous Minutes**
- Chris provided attendees with copies of the January 24, 2018 Preventing Injuries Committee meeting minutes.
- No changes were made to the minutes.

**Opioid Subcommittee Update**
- Dr. Chapman provided an overview of the February Opioid Subcommittee meeting.
- The subcommittee included representatives from Twin Cities Hospital, North Okaloosa Medical Center, and the Fort Walton Beach Medical Center. The representatives agreed to develop consistent opioid prescribing guidelines.
- Dr. Chapman shared that the subcommittee members have the goal of reducing new addicts and preventing doctor shopping. They also hope to publicize the guidelines changes when complete.
MINUTES

- Dr. Chapman shared that she hopes to have the new guidelines fully implemented within the three hospital emergency departments and hospitalists by the end of the year.
- Danny Shearn shared the North Okaloosa Emergency Department Acute Pain Management Algorithm and Guidelines developed by North Okaloosa Medical Center as an example (see attachment).
- Danny shared that he contacted the Dental Association about joining the effort. He shared they are interested in having him speak to their group to discuss the possibility of collaborating.
- Chris shared that Escambia County has implemented a program using Project Lazarus as a model. He hopes to encourage other counties to implement similar programs.
- Shane McGuffin shared that the Okaloosa County Emergency Medical Services (EMS) has begun to implement holistic pain management techniques rather than providing opioids.

Fall Prevention Subcommittee Update
- Chris provided an overview of the February Falls Prevention Subcommittee meeting.
- Chris shared that most falls occur in public, rather than in private homes. There are also certain nursing homes that are hotspots for falls. He is continuing to pull data on falls for use in grant applications.
- Nushrat Alam shared a call was scheduled with the Utah Department of Health to learn about the Stepping On Fall Prevention Program they implemented.
- Chris shared that falls also increase fear of falling, leading individuals to stay at home to avoid falling. This can cause individuals to experience more isolation, leading to other issues.

Motor Vehicle Accident Subcommittee Update
- Chris provided an overview of the February Motor Vehicle Accident (MVA) Subcommittee meeting.
- Brian Parkton provided members with an accident education cards for vacationers. He shared that he has a large quantity of the cards and asked members to share them with the public.
- Wesley Boles shared that Fort Walton Beach Medical Center can give the cards to patients in the Emergency Department and share them on the electronic screens.
- Brian shared that the Okaloosa County Sheriff’s Office applied for a $120,000 grant. The grant would allow officers to provide jaywalking tickets and road monitoring in MVA hotspot areas.
- A discussion took place on whether closing bars at earlier times would decrease the number of pedestrian injuries. Brian shared that few pedestrian injuries occur in early morning hours.
MINUTES

- Katie McDeavitt questioned whether a representative from Harbor Walk should be invited to join the group. She shared that adding shrubbery or fencing in the area may prevent pedestrians from walking across the road in non-crosswalk areas.
- Scott McDaniel shared information about LED lighting and the impact its had in Navarre and Gulf Breeze. He shared that there is a certain requesting process that must be followed. He will provide details about the process to the group.

Bicycle and Motorcycle Safety

- Chris questioned whether the group wanted to expand their focus to include the issue of bicycle and motorcycle safety.
- Shane shared that the Okaloosa County EMS office has a cache of bicycle helmets that can be given to the public at community events.
- Dr. Chapman shared that there are no helmet laws for motorcyclists in Florida.
- Ron Livingston shared that helmets are required in Florida for those under age 21.
- Chris shared that in 2017, there were 89 motorcycle injuries that met trauma criteria. One third of those injuries were considered major trauma, 7 were fatalities, and 5 individuals had to be placed in rehabilitation or long-term nursing care facilities.

Injury Prevention Community Education

- Chris shared that he hopes to hold an Injury Prevention Fair to educate the public. He is working to find a location.
- Katie suggested collaborating with the Touch a Truck event in Destin, FL to spread injury prevention messages.
- Kat Beedie suggested hosting a table at the Earth Day event in Fort Walton Beach, FL to spread injury prevention messages.
- Dr. Chapman suggested utilizing DOH-Okaloosa’s community event listing to determine which events would best fit injury prevention education.

Stop the Bleed Program

- Chris provided an overview of the Stop the Bleed education program and distributed copies of the program’s PowerPoint.
- Chris shared that he provided a Stop the Bleed Train-the-Trainer session to 13 Okaloosa County students and two teachers. The students have a goal of providing the education program to 300 students by the end of the 2017-2018 school year.
- Chris shared that Northwest Florida State College plans to use the Stop the Bleed program as project within their Nursing Department.
- Chris shared he will provide a Train-the-Trainer session to the Okaloosa County Sheriff’s Office CPR instructors. The instructors will then provide the education program to all police officers.
- Dorothy Walker shared that National Stop the Bleed day is March 31st, 2018.

Actions
Community Health Improvement in Okaloosa County
Preventing Injuries Meeting
Fort Walton Beach Medical Center
February 28, 2018 9:00 a.m. – 10:30 a.m.

MINUTES

• Create and send Doodle Poll to schedule the March meeting for the Motor Vehicle Accident Subcommittee. – Sydney by 3/7/2018
• Create and send Doodle Poll to schedule the March meeting for the Fall Prevention Subcommittee. – Sydney by 3/7/2018
• Hold a follow-up meeting to discuss opioid hospital policies/guidelines. – Opioid Subcommittee members by 3/26/2018
• Hold a phone meeting with the Utah Department of Health to discuss the Stepping On Fall Prevention Program. – Nushrat, Chris, and Sydney by 3/5/2018
• Provide community event listing to the group members. – Kyndal and Sydney by 3/15/2018
• Share the electronic version of the accident education card for vacationers with Chris for distribution on the Fort Walton Beach Medical Center and Twin Cities Hospital screens. – Brian by 3/30/2018
• Distribute the accident education cards for vacationers at Fort Walton Beach Medical Center and Twin Cities Hospital Emergency Rooms. – Chris by 3/30/2018
• Provide information on LED lighting arrangement to Chris for review. – Scott by 3/30/2018

Meeting Evaluation
• The team was asked to complete the meeting evaluation. DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 10:30 a.m.
Next meeting will be held on Wednesday, March 28 from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom
North Okaloosa Emergency Department Acute Pain Management Algorithm & Guidelines

**Note** - the doctor can supersede the direction of this algorithm.
- Always remember to assess for pain.
- Also, reassess routinely (30-60 minutes after pain medication is administered).
- Lastly, remember to document all pertinent information.

**Utilize the Prescription Drug Monitoring Program (PDMP) Database prior to prescribing narcotics.**

- **Chronic**
  - Is the Chronic pain causing a deteriorating condition? **Yes**
    - Utilize Diagnosis Specific Treatments See Grid A and/or the contents of the Adult Pain Management Orders Grid B.
  - Is the chronic pain causing a deteriorating condition? **No** — Discharge with a Chronic Pain Referral; No treatment for pain required.

- **Acute**
  - Yes — Treat accordingly and manage sequel of pain. Avoid narcotics.

- **Is the pain mild, moderate or severe?**
  - Continue with algorithm.
  - **Yes**

- **Is the pain one of these types of pain? Dental, Abdominal, Migraine, or Back?**
  - **Yes**

---

**Diagnosis Specific Treatment Grid A.**

Utilize the below boxes for the first line treatment option.

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<thead>
<tr>
<th>Dental First Line Treatment:</th>
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<tbody>
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<td>- Clinical approach should be determined by review of the history and the physical examination.</td>
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<tr>
<td>- Use PQRST mnemonic:</td>
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<tr>
<td>- P - Positional, palliatory, and provocative factors</td>
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<tr>
<td>- Acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs)</td>
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**General:** Educate patient to remain active, avoid bed rest, exercise, use behavioral therapy, and interdisciplinary rehabilitation

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**Grid B.**

- **Mild Pain (Scale 1-3)**
  - Use oral or rectal non-narcotic pain medication

- **Moderate Pain (Scale 4-6)**
  - Use oral / rectal non-narcotics first
  - Use oral narcotics (lower dose and quantity)
  - Use IV as last resort

- **Severe Pain (Scale 7-10)**
  - Assess and treat according to patient condition

**Reference:** Grid B used from the CDC website.
- Our ED will avoid prescribing controlled substances for pain that is chronic and, instead, prescribe a non-narcotic medication and refer to the patient’s primary care provider, pain specialist, or dentist.
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https://www.projectlazarus.org
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<tbody>
<tr>
<td>CTCtis Missler</td>
<td>850-335-4244</td>
<td>FIRMHC</td>
<td><a href="mailto:Christopher.Missler@HCAHealthcare.com">Christopher.Missler@HCAHealthcare.com</a></td>
</tr>
<tr>
<td>Scott Blackwell</td>
<td>840-444-6687</td>
<td>Gulf Power</td>
<td><a href="mailto:nmedani@sauderica.com">nmedani@sauderica.com</a></td>
</tr>
<tr>
<td>Ronnie Parke</td>
<td>259-6428</td>
<td>OCSO</td>
<td>bank <a href="mailto:b@SHERIFF-OKALOOSA.or">b@SHERIFF-OKALOOSA.or</a></td>
</tr>
<tr>
<td>Daniah Sneen</td>
<td>412-860-8458</td>
<td>None</td>
<td><a href="mailto:Daniel_Sleen@chs.net">Daniel_Sleen@chs.net</a></td>
</tr>
<tr>
<td>Dorothy Walker</td>
<td>915-996-5495</td>
<td>DOH-OKALOOSA</td>
<td><a href="mailto:dwalker6162@gmail.com">dwalker6162@gmail.com</a></td>
</tr>
<tr>
<td>Katie McDeautt</td>
<td>850-420-3486</td>
<td>DOH-OKALOOSA</td>
<td><a href="mailto:katie.mcdeauitt@flhealth.gov">katie.mcdeauitt@flhealth.gov</a></td>
</tr>
<tr>
<td>KAT BEEDE</td>
<td>850 8339065</td>
<td>DOH-OKALOOSA</td>
<td><a href="mailto:Katarina.Bee@flhealth.gov">Katarina.Bee@flhealth.gov</a></td>
</tr>
<tr>
<td>Michelle Timeer</td>
<td>950-344-0687</td>
<td>OCHS</td>
<td><a href="mailto:sydney.timeer@flhealth.gov">sydney.timeer@flhealth.gov</a></td>
</tr>
<tr>
<td>Christene Sperle</td>
<td>850-833-9065</td>
<td>DOH-OKALOOSA</td>
<td><a href="mailto:christine.sperle@flhealth.gov">christine.sperle@flhealth.gov</a></td>
</tr>
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<td>Maryn Estamos</td>
<td>850-344-0563</td>
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<tr>
<td>Shena McGurkin</td>
<td>850-239-9419</td>
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<td>Wesley Bolus</td>
<td>850-238-9336</td>
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<td>Trisha Dall</td>
<td>850-305-3085</td>
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MINUTES

Purpose: Engage community partners in Fall Prevention Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

Present: Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Matt McGraw, Andrews Institute; Erika Cathey, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa

Welcome
- Christopher “Chris” Missler welcomed attendees to the meeting.
- All in attendance were asked to sign-in.

Review of Previous Meeting
- Chris provided a review of the February 12, 2018 Preventing Injuries CHIP Falls Subcommittee meeting.
- No changes were made to the minutes.

Falls Prevention Grant
- Sydney Harper, Erika Cathey, and Nushrat Alam provided an overview of a call with Sally Aerts, the Falls Prevention Liaison for the Utah Department of Health in Salt Lake City, Utah. They were awarded a grant through the “Evidence-Based Falls Prevention Program” funding by the Prevention and Public Health Funds (PPHF).
- PPHF provides three-year grants to develop capacity, bring to scale, and sustain evidence-based falls prevention programs that will help to reduce the number of falls, fear of falling, and/or fall-related injuries in older adults. There are two types of grants organizations can apply for under the program, Sustainable Systems Grants and Capacity-Building Grants:
  - Sustainable Systems Grants of $400,000 to $600,000 aim to develop integrated, sustainable systems for delivering falls prevention programs.
  - Capacity-Building Grants of $50,000 to $150,000 aim to build capacity to introduce and deliver falls prevention programs within underserved areas and/or populations.
- Sydney, Erika, and Nushrat shared the input given by Sally and her team. They suggested selecting another program based on their experiences.
- Sydney shared that Sally and her team encouraged conducting a pilot program prior to applying for the PPHF grant.
- Sydney shared information about the A Matter of Balance fall prevention program. The program is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels.
MINUTES

- Sydney shared that the Master Trainer courses cost $1,550 per person, along with travel costs. Master Trainer sessions are held across the country. In addition, a localized training can be held for 11+ participants that costs $16,000, along with a fee of $220 per trainee and instructor travel costs.
- Chris shared that the HCA organization has an upcoming A Matter of Balance training. He will contact the organization to determine training dates and availability.
- Attendees agreed to move forward with the A Matter of Balance program.
- Sydney suggested reviewing the Impact 100 requirements to consider whether they would be a good match for a pilot program.
- Matt McGraw shared details about the Impact 100 granting agencies in the panhandle. He agreed that they would be a good fit for the program.

Fall Data

- Chris shared that he completed collecting and reviewing the Fort Walton Beach Medical Center fall data. The data is ready to be analyzed and presented to the group.

Partner Updates

- Chris shared that the Fort Walton Beach Medical Center (FWBMC) has a new injury prevention blog. He encouraged partners to send him blogs that could be published on the blog. Currently four new posts are under review with FWBMC Marketing.
- A discussion took place on heat-related injuries.
- Matt shared information about the Andrews Institute’s need for new thermometers to test internal temperatures of football players. The thermometer sets costs approximately $700 per school. Attendees suggested teaching out to Booster Clubs, PTAs, and Rotary Clubs to obtain funding.
- A discussion took place on traumatic brain injuries.
- Chris shared that it is TBI Awareness Month.
- Nushrat provided details about a data analysis she conducted on TBIs in Okaloosa County. She shared that Niceville, FL has the highest number of TBIs in the county.

Actions

- Conduct pricing assessment of selected fall prevention program. – Sydney by 4/20/2018
- Review selected fall prevention program and contact Andrews Institute to gauge interest. - Matt by 4/20/2018
- Share fall data with subcommittee members. – Chris by 4/20/2018
- Contact HCA to determine A Matter of Balance training dates and availability. – Chris by 4/20/2018
- Determine Impact 100 grant funding schedule. – Sydney by 4/20/2018
MINUTES

Meeting adjourned at 2:50 p.m.
Next meeting TBD via Doodle Poll
### Sign In Sheet

**Purpose:** Engage community partners in MVA Prevention Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

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<tr>
<td>Sydney Harper</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:sydney.harp@health.gov">sydney.harp@health.gov</a></td>
<td>×0662</td>
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<tr>
<td>Chris Missouri</td>
<td>FWBMC</td>
<td></td>
<td>850-315-4244</td>
</tr>
<tr>
<td>Erika Cathery</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:erika.cathery@health.gov">erika.cathery@health.gov</a></td>
<td>850-344-0565</td>
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MINUTES

**Purpose:** Engage community partners in MVA Prevention Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

**Present:** Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Erika Cathey, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Sydney Harper, DOH-Okaloosa

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**Welcome**
- Christopher “Chris” Missler welcomed attendees to the meeting.
- All in attendance were asked to sign-in.

**Review of Previous Meeting**
- Chris provided a review of the February 12, 2018 Preventing Injuries CHIP MVA Subcommittee meeting.
- No changes were made to the minutes.

**MVA Discussion**
- Chris shared that Gulf Power representatives are meeting with the City of Destin to discuss adding lighting at key sites on Highway 98.
- Gulf Power is conducting a lighting assessment of the area and will share the results with the City of Destin and the Injury Prevention CHIP team.
- Chris suggested addressing the Fort Walton Beach, FL area hotspots after determining solutions for the Destin, FL area hotspots.
- Chris shared that Racetrack and Martin Luther King roads are high risk areas that should be addressed.
- The group discussed the importance of determining evidence-based strategies to address the high-risk areas, including better lighting and lowering speed limits.

**MVA Data**
- The group agreed to extend the data collection and analyzation deadline dates to accommodate for busy schedules.
- The group will combine the available data to determine which key areas and/or times of day are hotspots for accidents. After combining data, the group will meet to develop a plan of how to address the issues and present the needs to the Okaloosa Board of County Commissioners and/or other community leaders.

**Actions**
- Review evidence-based programs related to MVA reduction. – Ongoing
MINUTES

- Complete data collection process on accident hotspots and time(s) of day they occur. Share with subcommittee members. – Chris by 4/27/2018
- Complete data collection process on accident hotspots and time(s) of day they occur. Share with subcommittee members. – Brian by 4/27/2018
- Develop messaging for flashing signs near Emerald Grande. – Brian by 6/29/2018
- Review collected data and develop a plan to address high MVA areas. – All by 6/1/2018
- Develop messaging and PowerPoint slideshow to present MVA issue to Board of County Commissioners and/or other community leaders. – All by 6/29/2018

Meeting adjourned at 1:50 p.m.
Next meeting TBD via Doodle Poll
# Sign In Sheet

**Purpose:** Engage community partners in Fall Prevention Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

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<td>Sydney Hamper</td>
<td>DOH - Okaloosa</td>
<td>Sydney <a href="mailto:hamper@health.gov">hamper@health.gov</a> x 6662</td>
<td></td>
</tr>
<tr>
<td>Erika Cathey</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:erika.cathey@health.gov">erika.cathey@health.gov</a> x 0565</td>
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<tr>
<td>Chris Muske</td>
<td>Fwbmc</td>
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<tr>
<td>Matt McBran</td>
<td>Andrews Institute</td>
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<td>705-613-2398</td>
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MINUTES

Purpose:
Engage community partners in Opioid Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

Present: Danny Cain, Twin Cities Hospital (TCH); David Whalen, TCH; Frank Materese, TCH; Shaun Lampra, TCH; Chat Long, NOMC; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Katherine Beedie, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Shane McGuffin, Okaloosa County EMS

Welcome
- Dr. Karen Chapman welcomed attendees to the meeting.
- Participants introduced themselves.
- All in attendance were asked to sign-in.

Review of Previous Meeting
- Dr. Chapman provided a review of the February 14, 2017 Community Health Assessment (CHIP) Preventing Injuries Opioid Subcommittee meeting.

Opioid Prescribing Guidelines
- Chat Long shared North Okaloosa Medical Center’s (NOMC) updated Emergency Room Acute Pain Management Algorithm and Guidelines (see attachment). The algorithm and guidelines were updated following feedback from the group. The four treatment options in the Diagnosis Specific Treatment Grid were chosen because they are the most common needs.
- A discussion took place on how to address patients who return after receiving a 3-7 day supply of opioids and request additional medication. Chat shared that NOMC’s corporate headquarters is currently development a set of guidelines for repeat prescriptions; however, it has not been released publicly. Chat will bring the guidelines to the next meeting to share with the group.
- Danny Cain reiterated the importance of utilizing Florida’s EFORCSE website before prescribing medications. A discussion took place regarding whether EFORCSE tracked surrounding states records.
- Shaun Lampra shared guidelines that were developed by Twin Cities Hospital’s (TCH) Dr. Lou Vagias. The group agreed that the suggestions made by Dr. Vagias were in line with the goals. Dr. Chapman volunteered to review the drafted guidelines and make edits to reflect the newly signed Florida law and the group’s suggestions.
- Shaun shared that TCH and Fort Walton Beach Medical Center are currently revising order sets for pain management and discharge. Shaun will ask for permission to share the order sets with the group.
Community Health Improvement in Okaloosa County
Preventing Injuries CHIP Team – Opioid Subcommittee Meeting
Twin Cities Hospital, Board Room, Niceville, FL
March 26, 2018 11:30 AM – 1:30 PM

MINUTES

- Chat shared that NOMC is also revising their pain management policies. Chat will ask for permission to share the updated policies with the group.
- A discussion took place regarding the need to develop a listing of pain management and dental health resources, especially for the uninsured and underinsured populations.
- Shane McGuffin reviewed Okaloosa County EMS’ previous use of the pain scale in treatment outcome measures. He shared that they have stopped using this as an outcome measure, and how utilize holistic measures and distraction techniques to avoid using opioids for pain.
- Shaun shared the importance of patient education. Patients must be informed that there will never be zero pain, and it should instead be managed.
- The group agreed that the May meeting needs to have at least one member of leadership from each of the three hospitals in attendance. At the May meeting, the suggested guidelines will be reviewed and edited as needed.
- David suggested marketing the guidelines in local newspapers, including that every hospital is on board with the change.
- Dr. Chapman suggested utilizing “real world” pictures of the impacts of opioid deaths to achieve greater understanding of the issue (i.e. X number of Greyhound buses full of individuals die each year from opioid overdose).
- David reiterated that hospitals should consider security needs prior to implementing the guidelines, in the event of angry patients. He shared that TCH is already experiencing threats of violence against physicians.
- Attendees reaffirmed their commitment to reach two initial goals by the end of the year:
  o To have nearly uniform policies/guidelines in all three emergency departments (EDs) on both the usage of opioids for common pain syndromes and on the prescribing of opioids (type and number of pills).
  o To apply this concept of uniform policies/guidelines for hospitalists usage of opioids for inpatient discharge.

Actions

- Email attendees to schedule another meeting during the 3rd week in May. – Dr. Chapman by 4/15/2018
- Review Dr. Vagias guidelines and make edits to reflect the newly signed Florida law and the group’s suggestions. – Dr. Chapman by next meeting, TBD
- Collect organizational guidelines and/or policies related to opioid prescribing and pain management. – All by next meeting, TBD
- Contact Twin Cities Hospital’s sister organization to request opioid prescribing policy. – Shaun by next meeting, TBD
- Collect repeat prescription guidelines from corporate office to share with group. – Chat by next meeting, TBD
MINUTES

- Determine whether EFORCSE will be updated to include surrounding state’s prescription information. – Dr. Chapman by next meeting, TBD
- Collect information on pain management clinics and other pain management resources. – All by next meeting, TBD

Meeting adjourned at 12:25 p.m.
Next meeting TBD
### Sign In Sheet

**Purpose:** Engage the Preventing Injuries Community Health Improvement Plan (CHIP) Group's Opioid Subcommittee through an open two-way dialogue.

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<tr>
<td>Chief Long</td>
<td>NOMC</td>
<td><a href="mailto:Chief.Long.Scrub@gmail.com">Chief.Long.Scrub@gmail.com</a></td>
<td>850-689-8421</td>
</tr>
<tr>
<td>DANNY CAIN</td>
<td>TCH</td>
<td><a href="mailto:DANNY.CAIN@ICAHospital.com">DANNY.CAIN@ICAHospital.com</a></td>
<td>850-729-9494</td>
</tr>
<tr>
<td>Shane Mcguffin</td>
<td>OC EMS</td>
<td><a href="mailto:smcguffin@cockeys.com">smcguffin@cockeys.com</a></td>
<td></td>
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<tr>
<td>Karen Chapman</td>
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<td>Shane Longra</td>
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<td>Kat Beedie</td>
<td>DOH-OKALOOSA</td>
<td><a href="mailto:katherine.beedie@AHealth.com">katherine.beedie@AHealth.com</a></td>
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*Note: Some contact information is not fully legible.*
Scott signs bill to combat opioids

Law to place limits on opioid prescriptions that doctors can write

By Joe Reedy
The Associated Press

TALLAHASSEE — Gov. Rick Scott on Monday signed Florida’s opioid legislation into law, a move seen by many as a good first step in combating a crisis that has claimed at least 10 lives a day in the Sunshine State.

"What it does take is a pretty comprehensive approach to addressing the epidemic," said Mark Fontaine, Executive Director for the Florida Alcohol and Drug Abuse Association. "It has education programs and helps control the measures for availability."

The legislation includes tougher limits on most pain-killer prescriptions, more money for treatment programs and requirements for physicians to check the state’s prescription database. The Republican governor and the state Legislature had made passing opioid legislation a priority of the recently concluded session.

Opioid-related deaths across Florida have jumped 35 percent from 2015 to 2016, according to the Florida Department of Law Enforcement. Opioids were identified as either the cause of death or were present in the deceased person’s body in 5,725 cases in 2016. The 2017 figures are still being compiled.

"I don’t think anyone wakes up in the morning with the goal of becoming an addict. This will make a big difference in reducing the number of people who end up in the cycle," he said.

See OPIOIDS, A10

13-year-old faces attempted murder charges for shooting man who tried to enter mobile home

13-year-old faces attempted murder charges for shooting man who tried to enter mobile home
The list for state PDMP sites came from this link: [http://www.pdmpassist.org/content/state-pdmp-websites](http://www.pdmpassist.org/content/state-pdmp-websites)

Empty fields indicate new program where website not yet established. Click on any column with a blue header to sort it alphabetically.

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North Okaloosa Medical Center Inpatient Pain Management Algorithm & Guidelines

Please use the Prescription Drug Monitoring Program (PDMP) prior to prescribing opioids and discharging patients with opioid medication.

**Look for signs of opioid abuse:**
- **Physical** - Track marks, acute diagnosis for drug abuse such as endocarditis, superficial abscesses, Nasal septum atrophy, symptoms of withdrawal
- **History of IV drug use in the past 90 days, recent prescription opioid abuse, other drug abuse**
- **Behaviors** - report of controlled substance use inconsistent with the eForce data, patient self-reported medication history is inconsistent with provider findings or prior documentation on the medical record, double doctoring or prescription shopping (received opioid prescription from > 4 clinicians in the past 90 days, use of pain medication without a prescription in the last 90 days, excessive fixation on medication administration (keeping track of time, asking for more medication, demanding a certain route of medication, claim to be allergic to all medications other than the one requested, rapidly escalating controlled substance dose requirements.

If abuse is present, plan patient care to factor in opioid abuse treatment such as post discharge care. For acute treatment, see below. Also consider, withdraw treatment.

What if there are concerns or red flags with the PDMP information? **NO CONCERNS** Utilize CDC website directive related to treatment (see Grid B below)

### Grid B.

<table>
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<th>Mild Pain (Scale 1-3)</th>
<th>Moderate Pain (Scale 4-6)</th>
<th>Severe Pain (Scale 7-10)</th>
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<tbody>
<tr>
<td>Use oral or rectal non-narcotic pain medication</td>
<td>Use oral / rectal non-narcotics first</td>
<td>Assess and treat according to patient condition</td>
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<td></td>
<td>Use oral narcotics (lower dose and quantity)</td>
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<td></td>
<td>Use IV as last resort</td>
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Reference: Grid B used from the CDC website.

What if there are concerns or red flags with the PDMP information? **CONCERNS NOTED** Is the pain causing a deteriorating physical patient condition? **Yes** **No**

Consider these points:
- Determine etiology and nature of pain
- Perform appropriate diagnostics
- Does this patient have chronic pain
- Can non-opioids be used to treat the pain (NSAID, Tylenol, aspirin, etc.)

Consider these points:
- Treat both the pain and the sequel of pain (hemodynamics, etc...)
- Determine etiology and nature of pain
- Perform appropriate diagnostics
- Does this patient have chronic pain
- If using a PCA, monitor fentanyl
Utilize the Prescription Drug Monitoring Program (PDMP) Database prior to prescribing narcotics.

Is the Chronic pain causing a deteriorating condition?

Is the chronic pain causing a deteriorating condition? 
No – Discharge with a Chronic Pain Referral. No treatment for pain required.

Yes – Treat accordingly and manage sequel of pain. Avoid narcotics.

Utilize Diagnosis Specific Treatments See Grid A. and / or the concept of the Adult Pain Management Orders

Is the pain acute or chronic?

Acute

Yes – Treat accordingly and manage sequel of pain. Avoid narcotics.

Is the pain mild, moderate or severe?

Continue with algorithm

Treat Accordingly (See Grid B below)

Is the pain one of these types of pain? Dental, Abdominal, Migraine, or Back?

Yes

Diagnosis Specific Treatment Grid A.

Utilize the below boxes for the first line treatment option.

**Dental**

First Line Treatment:
- Acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs).
- Consult to see a dentist.

**Abdominal**

First Line Treatment:
- Clinical approach should be determined by review of the history and the physical examination.
  Use PQRST mnemonic:
  - P3 – Positional, palliating, and provoking factors
  - Q – Quality
  - R3 – Region, radiation, referral
  - S – Severity
  - T2 – Temporal factors (time and mode of onset, progression, previous --- episodes)

**Migraine**

First Line Treatment:
- Acute treatments- aspirin, acetaminophen, NSAIDs (may be combined with caffeine), anti-nausea meds, triptans-migraine-specific
- Preventative = Beta-blockers, TCAs, Anti-seizure meds, calcium channel blockers, non-pharmaceutical treatments

**Back**

First Line Treatment:
- Acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs)

**Second Line**:
- Serotonin and norepinephrine reuptake inhibitors (SNRIs) / Tricyclic antidepressants (TCAs)

**General**: Educate patient to remain active, avoid bed rest, exercise, use behavioral therapy, and interdisciplinary rehabilitation
May 23, 2018 @ 9:00 AM - 10:30 AM PVBMC

V. Next Meeting

b. Water Safety - We had first shallow water dive in Okaloosa County at Crab Island but before

a. Injury Prevention Day (PVBFD May 19 or 26)

1.7. New Business

so far 122

f. Stop the Bleed - March 31, 2018 (16 + 25 = 41 for the day) + (CO2 13 yesterdays) Total County

e. Universal Positioning Injury Prevention

d. Bike Safety / Hover Board Safety / Helmet Safety

T. Guill Power Lifeline Update

C. Motor Vehicle Safety / Pedestrian Safety

III. Review Minutes of last meeting / Follow up on action items

II. Introduce new members

I. Call to Order - Chris Missler RN, BSN, EMT-P

April 25, 2018 9:00 AM - 10:30 AM
Fort Walton Beach Medical Center
Okaloosa County Injury Prevention Meeting
May 23, 2018 @ 9:00 AM - 10:30 AM

I. Next Meeting
   a. Update on location

II. Safety
   a. Water Safety - We had first shallow water dive in Okaloosa County at Crab Island but before

III. Injury Prevention Day (FWPFD May 19 or 26)

IV. New Business
   a. Update

V. Other
   a. Stop the Bleed March 31, 2018 (16 + 25 = 41 for the day) + OCSD 13 Yesterday (Total County

   b. Unintentional Poisoning Injury Prevention
   c. Bike Safety/Outside Safety - Helmet safety,

   d. Motor Vehicle Safety / Pedestrian safety

   e. Update

   f. Fall Prevention Campaign - We meet with Anna Dyes and Gwen Rhodes on April 6th for

   g. Introduce new members

IV. Call to Order - Chris Misler RN, BSN, EMT

April 25, 2018 @ 9:00 AM - 10:30 AM

Fort Walton Beach Medical Center

Okaloosa County Injury Prevention Meeting
MINUTES

**Purpose:** Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

**Present:** Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Danny Shearn, North Okaloosa Medical Center (NOMC); Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa; Scott McDaniel, Gulf Power; Anna Dyess, West Florida Area Health Education Center; Margi Young, FWBMC

**Absent:** Pamela Weeks, DOH-Okaloosa; Lautritia Moorehand, Twin Cities Hospital (TCH); Katie McDeavitt, DOH-Okaloosa; Amber Bobbitt, Hurlburt Field; Matt McGraw, Andrews Institute; Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Nushrat Alam, DOH-Okaloosa; Christine Syfrett, DOH-Okaloosa; Wesley Boles, FWBMC; Deanndra Morgan, Hurlburt Field

**Welcome**
- Christopher (Chris) Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

**Review of Previous Minutes**
- Chris provided attendees with copies of the March 28, 2018 Preventing Injuries Committee meeting minutes.
- No changes were made to the minutes.

**Opioid Subcommittee Update**
- Dr. Karen Chapman shared that a meeting is scheduled for June 13, 2018 to review the opioid prescribing guideline draft. She hopes to have the CEO of each of the three Okaloosa County hospitals in attendance so that the guidelines can be finalized.
- Danny Shearn shared that he has reviewed the guideline draft and agrees with the recommendations. North Okaloosa Medical Center (NOMC) has already begun implementation of some of the suggested guidelines in their Emergency Department. To fully comply, NOMC must create new internal procedures. They plan to expand implementation of the guidelines to other units in the future.
- Danny shared that they have begun to receive complaints from patients due to the new protocol.
- Dr. Chapman shared that Big Bend has requested to receive the guidelines in order to share with other hospitals in the region.
MINUTES

- Danny shared that he is happy to share NOMC's guidelines and procedures with other hospitals.
- Dr. Chapman shared information about the "Workers' Comp System Hit By Opioid Crisis" published by Health News Florida.
- Danny shared that another key sector to target is dental practices. He suggested that the group share the finalized guidelines with dental associations and encourage their support and participation.
- Dr. Chapman shared that the subcommittee still hopes to have the new guidelines fully implemented within the three hospital emergency departments and hospitalists by the end of the year.
- Margi Young shared that the Fort Walton Beach Medical Center (FWBMC) trauma patients often have true need for medication, but there are few pain management clinics in the area for long-term support.
- Danny shared that NOMC created a listing of all of the pain management clinics and doctors in the area that he can share with the group.
- Dr. Chapman shared that many pain management specialists in the area use less medicinal support in favor of procedures (i.e. steroid injections).
- Dr. Chapman shared that Tracey Vause has left his position with the Okaloosa County Emergency Medical Services. The interim director is Darryl Wellborn. She will reach out to Darryl to inform him of the guidelines and request his involvement.
- Sydney shared information about National Prescription Drug Take Back Day. Okaloosa County Sheriff's Office locations take prescription medication drop-offs at any location.

Fall Prevention Subcommittee Update

- Chris provided an overview of a meeting with Sydney Harper, Gwendolyn Rhodes, and Anna Dyess regarding the A Matter of Balance program.
- Anna shared an overview of the A Matter of Balance program. Anna shared that she is a Master Trainer for the program and works as a contractor through the West Florida Area Health Education Center.
- A discussion took place on the need for and benefits of a referral system for patients who may be a good fit for the program.
- Anna shared that her services are currently limited, due to the program being a small portion of her position. In addition, serves Escambia, Santa Rosa, Okaloosa, and Walton Counties through the grant. However, patients or providers can call the Elder Helpline at 850-494-7100 for information on class availability.
- Chris shared that the Falls Subcommittee hopes to write a grant to fund additional classes in the area. However, previous recipients of the grant have encouraged developing a pilot program in order to have a competitive application.
- Anna offered to train members of the Preventing Injuries CHIP Team to become "Coaches" of the program. Two Coaches can lead classes without the assistance of a Master Trainer. However, they must operate under the license of a Master Trainer.
MINUTES

- Anna share that will attend the next Falls Subcommittee meeting to further discuss potential collaboration, if her schedule allows.

Motor Vehicle Accident Subcommittee Update
- Scott McDaniel shared that Gulf Power representatives met with the City of Destin to discuss adding lighting at key sites on Highway 98. The City of Destin officials agreed that lighting was an issue and agreed to move it to the top of the funding list.
- Chris shared that Brian spoke with Florida Department of Transportation to discuss the need for lighting in key sites in Fort Walton Beach. They agreed to move it to the top of the funding list for 2019.
- Chris shared that he continues to work on contacting Harbor Walk staff members to join the committee.

Injury Prevention Community Education
- Erika Cathey shared information on Pensacola’s Ciclovia Open Streets event. The city shut down a downtown street and invited community members to ride their bikes and visit vendor tables. She suggested contacting the Fort Walton Beach Chamber of Commerce to organize a similar event in Okaloosa, tied to injury prevention education.
- The group agreed to table the Injury Prevention Fair to a later date.

Stop the Bleed Program
- Chris shared that March 31, 2018 was National Stop the Bleed Day. Locally, 41 individuals were trained on the Stop the Bleed program.
- Chris shared the 13 Okaloosa County students and two teachers who received Train-the-Trainer instruction will begin educating other students next month. The students have a goal of providing the education program to 500 students by the end of the 2017-2018 school year. The school’s principal is working to purchase Stop the Bleed kits.
- Dr. Chapman shared that Florida Department of Health in Okaloosa County (DOH-Okaloosa) staff members received Train-the-Trainer instruction. In addition, there are now Stop the Bleed kits on every floor of DOH-Okaloosa, along with other key areas.
- Chris shared that some of the DOH-Okaloosa individuals had difficulty registering their trainer certifications. Sydney will inform DOH-Okaloosa’s Kirk Webb of the registration form changes that should be made.
- Chris shared provided a Train-the-Trainer session to 13 Okaloosa County Sheriff’s Office CPR instructors. The instructors will then provide the education program to all police officers. Their goal is to train 300 officers by the end of the year.
- Danny shared that he informed Chat Long about Stop the Bleed and she will be reaching out to Chris to set up a training session(s).
- Chris shared that 122 individuals have been trained on Stop the Bleed in Okaloosa County thus far.
Actions

- Send save-the-date for the May meeting for the Motor Vehicle Accident Subcommittee. – Sydney by 4/27/2018
- Send save-the-date for the May meeting for the Fall Prevention Subcommittee. – Sydney by 4/27/2018
- Hold a follow-up meeting to finalize opioid hospital policies/guidelines. – Opioid Subcommittee members by 6/30/2018
- Provide community event listing to the group members. – Kyndal & Sydney by 5/15/2018
- Provide Train-the-Trainer session to Gulf Power staff members. – Scott & Chris by 5/31/2018
- Inform Kirk Webb of needed Stop the Bleed registration changes. - Sydney by 5/15/2018
- Contact Chris to arrange Stop the Bleed training for NOMC. – Danny & Chat by 6/30/2018
- Send Sydney the A Matter of Balance pre and post-test results. - Anna by 5/31/2018
- Collect the A Matter of Balance workbook for review. - Sydney by 5/31/2018
- Collect FWBMC falls data from Chris for review. - Erika by 4/30/2018
- Analyze FWBMC falls data. - Erika & Kat by 6/30/2018

Meeting Evaluation

- The team was asked to complete the meeting evaluation. DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 10:30 a.m.

Next meeting will be held on Wednesday, May 23rd from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Facility</th>
<th>Email</th>
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<tbody>
<tr>
<td>Christopher Missler</td>
<td>850-315-4244</td>
<td>FSBMC</td>
<td><a href="mailto:Christopher.Missler@OKHealth.gov">Christopher.Missler@OKHealth.gov</a></td>
</tr>
<tr>
<td>Karen Chapman</td>
<td>850-832-9245</td>
<td>DOTH-OKALOOSA</td>
<td><a href="mailto:Karen.Chapman@OKHealth.gov">Karen.Chapman@OKHealth.gov</a></td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>850-344-0564</td>
<td>DOTH-OKALOOSA</td>
<td><a href="mailto:Sydney.Harper@OKHealth.gov">Sydney.Harper@OKHealth.gov</a></td>
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<tr>
<td>Erik C. Allen</td>
<td>850-344-0565</td>
<td>DOTH-OKALOOSA</td>
<td><a href="mailto:enal@okaloosa.gov">enal@okaloosa.gov</a></td>
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<tr>
<td>Kat Beedie</td>
<td>850-344-0564</td>
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<td><a href="mailto:Katherine.Beedie@OKHealth.gov">Katherine.Beedie@OKHealth.gov</a></td>
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<tr>
<td>Kevin Shearn</td>
<td>850 689 8105</td>
<td>Name</td>
<td><a href="mailto:Daniel.Shearn@uosin.org">Daniel.Shearn@uosin.org</a></td>
</tr>
<tr>
<td>Scott McDaniel</td>
<td>850-444-6649</td>
<td>Gulf Power</td>
<td><a href="mailto:scott.mcdaniel@60southernco.com">scott.mcdaniel@60southernco.com</a></td>
</tr>
<tr>
<td>Anna Byes</td>
<td>850 682 2552</td>
<td>WFAHEZ</td>
<td><a href="mailto:adyess@WFAHEZ.com">adyess@WFAHEZ.com</a></td>
</tr>
<tr>
<td>Mary Young</td>
<td>765-542-4204</td>
<td>FWBMC</td>
<td><a href="mailto:Margaret.Young.1@healthcare.com">Margaret.Young.1@healthcare.com</a></td>
</tr>
<tr>
<td>Trisha Dall</td>
<td>850-689-7859</td>
<td>DOTH-OKALOOSA</td>
<td><a href="mailto:trisha.dell@OKHealth.gov">trisha.dell@OKHealth.gov</a></td>
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</table>
Master Trainer Organization Name: 
Master Trainers: 

A Matter of Balance Class Information 

Please complete this cover page for each Matter of Balance class provided by your organization. 

Class Site: ____________________________________________

(name and address of facility where class is held) 

Start Date: 
End Date: 
Coaches: ____________________________________________

Number of participants enrolled: ........................................... 
Number of participants who completed 5 or more sessions: ........... 

Please collect the following forms for data entry: 
  ✓ Completed Class Information Cover Page 
  ✓ Attendance Sheet 
  ✓ First and Last Session Surveys of participants who do not object to their data being entered in the database 
  ✓ Any completed Class Evaluations 

Thank you
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Participant Name: 

Start Date: / / 
End Date: / / 

Managing Concerns About Falls

Attendance A Matter Of Balance
Today's Date:  

Your Name: 

The following questions will provide us with background information.

1. What is your date of birth?  

2. What is your zip code?  

3. Today, how many people live in your household (including yourself)?  

4. Are you:  
   - Female  
   - Male  

5. Are you of Hispanic, Latino, or Spanish origin?  
   - Yes  
   - No  
   - Unknown  

6. What is your race? (Mark all that apply.)  
   - American Indian or Alaska Native  
   - Asian or Asian-American  
   - Black or African-American  
   - Hawaiian Native or Pacific Islander  
   - White or Caucasian  
   - Other  

Please turn this paper over and fill out the other side.
I have been doing moderate exercise more than 3 times per week.
I am doing moderate exercise less than 3 times per week.
I have exercised or walked irregularly for over a month.
I am trying to start to exercise or walk.
I do not exercise or walk regularly, but I have been thinking of starting.
I do not exercise or walk regularly now, and I do not intend to start.

Mark ONLY ONE CIRCLE to tell us how much you are walking or exercising now.

Not at all Somewhat Not at all Slightly Moderately Quite a bit Extremely

Your normal social activities with family, friends, neighbors or groups?

During the last 4 weeks, to what extent has your concern about falling interfered with

1. I can find a way to reduce falls
2. I can find a way to get up if I fall
3. I can protect myself if I fall
4. I can increase my physical strength
5. I can become more steady on my feet

How sure are you that:

Please make the circle that tells us how sure you are that you can do the following activities.
Please mark the circle that tells us how sure you are that you can do the following activities.

<table>
<thead>
<tr>
<th>How sure are you that:</th>
<th>Very sure</th>
<th>Sure</th>
<th>Somewhat sure</th>
<th>Not at all sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can find a way to get up if I fall</td>
<td>○</td>
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<td>2. I can find a way to reduce falls</td>
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<td>3. I can protect myself if I fall</td>
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<td>4. I can increase my physical strength</td>
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<tr>
<td>5. I can become more steady on my feet</td>
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</table>

During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups?

○ Extremely  ○ Quite a bit  ○ Moderately  ○ Slightly  ○ Not at all

Mark ONLY ONE CIRCLE to tell us how much you are walking or exercising now.

○ I do not exercise or walk regularly now, and I do not intend to start.
○ I do not exercise or walk regularly, but I have been thinking of starting.
○ I am trying to start to exercise or walk.
○ I have exercised or walked infrequently for over a month.
○ I am doing moderate exercise less than 3 times per week.
○ I have been doing moderate exercise 3 or more times per week.
Please turn this paper over.

6. As a result of this class, I feel more comfortable interacting with others.
   ○ Strongly disagree ○ Disagree ○ Agree ○ Strongly agree

5. As a result of this class, I have made changes to my environment.
   ○ Strongly disagree ○ Disagree ○ Agree ○ Strongly agree

4. As a result of this class, I feel more comfortable talking with others about my fear of falling.
   ○ Strongly disagree ○ Disagree ○ Agree ○ Strongly agree

3. The participant workbook helped me better understand the classes.
   ○ Strongly disagree ○ Disagree ○ Agree ○ Strongly agree

2. The classes were well organized.
   ○ Strongly disagree ○ Disagree ○ Agree ○ Strongly agree

1. The leaders were well prepared.
   ○ Strongly disagree ○ Disagree ○ Agree ○ Strongly agree

Please tell us your thoughts about the A Matter of Balance class. Mark the answers that apply on the front and back of this page.

Thank you for participating in A Matter of Balance. To help us further meet the needs of others throughout the community, please take a few minutes to complete this evaluation.

Managing Concerns About Falls

Class Evaluation

A Matter of Balance
A Matter of Balance Class Evaluation (continued)

7. As a result of this class, I plan to continue exercising.
   ○ Strongly agree  ○ Agree  ○ Disagree  ○ Strongly disagree

8. I would recommend this class to a friend or relative.
   ○ Strongly agree  ○ Agree  ○ Disagree  ○ Strongly disagree

9. Are you:  ○ Male  ○ Female?

10. How old are you?
    ○ Less than 60 years  ○ 75-79 years
    ○ 60-64 years  ○ 80-84 years
    ○ 65-69 years  ○ 85-89 years
    ○ 70-74 years  ○ 90 years or older

What other changes have you made as a result of this class?


Other comments or suggestions?


Okaloosa County Injury Prevention Meeting
Fort Walton Beach Medical Center
May 23, 2018 9:00 AM – 10:30 AM

I. Call to Order- Chris Missler RN, BSN, EMTP

II. Introduce new members

III. Review minutes of last meeting/ Follow up on action Items
    a. Opioid Prescribing Policy
    b. Fall Prevention Campaign-
    c. Motor Vehicle Safety/ Pedestrian Safety
       1. Gulf Power Lighting update
    d. Bike Safety/ Hover Board Safety- Helmet safety
    e. Unintentional Poisoning Injury Prevention
    f. Stop the Bleed- Crestview HS trained 260 students + 13 instructors
    g. Injury Prevention Day
    h. Water Safety

IV. New Business

V. Next Meeting

June 27, 2018 @ 9:00 AM-10:30 AM FWBMC
Purpose: Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

Present: Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Matt McGraw, Andrews Institute; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa; Margi Young, FWBMC; Jill Krug, West Florida Regional Planning Council; Gwendolyn Rhodes, West Florida Area Agency on Aging

Absent: Danny Shearn, North Okaloosa Medical Center (NOMC); Pamela Weeks, DOH-Okaloosa; Lautritia Moorehand, Twin Cities Hospital (TCH); Katie McDeavitt, DOH-Okaloosa; Amber Bobbitt, Hurlburt Field; Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Christine Syfrett, DOH-Okaloosa; Wesley Boles, FWBMC; Deanndra Morgan, Hurlburt Field; Scott McDaniel, Gulf Power; Anna Dyess, West Florida Area Health Education Center; Brian Parkton, Okaloosa County Sheriff's Office

Welcome
- Christopher (Chris) Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- Chris provided attendees with copies of the April 25, 2018 Preventing Injuries Committee meeting minutes.
- The word “Cities” was misspelled in “Twin Cities Hospital.” The minutes were approved, following this change.

Opioid Subcommittee Update
- Dr. Karen Chapman shared that a meeting is scheduled for June 13, 2018 to review the opioid prescribing guideline draft. She hopes to have the CEO or other leaders of each of the three Okaloosa County hospitals in attendance so that the guidelines can be finalized.

Fall Prevention Subcommittee Update
- Sydney Harper shared that Anna Dyess of West Florida Area Health Education Center provided the A Matter of Balance program’s questionnaire (see attached). The Falls Subcommittee hopes to write a grant to fund additional classes in the area, using the A Matter of Balance local data from the questionnaire.
MINUTES

- Dr. Chapman suggested using data from all the classes Anna leads throughout the region, rather than limiting the data to Okaloosa classes.
- Erika Cathey shared that she has received Fort Walton Beach Medical Center falls data and is currently analyzing it.
- Chris shared that Anna can train members of the Preventing Injuries CHIP Team to become “Coaches” of the program. Two Coaches can lead classes without the assistance of a Master Trainer. However, they must operate under the license of a Master Trainer.
- Chris shared that he will contact Anna to arrange an A Matter of Balance class at Fort Walton Beach Medical Center.

Motor Vehicle Accident Subcommittee Update

- Chris shared that Gulf Power representatives met with the City of Destin to discuss adding lighting at key sites on Highway 98. The City of Destin officials agreed that lighting was an issue and agreed to move it to the top of the funding list.
- Chris shared that Brian Parkton spoke with Florida Department of Transportation to discuss the need for lighting in key sites in Fort Walton Beach. They agreed to move it to the top of the funding list for 2019.
- Dr. Chapman shared information on the Insurance Institute for Highway Safety – Highway Loss Data Institute’s headlight ratings data. The organization began rating headlights in 2016 and has found that many popular vehicles have marginal or poor headlights.
- A discussion took place on the need to study headlight ratings data as compared to MVCs, specifically those that involve pedestrians.
- Chris shared that he hopes to contact Harbor Walk staff members to join the committee. Jill Krug shared that she will reach out to her contacts to find a Harbor Walk representative to join.
- Kat Beedie and Erika shared that Okaloosa County ranks 7th in the state for water craft accidents. The data shows accidents centered around the Harbor and Crab Island.
- Kat shared that if an individual was born before 1988, they do not have to have a license to operate a water craft. Those who were born 1988 have to take a short test for $3 to obtain a license.
- Chris shared that Brian invited Injury Prevention CHIP team members to provide education to the public during the Okaloosa County Sheriff’s Office (OCSO) marine patrols. Chris will join OCSO to provide education during Memorial Day patrols.
- A discussion took place on the need to restrict boating licenses and/or provide increased education on boating safety to the public, especially tourists.
- Dr. Chapman suggested utilizing local ordinances to regulate boating. She suggested reviewing similar counties who perform better in water craft accidents to develop a course of action.
- The group agreed to merge the MVA and water safety subcommittees, due to their overlapping goals.
MINUTES

Injury Prevention Community Education
• Jill shared information about the West Florida Regional Planning Council's Bicycle Rodeo events.
• Sydney suggested adding a Bicycle Rodeo portion to the No Child Without Healthcare event in Crestview, FL and the Striving for Perfection Back to School Festival in Fort Walton Beach, FL. The events are well-known in the community and have a large attendance.

Stop the Bleed Program
• Chris shared that the 13 Okaloosa County students and two teachers who received Train-the-Trainer instruction have educated 260 Crestview High School students in May. The students plan to provide the education to additional students during the 2018-2019 school year. The school’s principal is very supportive of the program and is working to purchase Stop the Bleed kits.
• Sydney suggested working with Teri Schroeder to spread the Stop the Bleed program to additional schools.
• Sydney suggested contacting the Northwest Florida State College Nursing Department to request used mannequins to be donated for use in Stop the Bleed training sessions.
• A discussion took place on the need to publicize the program to gain school and community buy-in.
• Chris shared that Elizabeth Chestnut, FWBMC PIO, has issued a press release to local media outlets. He will follow up to find out if it will be published.
• Dr. Chapman suggested contacting writers directly to pitch the story to them.

Partner Updates
• Chris shared that he will be out of the office for four to six weeks on medical leave. The June Falls and MVA Subcommittee meetings will be held via phone to allow him to attend, if possible.

Actions
• Schedule June meeting for the Motor Vehicle Accident Subcommittee. – Sydney by 6/10/2018
• Schedule June meeting for the Fall Prevention Subcommittee. – Sydney by 6/10/2018
• Hold a follow-up meeting to finalize opioid hospital policies/guidelines. – Opioid Subcommittee members by 6/13/2018
• Provide Train-the-Trainer session to Gulf Power staff members. – Scott & Chris by 8/30/2018
• Contact Chris to arrange Stop the Bleed training for NOMC. – Danny & Chat by 6/30/2018
• Request a blue print of traffic lighting placement in Destin. – Chris by 8/15/2018
MINUTES

- Meet with Anna to collect the A Matter of Balance workbook and data for review. - Sydney by 6/30/2018
- Contact Anna to schedule an A Matter of Balance class at Fort Walton Beach Medical Center. – Chris by 8/15/2018
- Share contact information for Jennifer Adams of the Tourism Development Council with Chris. – Jill by 6/30/2018
- Locate contact for Harbor Walk. – Jill by 6/30/2018
- Contact Elizabeth Chestnut regarding the Stop the Bleed press release status. – Chris by 6/30/2018
- Analyze the Fort Walton Beach Medical Center falls data. - Erika & Kat by 6/30/2018
- Contact Northwest Florida State College Nursing Department to request used mannequins. – Sydney by 5/23/2018

Meeting Evaluation

- The team was asked to complete the meeting evaluation.

Meeting adjourned at 10:30 a.m.

Next meeting will be held on Wednesday, June 27th from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Facility</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Missler</td>
<td>850-335-4248</td>
<td>FWBMC</td>
<td>on file</td>
</tr>
<tr>
<td>Jill Krzyzy</td>
<td>850-330-7970 ext 215</td>
<td>WFRPC</td>
<td><a href="mailto:jill.krzyzy@wfrpc.org">jill.krzyzy@wfrpc.org</a></td>
</tr>
<tr>
<td>Karen Chapra</td>
<td>850-833-9245</td>
<td>DOH-Okaloosa</td>
<td>on file</td>
</tr>
<tr>
<td>Matt McCall</td>
<td>850-613-2398</td>
<td>Andrew's Institute</td>
<td>on file</td>
</tr>
<tr>
<td>Sydney Haynie</td>
<td>606</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:Sydney.navr@flhealth.gov">Sydney.navr@flhealth.gov</a></td>
</tr>
<tr>
<td>Kat Baddie</td>
<td>850-833-9065</td>
<td>DOH Okaloosa</td>
<td><a href="mailto:Katherine.baddie@flhealth.gov">Katherine.baddie@flhealth.gov</a></td>
</tr>
<tr>
<td>Erika Caffey</td>
<td>850-314-0567</td>
<td>D0H Okaloosa</td>
<td><a href="mailto:enka.caffey@flhealth.gov">enka.caffey@flhealth.gov</a></td>
</tr>
<tr>
<td>Maria Hurley</td>
<td>765-542-4206</td>
<td>Trauma</td>
<td><a href="mailto:maria.l.young2@beanhealthcare.com">maria.l.young2@beanhealthcare.com</a></td>
</tr>
<tr>
<td>Gwen Rhodes</td>
<td>850-494-7101</td>
<td>Area Agency on Aging</td>
<td><a href="mailto:RhodesG@nwflaaa.org">RhodesG@nwflaaa.org</a></td>
</tr>
</tbody>
</table>
AGENDA

**Purpose:** Engage the Preventing Injuries Community Health Improvement Plan (CHIP) Group’s Opioid Subcommittee through an open two-way dialogue.

**Welcome**
- Introductions
- Overview of agenda

**Review of Previous Minutes**

**Review & Open Discussion of Prescribing Guidelines**

**Open Discussion of Guideline Marketing Strategy**

**Next Steps**
- Set next meeting date/time

**Meeting Evaluation**
- Please complete the Community Engagement Survey
Purpose:
Engage community partners in Opioid Subcommittee of the Preventing Injuries CHIP Group through an open two-way dialogue.

Present: Danny Cain, Twin Cities Hospital (TCH); David Whalen, TCH; Frank Materese, TCH; Shaun Lampron, TCH; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Katherine Beedie, DOH-Okaloosa; Christine Syfrett, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Danny Shearn, North Okaloosa Medical Center; Loretta Myers, Fort Walton Beach Medical Center – Destin Location

Welcome
• Dr. Karen Chapman welcomed attendees to the meeting.
• Participants introduced themselves.
• All in attendance were asked to sign-in.

Review of Previous Meeting
• Dr. Chapman provided a review of the March 26, 2017 Community Health Improvement Plan (CHIP) Preventing Injuries Opioid Subcommittee meeting.
• No changes were made to the minutes.

Opioid Prescribing Guidelines
• Dr. Chapman shared that she reviewed the suggestions provided by Dr. Lou Vagias, the opioid prescribing law that passed, and the subcommittee’s previous feedback to develop a set of guidelines. The guidelines, entitled “Guidelines for Prescribing Schedule II Narcotics by Emergency Medical Clinicians,” were presented for review (see attachment).
• A discussion took place on the guidelines and organizational regulations.
• Danny Shearn shared that North Okaloosa Medical Center (NOMC) agrees with the revised guidelines. They are working to determine how to input the guidelines into an order set. They plan to create a template for an order set that providers can use.
• Staff members of the Hospital Corporation of American (HCA) shared that order sets are tightly controlled; however, they can be revised slightly. To make extensive changes, they will have to speak to the regional office.
• HCA staff members shared that they plan to conduct bedside education on why patients will not receive medications.
• Attendees shared that HCA has implemented ScriptRx updates that limit opioid prescriptions to a three-day supply. Physicians can override this limitation if they provide sufficient reason why in the patient notes; however, the maximum supply is seven days.
MINUTES

- Danny S. shared that NOMC agrees with the three-day supply system and has already implemented it as well.
- Participants agreed on the following changes to the Guidelines for Prescribing Schedule II Narcotics by Emergency Medical Clinicians:
  - “If appropriate, a replacement prescription for a one to two-day supply...” should be changed to “If appropriate, a replacement prescription for a minimal required supply...” due to vacationers who may be unable to see their treating physician for several days.
  - “Only prescribe Schedule II narcotics not to exceed three (3) days duration, generally equivalent to a quantity of 12 pills” should be changed to “Only prescribe Schedule II narcotics not to exceed three (3) days duration, generally equivalent to a quantity of 12 pills, or up to a seven (7) days duration with provider justification.”
  - “Will not” should be changed to “should not” throughout the document.
  - “Schedule II narcotics prescribed by one facility will not be refilled...” should be changed to “Schedule II narcotics prescribed by one facility should not routinely be refilled...”
  - “Clinical judgement can supersede these guidelines” should be added to the document.
  - “Toothaches” should be changed to “dental.”
  - Abdominal and back pain strategies should be added to the document.
- Dr. Chapman shared that she would make the suggested changes and send to the group for a final review.

Guideline Implementation Concerns

- All attendees shared that they have experienced an increase in angry patients since the changes have been implemented.
- Attendees reiterated that hospitals should consider security needs prior to implementing the guidelines, in the event of a greater increase in angry patients.
- Loretta Myers shared information that similar opioid prescribing restrictions were implemented in the Syracuse/Rochester, New York region. The community observed an increase in the use of street drugs and overdoses that lasted approximately 6-8 months.
- Attendees agreed that the Okaloosa County Sheriff’s Office, city police departments, and the Okaloosa County Emergency Medical Services Department should be informed before the changes are fully implemented.

White Wilson Community Foundation

- Dr. Chapman shared that the White Wilson Community Foundation (WWCF) has offered to aid with opioid prevention efforts.
- A discussion took place on how best the WWCF could assist with provider education needs.
MINUTES

- Loretta recommended provider education on alternative paths for opioid prescriptions rather than focusing on legal changes.

**Opioid Prescribing Guidelines Marketing Strategy**

- David Whalen suggested marketing the guidelines in local newspapers, including that every hospital is on board with the change.
- Attendees agreed that the Marketing Directors of each facility should be contacted to develop a joint press release.
- Attendees agreed to invite local media to a joint photo opportunity and brief interview to publicize the guidelines.

**Actions**

- Review the updated guidelines and provide feedback on the changes. – All by July 20, 2018
- Review the finalized guidelines and confirm your organizational commitment to implementation via email. – All by TBD
- Coordinate with hospital Marketing Directors to develop a joint press release. – All by TBD
- Schedule a joint photo and interview opportunity with local media outlets. – All by TBD

Meeting adjourned at 12:40 p.m.
Next meeting via email to confirm guidelines
Guidelines for Prescribing Schedule II Narcotics by Emergency Medical Clinicians

It is the goal of the Opioid Prescribing Workgroup of the Injury Prevention Community Health Improvement Team that all three civilian hospitals will adopt similar guidelines to govern the use and prescribing of Schedule II narcotics in the ED. These guidelines do not supplant or supersede the clinical judgement of prescribers. The following guidelines are proposed in the management of patients with acute or chronic non-malignant pain in EDs. The emergency medical clinician (EMC) agrees to the following:

1. EMCs will not routinely provide:
   a. Replacement prescriptions for opioids or other controlled substances that were lost, destroyed or stolen.
      i. EXCEPTION: If the validity of lost, stolen or destroyed prescriptions can be confirmed with the treating physician, consider, if appropriate, a replacement prescription for a one to two-day supply and notify the treating physician.
   b. Replacement doses of medication assisted therapy (MAT) such as Suboxone, Vivitrol, Methadone, for patients in an addiction treatment program.
   c. Long-acting or extended-release opioid analgesics (such as OxyContin, MS Contin, Duragesic, Methadone, etc.).

2. Schedule II narcotics will only be prescribed when appropriate based on the patient's presenting symptoms, overall condition, clinical examination and risk for addiction, specifically:
   a. Prescriptions for chronic pain are not typically provided if it is known that the patient has either previously presented with the same problem at the ED or received a prescription for Schedule II narcotics within the last 30 days from another provider.
   b. Exacerbations of chronic or recurrent non-malignant pain conditions will be addressed first with non-Schedule II narcotics, non-pharmacological therapies, and/or referral to specialists for follow up.
   c. When a Schedule II narcotic is needed, EMC will:
      i. Avoid the use of any Schedule II narcotics by IM or IV form.
      ii. Use or prescribe only short-acting oral opioid analgesics (morphine, oxymorphone, oxycodone, hydrocodone, hydrobromorphone) for the treatment of acute pain.
      iii. Start with the lowest possible effective dose for the management of pain.
      v. Only prescribe Schedule II narcotics not to exceed three (3) days duration, generally equivalent to a quantity of 12 pills.
      vi. Consider factors for client respiratory depression risk such as a history of other opioid and/or benzodiazepine use before prescribing short acting Schedule II narcotics.

3. Schedule II narcotics prescribed by one facility will not be refilled or extended by other facilities.

4. The following common conditions that present to the ED will include the following first line treatment (others can be added if desired or wanted):
   a. Toothaches – prescribed only Schedule III (Acetaminophen with codeine) or Schedule IV (e.g. Tramadol, Darvon, Darvocet) narcotics
   b. Migraines – treated with nonnarcotic medications such as thorazine, Phenergan, IV magnesium, IV Depacon, Toradol, Benadryl, Imitrex.
   c. Others as indicated.

All individuals who present to the ED are required to be provided an appropriate medical screening examination under the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to determine if an emergency medical condition exists. If the hospital determines that a patient has an emergency medical condition, the hospital must provide treatment as may be required to stabilize the patient's medical condition. EMTALA does not require the use of opioid analgesics to treat pain.
MINUTES

**Purpose:** Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

**Present:** Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Matt McGraw, Andrews Institute; Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa; Christine Syfrett, DOH-Okaloosa; Margi Young, FWBMC; Anna Dyess, West Florida Area Health Education Center; Deanndra Morgan, Hurlburt Field; Danna Schoenheur, Community Member; Leonard Schoenheur, Community Member

**Absent:** Danny Shearn, North Okaloosa Medical Center (NOMC); Pamela Weeks, DOH-Okaloosa; Lautritia Moorehand, Twin Cities Hospital (TCH); Katie McDeavitt, DOH-Okaloosa; Amber Bobbitt, Hurlburt Field; Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Wesley Boles, FWBMC; Scott McDaniel, Gulf Power; Brian Parkton, Okaloosa County Sheriff’s Office; Matt McGraw, Andrews Institute; Jill Krug, West Florida Regional Planning Council; Gwendolyn Rhodes, West Florida Area Agency on Aging

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**Welcome**

- Christopher (Chris) Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

**Review of Previous Minutes**

- Chris provided attendees with copies of the May 23, 2018 Preventing Injuries Committee meeting minutes.
- No changes were made to the minutes.

**Opioid Subcommittee Update**

- Dr. Karen Chapman shared that during the June 13, 2018 Opioid Subcommittee Meeting, the Opioid Prescribing Guidelines document was reviewed (see attachment). A few additional changes were suggested to the guidelines during the final review.
- The hospital CEOs plan to work with their marketing departments to issue a joint press release. The local media outlets would also be invited to a joint photo opportunity and brief interview to educate the public on the guidelines.
- Dr. Chapman shared that she hopes to have the guidelines complete and the joint press release scheduled by Fall 2018. She will follow up with the hospital CEOs.
Community Health Improvement in Okaloosa County
Preventing Injuries Meeting
Fort Walton Beach Medical Center
July 25, 2018  9:00 a.m. – 10:30 a.m.

MINUTES

• The emergency departments have already begun to implement some of the guidelines. They have experienced an increase in angry patients since the changes have been implemented.
• A next step for the subcommittee will be to expand the guidelines among local primary care physician clinics and dental offices.
• Dr. Chapman provided an overview of the Colorado ACEP’s 2017 Opioid Prescribing and Treatment Guidelines (see attachment). The document shares information about alternative treatment options. She suggested the document be used to educate providers on alternative means of pain management.

Fall Prevention Subcommittee Update
• Chris shared that he is a member of the National Injury Prevention Committee. The committee is writing a grant to fund 25 trainers in the A Matter of Balance program at their 2019 convention.
• Dr. Chapman shared that the Public Health System for Healthy Aging plans to focus its efforts in Florida initially. She will share additional information as it becomes available.
• Chris shared that the Falls Subcommittee also hopes to write a grant to fund additional classes in the area, using the A Matter of Balance program.
• Erika Cathey shared that she has completed a review of the Fort Walton Beach Medical Center falls data. She provided an overview of the data (see attachment).
• The group provided suggestions for further data points, including the following:
  o Note whether the assistant living facilities (ALFs) are classified as independent or dependent living facilities.
  o Separate the falls into each Injury Severity Score category (0-8, 9-14, 15-24, 25+).
  o Determine whether trends exist in which parking lots, stores, and restaurants falls commonly occur in.
  o Determine the rate of traumatic injury falls by gender.
• Anna shared that if an individual falls at the ALF they reside in, then the discharge location would be classified as “home” if they return to the ALF.
• Anna shared that due to the excellent public awareness of the negative impacts of falls, people are more fearful of falling. Unfortunately, this fear can lead to a reduction in physical activity and social interaction.
• Chris shared that a representative from Physical Therapy Solutions will be joining the group, beginning in August 2018.

Motor Vehicle Accident Subcommittee Update
• Chris shared that he has been unable to connect with Harbor Walk staff members to join the committee yet. He is also working to invite someone from Florida Fish and Wildlife to join the committee.
MINUTES

- Kat Beedie shared that Okaloosa County ranks 7th in the state for water craft accidents. The data shows accidents are centered around the Harbor and Crab Island.
- Kat shared that if an individual was born before 1988, they do not have to have a license to operate a water craft. Those who were born 1988 must take a short test for $3 to obtain a license.
- A discussion took place on the need to restrict boating licenses and/or provide increased education on boating safety to the public, especially tourists.
- Dr. Chapman suggested utilizing local ordinances to regulate boating. She suggested reviewing similar counties who perform better in water craft accidents to develop a course of action.
- Chris shared that Brian invited Injury Prevention CHIP team members to provide education to the public during the Okaloosa County Sheriff’s Office (OCSO) marine patrols. The officers provide educational koozies to the public during the patrols.
- The group discussed the importance of gathering more data.
- The group agreed to merge the MVA, pedestrian safety, and water safety subcommittees, due to their overlapping goals.

Injury Prevention Community Education

- Sydney shared that she will be provided safety education on various topics (i.e. bicycle safety, pedestrian safety, sun safety) at the No Child Without Healthcare event in Crestview, FL and the Striving for Perfection Back to School Festival in Fort Walton Beach, FL. The events are well-known in the community and have a large attendance.

Stop the Bleed Program

- Chris shared that over 500 individuals have received Stop the Bleed training thus far. His goal is to have 1,500 individuals trained by December 2018.
- Two upcoming Stop the Bleed trainings will be held at Northwest Florida State College with their nursing students.

Actions

- Provide Train-the-Trainer session to Gulf Power staff members. – Scott & Chris by 8/30/2018
- Contact Chris to arrange Stop the Bleed training for NOMC. – Danny & Chat by 8/30/2018
- Request a blueprint of traffic lighting placement in Destin. – Chris by 8/15/2018
- Contact Anna to schedule an A Matter of Balance class at Fort Walton Beach Medical Center. – Chris by 8/15/2018
- Share contact information for Jennifer Adams of the Tourism Development Council with Chris. – Jill by 8/30/2018
- Locate contact for Harbor Walk. – Jill by 8/30/2018
MINUTES

- Follow-up with hospital CEOs and key staff to confirm Opioid Prescribing Guidelines and joint press release. – Dr. Chapman by 8/30/2018

Meeting Evaluation

- The team was asked to complete the meeting evaluation.

Meeting adjourned at 10:30 a.m.

Next meeting will be held on Wednesday, August 22nd from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom
Guidelines for Prescribing Schedule II Narcotics by Emergency Medical Clinicians

It is the goal of the Opioid Prescribing Workgroup of the Injury Prevention Community Health Improvement Team that all three civilian hospitals will adopt similar guidelines to govern the use and prescribing of Schedule II narcotics in the ED. These guidelines do not supplant or supersede the clinical judgement of prescribers. The following guidelines are proposed in the management of patients with acute or chronic non-malignant pain in EDs. The emergency medical clinician (EMC) agrees to the following:

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   b. Replacement doses of medication assisted therapy (MAT) such as Suboxone, Vivitrol, Methadone, for patients in an addiction treatment program.
   c. Long-acting or extended-release opioid analgesics (such as OxyContin, MS Contin, Duragesic, Methadone, etc.).

2. Schedule II narcotics will only be prescribed when appropriate based on the patient’s presenting symptoms, overall condition, clinical examination and risk for addiction, specifically:
   a. Prescriptions for chronic pain are not typically provided if it is known that the patient has either previously presented with the same problem at the ED or received a prescription for Schedule II narcotics within the last 30 days from another provider.
   b. Exacerbations of chronic or recurrent non-malignant pain conditions will be addressed first with non-Schedule II narcotics, non-pharmacological therapies, and/or referral to specialists for follow up.
   c. When a Schedule II narcotic is needed, EMCs will:
      i. Avoid the use of any Schedule II narcotics by IM or IV form.
      ii. Use or prescribe only short-acting oral opioid analgesics (morphine, oxymorphone, oxycodone, hydrocodone, hydromorphone) for the treatment of acute pain.
      iii. Start with the lowest possible effective dose for the management of pain.
      v. Only prescribe Schedule II narcotics not to exceed three (3) days duration, generally equivalent to a quantity of 12 pills.
      vi. Consider factors for client respiratory depression risk such as a history of other opioid and/or benzodiazepine use before prescribing short acting Schedule II narcotics.

3. Schedule II narcotics prescribed by one facility will not be refilled or extended by other facilities.

4. The following common conditions that present to the ED will include the following first line treatment (others can be added if desired or wanted):
   a. Toothaches – prescribed only Schedule III (Acetaminophen with codeine) or Schedule IV (e.g. Tramadol, Darvon, Darvocet) narcotics
   b. Migraines – treated with nonnarcotic medications such as thorazine, Phenergan, IV magnesium, IV Depacon, Toradol, Benadryl, Imitrex.
   c. Others as indicated.

All individuals who present to the ED are required to be provided an appropriate medical screening examination under the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to determine if an emergency medical condition exists. If the hospital determines that a patient has an emergency medical condition, the hospital must provide treatment as may be required to stabilize the patient’s medical condition. EMTALA does not require the use of opioid analgesics to treat pain.
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COLORADO CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
10465 Melody Dr. #101, Northglenn, CO 80234
Phone: 303.255.2715
Fax: 303.255.2704
Barbara Burgess, Executive Director
bburgess@estreet.com
Dedicated to the men and women who staff emergency departments across Colorado — 24 hours a day, 7 days a week — and the patients for whom they care.

EDITOR-IN-CHIEF
Donald E. Stader III, MD, FACEP
dstader@carepointhc.com

ASSOCIATE EDITORS
Rachael Duncan, PharmD & Erik Verzemnieks, MD

SECTION EDITORS
Stephen V. Cantrill, MD, FACEP
Christopher Johnston, MD, FACEP
Rachael Duncan, PharmD
Jason Hoppe, DO, FACEP & Donald E. Stader III, MD, FACEP
Kevin Kaucher, PharmD

The Opioid Epidemic in Colorado
Limiting Opioid Use in the ED
Alternatives for the Treatment of Pain
Harm Reduction in the ED
Treatment of Opioid Addiction

PUBLICATION EDITOR
Rachel Donihoo

TASK FORCE MEMBERS & VOLUNTEERS
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I. Introduction

As physicians, we are on the front lines of an opioid epidemic that is crippling communities across the country. We must accept and embrace our professional responsibility to treat our patients’ pain without worsening the current crisis. These are actions we must take as physicians individually and collectively to do our part to end this epidemic.¹

Stephen Stack, MD, AMA President & Emergency Physician (2016)

Emergency providers across Colorado and our nation are facing one of the greatest public health crises of our generation. Opioids, both prescription and illicit, have become the leading cause of accidental death in the United States. Correspondingly, hospital visits for opioid overdose, drug-related complications, and “doctor shopping” have become an increasingly common part of emergency medicine practice. The number of lives impacted by this epidemic is astonishing. The Centers for Disease Control and Prevention (CDC) reports that opioid overdose killed nearly half a million Americans between 2000 and 2014, and another 78 are dying every day. What makes this crisis especially tragic is that organized medicine and the practice patterns of physicians have played a prominent role in creating it.

The pharmaceutical use of opioids skyrocketed between 1990 and 1996; prescriptions for fentanyl rose 1,000%, followed by morphine (49%), oxycodone (15%), and hydromorphone (12%).² Our appetite for these drugs has become insatiable. The number of prescription opioids sold in the US has quadrupled since 1999, with Americans consuming nearly 100% of the global supply of hydrocodone and 81% of oxycodone.³,⁴ Despite a growing awareness about the addictive and potentially deadly effects of these drugs, their popularity thrives (Figure 1).

The number of emergency department (ED) visits precipitated by the nonmedical use of opioids has grown 183% since 2011.⁵ From 2003 to 2013 treatment admissions for non-heroin opioid abuse escalated from 3% to 9%.⁶ In the same decade, the prevalence of positive opioid tests tripled among drivers who died within one hour of a motor vehicle accident.⁷ The financial implications of this epidemic are equally staggering; the nonmedical use of opioid pain relievers costs insurance companies an estimated $78.5 billion annually.⁸

**FIGURE 1. PAINKILLERS IN AMERICA**

![Map of painkiller prescriptions per 100 people in the US](image)

Source: IMS, National Prescription Audit (NPA), 2012.
While a number of external factors have contributed to the liberal use of these potentially lethal drugs, the medical community is compelled to acknowledge its central role in creating our national addiction. However, we also have the power to reverse these grim statistics by reforming our practices with resolve and innovation.

Colorado ACEP is proud to present its *Colorado Emergency Department Opioid Prescribing and Treatment Guidelines*. Among the most comprehensive ever published, these recommendations were developed by a panel of more than 20 experts, including emergency physicians, addiction and harm reduction specialists, pharmacists, paramedics, emergency department nurses, and medical students.

These guidelines are not meant to replace clinical judgment, but rather inform and augment it. Although we acknowledge the value of opioids in certain clinical situations, including the treatment of cancer pain or hospice patients, we advocate extreme caution in all cases. Emergency clinicians must recognize that chronic opioid use and abuse often starts with acute pain. Although many dismiss the risks of short-term opioid prescriptions, roughly 16% of patients who receive more than a 1-week supply report a reliance on these drugs 1 year later. Only 6% of patients who receive a single-day supply report continued use. Here we provide an approach to pain management aimed at decreasing the morbidity and mortality associated with opioid use and abuse.
II. The Opioid Epidemic in Colorado

The US has seen a fourfold spike in the number of opioid prescriptions written since 1999; Colorado alone has seen a 100% increase (7.9:100,000 vs 15.8:100,000).10 The statistics for opioid-related poisoning deaths are equally disturbing (Figure 2). The age-adjusted death rate for non-heroin opioid overdose in Colorado rose from 2.0 per 100,000 in 2000 to 6.1 in 2014 (205% increase), while heroin-related deaths increased from 0.8 to 2.8 per 100,000 (250% increase).10

Colorado Statistics

- From 2012 to 2013, Colorado ranked 12th nationally in the self-reported nonmedical use of opioids.11
- 25% of Coloradans admit to using pain medications in non-prescribed ways.12
- 29% of Coloradans have used pain medications belonging to others.12
- The number of heroin-related felony arrests increased 170% between 2011 and 2015.13
- The number of prescription drug arrests increased 27% between 2011 and 2015.13
- The amount of heroin seized annually has increased 827% since 2011.13
- Nearly 20,000 dosage units of prescription drugs have been seized annually between 2011 and 2015; however, this number appears to be decreasing.13

How Did We Get Here?

In 1986 prominent pain expert Russell Portenoy published a limited case series of 38 patients, which suggested that chronic noncancer pain could be managed safely with high doses of opioids without posing a risk of addiction.14 His proposal was embraced by those involved in the care of chronic pain patients and endorsed by both the American Academy of Pain Medicine and the American Pain Society.15 Subsequently, many pharmaceutical companies began to aggressively market their opioids for wider use at increased dosages. This movement — whether intentional or not — was encouraged by the Joint Commission, which in 2001 named pain the “fifth vital sign.”16,17

The growing emphasis on pain control was further encouraged by the Institute of Medicine in its seminal report, Relieving Pain in America, which stated that “effective pain management is a moral imperative, a professional responsibility, and the duty of people in the healing professions.” The report also stated that “relieving pain should be a national priority.”18 Additional pressures have been brought to bear on clinicians by the increasing prevalence of patient satisfaction surveys, which often stress timely and “adequate” pain control. These surveys frequently are tied to clinician remuneration.19,20
Of note, the scientific validity of Portenoy's original work has been called into question; in recent years, the researcher himself has publicly doubted the relative efficacy and safety of long-term opioid use for the treatment of chronic noncancer pain.21-24

**WHAT’S OUR ROLE?**

Emergency physicians write 12% of the opioids taken by patients between the ages of 10 and 29 years, putting our specialty third in the number of prescriptions written, behind family physicians and dentists.25 Clinicians must rely on their own discretion when treating pain, while striking a balance between oligoanalgesia (ie, inadequate pain control) and the unnecessary use of opioids. Likewise, pain management in the prehospital setting also presents a dilemma for EMS professionals, who are compelled to provide adequate relief while remaining cognizant of the potential for opioid misuse and abuse.26

Despite a prevalent fear that failing to give patients “what they want” might violate the Emergency Medical Treatment & Labor Act (EMTALA), this concern is unfounded. Pain is not considered an “emergency medical condition,” and discharging patients without relieving their reported discomfort does not violate this mandate.27

There soon may be additional consequences to the prescribing of opioids. In 2015 the West Virginia Supreme Court ruled that patients who become addicted to prescription medications may sue care providers and pharmacies for addiction-related damages.28 Although the short- and long-term impact of this ruling on emergency medicine remains unclear, it is another important reason to make judicious decisions when administering potentially harmful drugs.
III. Limiting Opioid Use in the ED

“An ounce of prevention is worth a pound of cure.”
—Benjamin Franklin

The vast majority of those who become addicted to opioids, both prescription and illicit, received their first dose from a doctor. For many years medical providers were taught that oligoanalgesia was morally reprehensible — a rampant problem that could be solved by narcotics. This marketing campaign was further fueled by the rising popularity of patient satisfaction surveys and similar ideologies, US opioid sales from 1999 to 2014 rose by nearly 400%.29 Once reserved for only the most severe pain, these agents quickly became routine even for the treatment of minor discomfort.

Heroin use has increased an estimated 37% per year since 2010; 4 in 5 new heroin users start by misusing prescription opioids (Figure 3).30 Many patients who begin with prescription opioid abuse eventually transition to intravenous (IV) use or IV heroin abuse when they can no longer acquire or afford prescription drugs, or when tolerance dictates injection to achieve the same “high” or prevent withdrawal symptoms.

The first step in reversing these alarming trends is to decrease the frequency and ease with which opioids are dispensed. Emergency clinicians must be vigilant when screening patients, prescribe narcotics conservatively, and provide thorough counsel on the risks of dependency prior to discharge.

**FIGURE 3. HEROIN USE AS PART OF A LARGER ABUSE PROBLEM**

<table>
<thead>
<tr>
<th>Nearly every patient who uses heroin also uses at least one other drug.</th>
<th>People who are addicted to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most use at least 3 other drugs.</td>
<td><strong>HEROIN</strong> is a highly addictive opioid drug with a high risk of overdose and DEATH for users.</td>
</tr>
<tr>
<td><strong>ALCOHOL</strong></td>
<td><strong>MARIJUANA</strong></td>
</tr>
<tr>
<td>are 2x</td>
<td>are 3x</td>
</tr>
<tr>
<td><strong>COCAINE</strong></td>
<td><strong>RX OPIOID PAINKILLERS</strong></td>
</tr>
<tr>
<td>are 15x</td>
<td>are 40x</td>
</tr>
</tbody>
</table>

...more likely to be addicted to heroin.

Adapted from the National Survey on Drug Use and Health, 2011-2013

**PRACTICE RECOMMENDATIONS**

1. Opioids are inherently dangerous, highly addictive drugs with significant abuse potential, numerous side effects, lethality in overdose, rapid development of tolerance, and debilitating withdrawal symptoms. They should be avoided whenever possible and, in most cases, initiated only after other modalities of pain control have been trialed.

Opioids are among the three broad categories of medications that present abuse potential, the other two being central nervous system (CNS) depressants and stimulants. Much like heroin, these agents act by attaching to opioid receptors on nerve cells in the brain, spinal cord, gastrointestinal tract, and other bodily organs. The resultant spike in dopamine not only reduces the perception of pain, it also can manufacture a powerful sense of well-being and pleasure by affecting the brain's limbic reward system.
When used repeatedly, opioids induce tolerance; greater amounts are required over time as the patient grows increasingly immune to the drug’s effects. This mechanism also contributes to the high risk of overdose following a period of abstinence. Tolerance can be lost in times of sobriety, leading relapsed users to take a previously “safe” dose with disastrous results. The effects of opioids are also mediated by specific subtype opioid receptors (mu, delta, and kappa) that are activated by endogenous endorphins and enkephalins. The production of endogenous opioids is inhibited by the repeated administration of outside opioids, which accounts for the discomfort that ensues when the drugs are discontinued.

Besides the significant abuse potential, rapidly developing tolerance, and agonizing withdrawal symptoms that accompany opioids, patients also experience serious side effects such as drowsiness, mental confusion, constipation, and nausea (Table 1). These complications, which often necessitate additional medical care, can prevent patients from performing daily tasks and remaining active in the workforce.

### TABLE 1. SIGNS AND SYMPTOMS OF OPIOID INTOXICATION AND WITHDRAWAL

<table>
<thead>
<tr>
<th>Intoxication</th>
<th>Withdrawal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activation or “rush” (with low dosages) and sedation/apathy (with high dosages)</td>
<td>Depressed mood and anxiety; dysphoria</td>
</tr>
<tr>
<td>Euphoria</td>
<td>Dysphoria and cravings</td>
</tr>
<tr>
<td>Feelings of warmth, facial flushing, or itching</td>
<td>Piloerection, lacrimation, or rhinorrhea</td>
</tr>
<tr>
<td>Impaired judgment, attention, or memory</td>
<td>Frequently, “high” attention</td>
</tr>
<tr>
<td>Analgesia</td>
<td>Hyperalgesia; joint and muscle pain</td>
</tr>
<tr>
<td>Constipation</td>
<td>Diarrhea and gastrointestinal cramping, nausea, or vomiting</td>
</tr>
<tr>
<td>Pupillary constriction</td>
<td>Pupillary dilatation and photophobia</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Respiratory depression, areflexia, hypotension, tachycardia</td>
<td>Automatic hyperactivity (eg, hyperreflexia, tachycardia, hypertension, tachypnea, sweating, hyperthermia)</td>
</tr>
<tr>
<td>Apnea, sedation, coma</td>
<td>Yawning</td>
</tr>
</tbody>
</table>


2. Prior to prescribing an opioid, physicians should perform a rapid risk assessment to screen for abuse potential and medical comorbidities. Alternative methods of pain control should be sought for patients at increased risk for abuse, addiction, or adverse reactions.

Multiple agencies, including the CDC and Colorado Department of Regulatory Agencies, advocate using an Opioid Risk Tool to evaluate for factors that might predispose patients to addiction and misuse. While this approach has been only validated in cases of chronic pain, screening tools may help emergency clinicians identify high-risk patients.

**High-risk criteria include:**
- Personal or family history of substance abuse (eg, alcohol, illicit drugs, prescription drugs)
- Age between 16 and 45 years
- Mental health/psychological history (eg, depression, attention deficit disorder, bipolar disorder, schizophrenia)
- History of sexual abuse

In addition, emergency clinicians should consider comorbid health conditions and exercise caution when prescribing opioids to those at increased risk for adverse drug reactions and accidental overdose.

**High-risk comorbidities include:**
- Pulmonary comorbidities (eg, chronic obstructive pulmonary disease, sleep apnea)
- Cardiac comorbidities (eg, congestive heart failure)
- Organ dysfunction (eg, renal or hepatic failure)
- Elderly age
3. Emergency physicians should frequently consult Colorado’s Prescription Drug Monitoring Program (PDMP) to assess for a history of prescription drug abuse, misuse, or diversion.

As of 2014, with the introduction of House Bill 14-1283, all Colorado-licensed prescribing practitioners with Drug Enforcement Administration (DEA) registrations are required to create an account with the Colorado PDMP.36 Drug monitoring programs have been shown to influence opioid prescribing practices, especially in the case of lost or long-term prescriptions.37

These programs can aid providers in identifying patients with multiple recent prescriptions from various providers (doctor shopping) and help spot those already using other controlled medications on a chronic basis.38 Although there is limited data to indicate the utility of PDMPs in patient outcomes, they clearly can help inform the conversations physicians have with their patients.

4. Emergency physician groups should strongly consider tracking, collecting, and sharing individual opioid prescribing patterns with their clinicians to decrease protocol variabilities.

Prescribing practices vary widely among emergency physicians. Recent data suggests a striking three- to 10-fold difference in the number of opioid prescriptions written by the lowest and highest prescribing emergency physicians.39,40 To combat such deviations, we recommend tracking prescribing patterns and providing the comparative data to those within the practice. This information should not be used punitively, but rather to help clinicians understand their own treatment habits and facilitate change. Such local sharing has been shown to significantly reduce the number of opioids prescribed at discharge.41

5. Strongly consider removing prepopulated doses of opioids from order sets in computerized provider order entry (CPOE) systems.

Computerized provider order entry is an integral part of current emergency department practice. Order sets, which are part of nearly every electronic medical system, have become a popular mechanism for decreasing clicks, standardizing care, and meeting clinical metrics. An order for opioids should not be a default. While robust research does not exist, it is reasonable to assume that the prepopulation of opioid medications on standard order sets increases the number of these prescriptions written in the ED and may bias treating clinicians. According to the Institute for Safe Medication Practices, order sets that contain multiple opioids, multiple doses, or multiple routes of administration also appear to increase the risk of unintentional hospital overdose.

6. Opioid alternatives and nonpharmacological therapies should be used to manage patients with acute low back pain, in whom opioids are particularly detrimental. Opioids should be prescribed only after alternative treatments have failed.

Countless patients present to US emergency departments every year for acute low back pain, many of whom expect and are prescribed narcotic pain medications.38 However, research shows no significant difference in relief between nonsteroidal anti-inflammatory medications and opioids.42 Moreover, opioids appear to increase the risk of prolonged disability at 1 year and decreased function at 6 months.43,44 Alternative treatments, including early mobilization and physical therapy, can improve return to function and decrease disability and should be used as first-line agents in the treatment of this complaint.

7. Potential drug interactions must be evaluated, and opioids should be avoided in patients already taking benzodiazepines, barbiturates, or other narcotics.

The concomitant prescribing of opioids for a patient taking benzodiazepines increases the risk of unintentional overdose, respiratory depression, and death.45 Patients taking opioids and benzodiazepines together have 10 times the risk of fatal overdose over those taking opioids alone.46 Patients who are taking multiple opioid prescriptions also are at a significant risk of overdose.47
8. Patients with chronic pain should receive opioid medications from one practice, preferably their primary care provider or pain specialist. Opioids should be avoided in the emergency department treatment of most chronic conditions. Emergency physicians should coordinate care with a patient's primary care or pain specialist whenever possible, and previous patient-physician contracts regarding opioid use should be honored.

Clinicians often require patients with chronic pain to sign an opioid contract, which may mandate the use of a single prescribing provider and pharmacy. It is important to honor these control documents, which frequently outline what the patient can do to manage acute exacerbations of pain and provide guidance for emergency medical providers.

9. Clinicians should abstain from adjusting opioid dosing regimens for chronic conditions and avoid routinely prescribing opioids for acute exacerbations of chronic noncancer pain.

According to the CDC, it is inappropriate for emergency medicine clinicians to treat chronic pain. Long-term medication regimens should be escalated and managed only by a single provider outside the acute setting. In the rare instance that a patient's drug regimen must be adjusted in the emergency department, it should only be done in direct collaboration with a pain specialist.

Nonopioid treatments can and should be provided for acute exacerbations (see Alternative Pathways section for recommended modalities). Benzodiazepines and other sedating agents can place the patient at higher risk of overdose and should be avoided. If the patient is not being seen by a pain specialist, a referral should be initiated.

10. “Long-acting” or “extended-release” opioid products should be avoided for the relief of acute pain.

Long-acting or extended-release opioids are indicated only for chronic pain and should not be used for the treatment of acute or intermittent symptoms. These agents are especially dangerous in opioid-naïve patients, even at recommended dosages. Long-term opioid use is nearly 4.5 times higher in those started on long-acting opioids compared to immediate release.

Short-acting opioids are appropriate for the treatment of acute pain that cannot be managed with other modalities. They include:

- Codeine
- Oxycodone — immediate release (eg, Percocet, Percodan)
- Hydrocodone (eg, Vicodin, Lorcet, Lortab, Norco)
- Morphine — immediate release
- Hydromorphone (eg, Dilaudid)

Long-acting and extended-release forms include:

- Oxycodone — sustained release (eg, OxyContin)
- Methadone (eg, Dolophine)
- Morphine — sustained release (eg, MS Contin, Avinza, Kadian)
- Fentanyl — transdermal (eg, Duragesic)
- Oxymorphone — extended release (eg, Opana ER)

Any clinician who prescribes long-acting or extended-release opioids should complete the FDA Risk Evaluation and Mitigation Strategies (REMS) training program.
11. Patients receiving controlled medication prescriptions should be able to verify their identity.

Patients should be prepared to show identification if opioid pain prescriptions are to be filled. This corroboration enables a thorough evaluation of the individual’s prescription drug monitoring profile and adds another safeguard against “doctor shopping.”

12. Patients who receive opioids should be educated about their side effects and potential for addiction, particularly when being discharged with an opioid prescription.

Evidence suggests that clinicians do a poor job of educating patients on the risks of opioids (Figure 4). More than 50% of emergency department patients discharged with opioid prescriptions admit to misusing them in the 30-day period following their visit. In addition, nearly 80% of new heroin users between the ages of 12 and 49 report the previous nonmedical use of opioids.

All patients are at risk for opioid misuse and abuse. A prior history of substance abuse, use of psychotropic drugs, and younger age increase this potential; however, even an opioid-naïve patient with no risk factors can develop dependence. When prescribing these agents, it is always appropriate to initiate a detailed discussion about the significant risk of complications and addiction (Table 2).

**FIGURE 4. PUBLIC PERCEPTION OF OPIOID RISK**

Only 1 in 5 Americans consider prescription plan medication to be a serious safety threat.

**TABLE 2. THE DANGERS OF OPIOIDS (INFORMATION TO BE SHARED WITH PATIENTS)**

<table>
<thead>
<tr>
<th>Common side effects</th>
<th>Serious side effects of chronic opioid use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/vomiting</td>
<td>Cardiac abnormalities, including prolonged QTc and torsades de pointes</td>
</tr>
<tr>
<td>Constipation</td>
<td>Sudden cardiac death with the concomitant use of benzodiazepines and methadone</td>
</tr>
<tr>
<td>Pruritus</td>
<td>Hormonal disruptions, including decreased testosterone in males</td>
</tr>
<tr>
<td>Euphoria</td>
<td>Decreased luteinizing hormone, follicle-stimulating hormone, and fertility in women</td>
</tr>
<tr>
<td>Respiratory depression, particularly with the simultaneous use of alcohol, benzodiazepines, antihistamines, muscle relaxants, or barbiturates</td>
<td>Musculoskeletal compromise, including an increased risk of osteoporosis</td>
</tr>
<tr>
<td>Lightheadedness</td>
<td>Immunosuppression</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>Inhibition of cellular immunity via delta and kappa receptors</td>
</tr>
<tr>
<td></td>
<td>Hyperalgesia (ie, upregulation of receptors and increased tolerance)</td>
</tr>
<tr>
<td></td>
<td>Sleep disturbances (eg, shortened deep sleep cycle)</td>
</tr>
<tr>
<td></td>
<td>Delayed or inhibited gastric emptying, increased sphincter tone, and blockade of peristalsis</td>
</tr>
</tbody>
</table>
13. **When considering opioids, clinicians should prescribe the lowest possible effective dose in the shortest appropriate duration (eg, <3 days).**

Differences in pharmacological potency largely are determined by the actual doses prescribed.66 Studies have demonstrated a strong correlation between high daily doses and overdose death.67-69 When these agents are selected for pain management, they should be administered at the lowest possible effective dose and for the shortest duration, generally no more than 3 days.38,50,70 The duration of this first opioid prescription can have a significant impact on the risk of long-term use and abuse. After just 7 days, 13.5% of patients become long-term users (double the rate of patients who have only 1 day of use).9 Leftover medications frequently are misused; 70% of abusers report receiving these drugs from friends or family members.71

14. **Emergency departments should refuse to refill lost or stolen opioid prescriptions.**

Patients who divert or abuse controlled medications may claim their prescription was lost or stolen. In these clinical scenarios, it is best to refuse refill requests; however, it may be reasonable to administer a single dose in the emergency department.1 When warranted, clinicians should contact the patient's prescribing physician to discuss the situation and confirm the request. If this cannot be done, the prescriptions should not be filled.50

**POLICY RECOMMENDATIONS**

1. **As has been done in other states, the Colorado PDMP should develop an automated query system that can be more readily integrated into electronic health records and accessed by emergency clinicians.**

Although the Colorado PDMP is an important tool for preventing inappropriate opioid prescribing and misuse, it is cumbersome to implement and often incompatible with high-acuity emergency department workflows. We favor the integration of a process that provides automatic queries and responses that obviate time-consuming manual data entry. To help improve functionality and encourage widespread use, the PDMP should be optimized with improvements such as automatic queries linked to emergency department registration, and automatic queries and/or data population in electronic medical records.72 Systems that incorporate such technology are overwhelmingly favored by clinicians, 98% to 100% of whom report improved access.73

2. **Pain control should be removed from patient satisfaction surveys, as they may unfairly penalize physicians for exercising proper medical judgement.**

When used as a barometer of quality medical care, patient surveys regarding pain control may unfairly punish physicians for exercising proper medical judgement. This fear of patient dissatisfaction and its ensuing penalties can lead clinicians to prescribe potentially harmful medications, even when not medically indicated. Despite mixed evidence on the connection between opioids and poor hospital survey scores, the effects of these questionnaires on clinician behavior is well understood.74-76 A reported 28% admit prescribing these drugs for reasons that can be tied directly and indirectly to patient satisfaction.77

Pain management should be removed from future drafts of the Emergency Department Patient Experience of Care (EDPEC) survey, inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questionnaire, and instruments used by private medical groups to gauge patient satisfaction. Physicians should be empowered to manage pain using their own clinical acumen, and high scores should be removed as a proxy for appropriate medical care.
3. **Opioid prepacks should be avoided or eliminated from emergency departments if 24-hour pharmacy support is available.**

Dispensing opioids from the emergency department should be discouraged. Although drug prepacks carry the same risks as any other prescription, small doses of opioids (<24-hour supply) are not tracked by the Colorado Prescription Drug Monitoring Program. This loophole makes it difficult to identify overuse or addiction, particularly in the acute setting or when treating an unfamiliar patient.

If 24-hour pharmacy support is unavailable (e.g., in a rural community), providers should use their best clinical judgement when dispensing opioids from the emergency department. In the interim, only the minimum quantity anticipated for pain control should be administered and the patient should be directed to the nearest pharmacy for additional medication.

4. **Pain should not be considered the “fifth vital sign.”**

Long regarded as the “fifth vital sign,” pain has developed enormous leverage in the American medical lexicon. While there is great merit to assessing a patient’s discomfort, it should not be given the same level of consideration as heart rate, respiratory rate, blood pressure, and other concrete measurements of health.

We have overemphasized pain; as a result, physicians often feel pressured to prescribe opioids to normalize this “vital sign.” Rather than making informed medical decisions about the best way to address a patient’s complaints, many providers have come to equate an abnormally high pain score to physical abnormalities such as hypotension, tachycardia, or hypoxia. While emergency physicians are trained to address the latter elements immediately, pain is a more complex process that involves significant provider discretion.

In addition, pain scores should be excluded from triage questionnaires and should not carry the same weight as other vital signs measured during a patient’s stay in the emergency department.
IV. Alternatives to Opioids for the Treatment of Pain

“We cannot solve our problems with the same thinking we used when we created them.”

—Albert Einstein

Using nonopioids to address pain management is a novel strategy called Alternatives to Opioids (ALTO). The first Colorado ALTO program was implemented in 2016 at Swedish Medical Center in Englewood, a busy level-1 trauma center. The press has inaccurately branded such emergency departments as “opioid-free EDs,” an exclusionary term that misrepresents the care provided. ALTO simply recommends using opioids infrequently, primarily as second-line treatments and only after effective nonopioid alternatives have been trialed.

Such programs should be studied by all ED providers and uniformly adopted by hospitals. Through education, the implementation of novel concepts, and partnerships within the community, an ALTO-based multidisciplinary approach can transform pain management practice in Colorado.

Treatment Goals

- Utilize nonopioid approaches as the first-line therapy.
- Utilize opioids as a second-line treatment.
- Opioids can be given as rescue medication.
- Discuss realistic pain management goals with patients.
- Discuss addiction potential and side effects with those using opioids.

The ALTO program utilizes the CERTA concept: channels, enzymes, receptors, targeted, analgesia. The CERTA concept optimizes the following medication classes in place of opioids: Cox-1, 2, 3 inhibitors, NMDA receptor antagonists, sodium channel blockers, nitrous oxide, inflammatory cytokine inhibitors, and GABA agonists/modulators. Specific agents include NSAIDs and acetaminophen, ketamine, lidocaine, nitrous oxide, corticosteroids, benzodiazepines, and gabapentin.

The protocol targets multiple pain receptors, making use of nonopioid medications, trigger-point injections, nitrous oxide, and ultrasound-guided nerve blocks to tailor a patient’s pain management needs and substantially decrease opioid use. Examples of this approach include:

- Treating renal colic with intravenous lidocaine;
- Managing acute lower back pain with a combination of oral nonopioids and topical pain medications with directed trigger-point injections;
- Treating extremity fractures with ultrasound-guided nerve blocks; and
- Using an algorithm to manage acute headache/migraine pain with a variety of nonopioid medications.

Only if patients’ pain is not adequately managed using ALTO techniques are opioids used as a rescue medication.

Alternative Medications

Ketamine

Ketamine has been used extensively in the emergency department for procedural sedation and rapid-sequence intubation. Recent research has demonstrated that a low (subdissociative) dose (0.1-0.3 mg/kg IV) is safe and effective for pain management. Due to the relatively short-lived analgesic effects of the drug, the initial bolus can be followed by an infusion (9-30 mg/hour) for sustained effect. Caution should be used in any patient with a significant psychiatric history, and use should be avoided in anyone with a history of post-traumatic stress disorder.
Lidocaine

Lidocaine is an ideal agent for treating visceral and central pain, and also may be useful when narcotics are inefficient or lead to undesirable side effects. Intravenous or topical (4% or 5% transdermal patch) doses are effective for controlling renal colic and neuropathic pain associated with conditions such as diabetic neuropathy, postoperative or post-herpetic pain, headaches, and neurological malignancies.82-83 Topical lidocaine also is an appropriate treatment for low-back pain.84-88 Intravenous lidocaine should be used with caution in any patient with a significant cardiac history. Side effects of the drug are minimal when used sparingly.

Trigger-Point Injections

A focal area of spasm and inflammation (eg, trapezius, rhomboid, low back) can be associated with chronic myofascial pain syndrome. Palpation of the trigger point should fully reproduce pain, which may be referred to other areas (eg, nodule or taut band of spasm). Dry needling will cause a disruption of the spastic feedback loop by interrupting abnormal activity in the sensory and motor nerve endings and muscle fibers. Using local anesthetics such as marcaine or lidocaine for this procedure often resolves pain and decreases soreness. Indications for this approach include a palpable, taut band or nodule, reproducible pain with palpitation, or a chronic painful condition.89-92 Trigger-point injection has also been found to be a successful treatment strategy for migraines.89-92

Nitrous Oxide

Nitrous oxide is a tasteless, colorless gas administered in combination with oxygen via mask or nasal hood at a maximum concentration of 70%. The gas is absorbed via pulmonary vasculature and does not combine with hemoglobin or other body tissues. Featuring a rapid onset and elimination (<60 sec), the agent contains both analgesic and anxiolytic properties. It typically is used in combination with a local anesthetic or other pain medications. Pulse oximetry is the only patient monitoring required. There are no fasting requirements; patients can drive after administration; and no IV line is needed. There is solid evidence to support its role in the management of pediatric pain and sedation, prehospital pain relief, colonoscopy, and bronchoscopy.96-99 Additional indications for the use of nitrous oxide include laceration repair, incision and drainage, wound care, foreign body removal, central venous access, peripheral venous access, fecal disimpaction, and as an adjunct for dislocations and splinting.

NSAIDs

Nonsteroidal anti-inflammatory drugs (NSAIDs) can be used to manage most painful conditions, particularly musculoskeletal pain, migraine, and renal colic.100 These agents can be administered intravenously, intramuscularly, orally, and topically. For ketorolac, literature supports using a maximum intravenous dose of 15 mg, as higher doses do not increase efficacy and may introduce unnecessary harm.101,102 Caution should be used in patients with renal dysfunction or heart failure, or when there is a concern for bleeding.103 For these subpopulations, consider topical choices such as diclofenac gel or a patch. Topical agents have significantly lower systemic absorption and lower rates of adverse drug events.

Haloperidol

Haloperidol is a “typical” or first-generation antipsychotic agent. It can be administered intravenously, intramuscularly, and orally and often is used for the treatment of psychiatric emergencies. The drug also can be used in low doses as an adjunct treatment for pain and nausea. At doses of 2.5 to 5 mg, haloperidol is effective for the management of abdominal pain and migraine-associated headaches.104,105 Anecdotally there has been a rise in the number of haldol “allergies.” If a patient’s reaction is suspected to stem from a true allergy rather than an extrapyramidal side effect of the drug, olanzepine is a reasonable alternative.

Dicyclomine

Dicyclomine is an antispasmodic and anticholinergic agent that acts to alleviate smooth muscle spasms in the gastrointestinal tract. It is effective for treating abdominal pain, particularly caused by cramping.106-108 The drug can be administered either orally or intramuscularly, but should NOT be administered intravenously. Due to its anticholinergic action, dicyclomine should be avoided in the geriatric population.109
Special Populations

Not all patients are appropriate candidates for each agent suggested in the ALTO treatment protocol. All medications should be administered with thoughtful consideration of patient-specific factors such as age, organ function, comorbidities, and other medications being taken.

Geriatric Patients

Great care should be taken when treating elderly patients. Some of the therapies suggested may be inappropriate for use in this vulnerable population, including dicyclomine, haloperidol, diphenhydramine, and muscle relaxants. The Beers Criteria list is a well-established resource that should be consulted when making treatment decisions for patients older than 65 years. When possible, consider prescribing topical agents instead of oral or intravenous drugs. Also consider recommending heat, massage, and physical therapy on discharge for musculoskeletal pain.

Renal Dysfunction

Not all ALTO agents are safe for patients with renal dysfunction, particularly NSAIDs. In patients who cannot receive systemic NSAIDs, consider prescribing topical agents such as diclofenac gel or patches.

Heart Failure

Not all ALTO agents are recommended for use in patients with heart failure, particularly steroids and NSAIDs. For patients in whom these medications should be avoided, consider prescribing topical alternatives.

Pregnant Patients

Pregnant women should be excluded from the ALTO protocol. Many of these agents are contraindicated in pregnancy, including haloperidol, NSAIDs, and valproic acid.

Pediatric Patients

Do not use the ALTO protocol when managing children younger than 15 years or less than 40 kg. Although ALTO principles are applicable to the pediatric population, precautions should be considered and agents must be dosed appropriately.

PRACTICE RECOMMENDATIONS

Note: Many of the recommendations in the following section are based on the ALTO clinical model. A full discussion of each drug and procedure is beyond the scope of these guidelines. Appropriate references are listed, however. (See Figure 5 for specific treatment pathways by indication.)

1. All emergency departments should implement ALTO programs and provide opioid-free pain treatment pathways for the following conditions (see Appendix 1):
   a. Acute on chronic opioid-tolerant radicular lower back pain
   b. Opioid-naive musculoskeletal pain
   c. Migraine or recurrent primary headache
   d. Extremity fracture or joint dislocation
   e. Gastroparesis-associated or chronic functional abdominal pain
   f. Renal colic

2. Emergency departments should integrate ALTO into their computerized physician order entry systems to facilitate a seamless adoption by clinicians.

3. For musculoskeletal pain, consider a multimodal treatment approach using acetaminophen, NSAIDs, steroids, topical medications, trigger-point injections, and (for severe pain) ketamine.

4. For headache and migraine, consider a multimodal treatment approach that includes the administration of antiemetic agents, NSAIDs, steroids, valproic acid, magnesium, and triptans. Strongly consider cervical trigger-point injection.
5. For pain with a neuropathic component, consider gabapentin.

6. For pain with a tension component, consider a muscle relaxant.

7. For pain caused by renal colic, consider an NSAID, lidocaine infusion, and desmopressin nasal spray.

8. For chronic abdominal pain, consider low doses of haloperidol, diphenhydramine, and lidocaine infusion.

9. For extremity fracture or joint dislocation, consider the immediate use of nitrous oxide and low-dose ketamine while setting up for ultrasound-guided regional anesthesia.

10. For arthritic or tendinitis pain, consider an intra-articular steroid/anesthetic injection.

11. Outpatient prescribing patterns should follow ALTO principles by minimizing opioids and utilizing a multimodal approach to adequately control pain. (See Appendix 2 for discharge prescribing guidelines.)

**FIGURE 5. PAIN PATHWAYS BY INDICATION**

<table>
<thead>
<tr>
<th>Headache/Migraine</th>
<th>Immediate/First-Line Therapy</th>
<th>Alternative Options</th>
<th>If Tension Component</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 L 0.9% NS + high flow oxygen</td>
<td>APAP 1000 mg PO + ibuprofen 600 mg PO</td>
<td>Cyclobenzaprine 5 mg OR diazepam 5 mg PO/IV</td>
</tr>
<tr>
<td></td>
<td>Keterolac 15 mg IV</td>
<td>Sumatriptan 6 mg SC</td>
<td>Lidoderm transdermal patch</td>
</tr>
<tr>
<td></td>
<td>Metoclopramide 10 mg IV</td>
<td>Promethazine 12.5 mg IV OR prochlorperazine 10 mg IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dexamethasone 8 mg IV</td>
<td>Haloperidol 5 mg IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trigger-point injection with lidocaine 1%</td>
<td>Magnesium 1 g IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Valproic acid 500 mg IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Propofol 10-20 mg IV bolus every 10 min</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Musculoskeletal Pain</th>
<th>Non-IV Therapies</th>
<th>IV Therapy Options</th>
<th>If Tension Component</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APAP 1000 mg PO + ibuprofen 600 mg PO</td>
<td>Ketamine 0.2 mg/kg IV + 0.1 mg/kg/hr gtt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cyclobenzaprine 5 mg PO OR diazepam 5 mg PO</td>
<td>Keterolac 15 mg IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gabapentin 500 mg PO</td>
<td>Dexamethasone 8 mg IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lidoderm patch (max 3 patches)</td>
<td>Diazepam 5 mg IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ketamine 50 mg IN</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trigger-point injections with lidocaine 1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renal Colic</th>
<th>Immediate/First-Line Therapy</th>
<th>Second-Line IV Therapy</th>
<th>Alternative Option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APAP 1000 mg PO</td>
<td>Lidocaine 1.5 mg/kg IV (max 200 mg)</td>
<td>DDAVP 40 mcg IN</td>
</tr>
<tr>
<td></td>
<td>Keterolac 15 mg IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 L 0.9% NS bolus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic Abdominal Pain</th>
<th>Immediate/First-Line Therapy</th>
<th>Second-Line Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metoclopramide 10 mg IV</td>
<td>Haloperidol 2.5-5 mg IV</td>
</tr>
<tr>
<td></td>
<td>Prochlorperazine 10 mg IV</td>
<td>Ketamine 0.2 mg/kg + 0.1 mg/kg/hr gtt</td>
</tr>
<tr>
<td></td>
<td>Diphenhydramine 25 mg IV</td>
<td>Lidocaine 1.5 mg/kg (max 200 mg)</td>
</tr>
<tr>
<td></td>
<td>Dicyclomine 20 mg PO/IM</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Extremity Fracture/Joint Dislocation</th>
<th>Immediate/First-Line Therapy</th>
<th>Ultrasound-Guided Regional Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APAP 1000 mg PO</td>
<td>Lidocaine 0.5% perineural infiltration (max 5 mg/kg)</td>
</tr>
<tr>
<td></td>
<td>Ketamine 50 mg IN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nitrous oxide (titrate up to 70%)</td>
<td></td>
</tr>
</tbody>
</table>
POLICY RECOMMENDATIONS

1. Hospitals should update institutional guidelines and put policies in place that enable clinicians to order and nurses to administer dose-dependent ketamine and IV lidocaine in non-ICU areas. (For more information, download the Denver Health policy on Ketamine for Acute Pain in the ED.)

2. Emergency departments are encouraged to assemble an interdisciplinary pain management team that includes clinicians, nurses, pharmacists, physical therapists, social workers, and case managers.

3. Reimbursement should be available for any service directly correlated to pain management, the reduction of opioid use, and treatment of drug-addicted patients.

Marijuana Use in Chronic Pain

Patients frequently inquire about the use of medical marijuana for the treatment of painful conditions. Although a number of studies have been conducted on the drug's potential role in the treatment of chronic pain, results are limited. Most of the trials have been short, and many have focused on neuropathic pain resulting from a narrow range of etiologies; fewer than 3,000 patients have been studied.

Marijuana plants are comprised of more than 65 cannabinoids, including tetrahydrocannabinols (THC) and cannabidiols (CBD). It is important to note that while studies have shown the effectiveness of treating pain with a combination of these two chemicals, more research is needed to identify the positive and negative attributes of the remaining active ingredients.110-112

The current scheduling nature of the drug presents several roadblocks for researchers.113,114 While previous studies have focused on the use of medical marijuana for alleviating chronic pain, there are interesting links between recently enacted state laws and an overall decline in opioid-linked overdoses and deaths. According to a study that examined medical marijuana laws and opioid analgesic overdose rates from 1999 to 2010, “States with medical cannabis laws had a 24.8% lower mean annual opioid overdose mortality rate compared with states without medical cannabis laws.”115

At this time COACEP takes no position on the use of medical marijuana for the control of chronic pain, and recommends that emergency physicians refrain from prescribing or advocating its use until definitive studies have been conducted.
Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. The approach is predicated on respecting patients and their choices, removing stigma, and meeting them “where they are” and not where we believe they should be. In a perfect world, patients would be compelled to quit by logical physician counseling. In reality, however, patients must possess the internal resolve to pursue sobriety before they can enter into recovery; even the most well-meaning advice can be counterproductive if it is disconjugate with the situation. The simplistic directive to “stop using because you may die” is ineffective and often deleterious to the physician-patient relationship.

Harm reduction aims to prevent the spread of infection, including HIV/AIDS, hepatitis B and C, sepsis, and endocarditis; reduce the risk of overdose and other drug-related fatalities; and decrease the negative effects drug use may have on individuals and communities.

Of the thousands of patients who present with opioid-related emergencies, ranging from withdrawal to constipation to overdose to injection-related infections, the fact is that most are not ready to quit on the day they visit the ED. Given the unprecedented scope and destruction of this epidemic, clinicians can and must do better in counseling and treating the addicted patient who is not ready to stop using.

Initially developed in response to the US AIDS epidemic, the harm reduction philosophy primarily has been used in recent years for the treatment of people who inject drugs (PWID); however, its principles are broadly applicable to most substance-abusing patients. Injection drug use is intertwined with the growing opioid epidemic; roughly 75% of injection heroin addictions originate with prescription opioids. Significant risks are associated with this behavior, as injection drug use accounts for between 12% and 26% of new HIV diagnoses and the majority of new hepatitis C infections.

Health care providers have been shown to have a negative view of patients with substance abuse problems, a dynamic that erodes both clinician empathy and patient care. A quote from the National Harm Reduction Coalition patient manual captures the stigma these patients feel when receiving treatment in the emergency department:

“Only use the emergency room as a last resource for getting your abscess drained. Chances are the doctor you see will not be too sympathetic to your plight, under-medicate you for pain, make a large incision, and provide no follow-up or aftercare.”

As a result, patients who abuse opioids and injection drugs often go to great lengths to avoid medical care or sign out before treatment is complete. It is imperative that we begin to change these perceptions by making the ED a welcoming place for those who seek care (Table 3). Drug addiction truly is a physiological disease, defined by genetic predisposition and long-term changes in brain structure and function. Clinically, patients often suffer from uncontrollable, compulsive drug cravings that render them powerless even in the face of catastrophic social and health-related consequences.

### TABLE 3. PITFALLS IN THE TREATMENT OF PWIDS

- It is not uncommon for clinicians to assume that drug users don’t care about their health; such misperceptions are noticed by patients. Fearing this negativity and condescension, many drug users avoid the emergency department by trying to “doctor” themselves.
- Some providers automatically undertreat or minimize pain when they suspect drug-seeking behavior, or perform procedures (eg, abscess drainage) with inadequate anesthesia in order to “teach the patient a lesson.”
- Health care providers occasionally bring in other colleagues to gawk at patients without their permission. However, these insensitive “Look at the crazy thing this junkie did to herself/himself!” conversations are inappropriate.
- Nurses and doctors should not contact law enforcement without the patient’s knowledge.
- Vague or unrealistic aftercare plans are futile.
- Long speeches and shaming life lectures about drug use can and should be replaced by educational information about risk reduction.
- Patients often overhear health care providers talking about them negatively outside of the room or behind a curtain. Assuming the patient can’t hear them, clinicians can be heard warning other providers about the “druggie” or “drug seeker.”
Harm reduction and therapeutic relationship-building is especially pertinent in Colorado, where buprenorphine and methadone treatment programs are scarce and plagued by long waiting lists. This inaccessibility means that most opioid users will continue to abuse these medications, many within hours of discharge. There is one great barrier that remains to be addressed, namely the fact that most emergency providers are unfamiliar with harm reduction principles, unaware of how to perform effective interventions, and lacking the education and resources needed to integrate harm reduction into their practices.

**PRACTICE RECOMMENDATIONS**

1. **Patients who abuse opioids should be managed without judgment; addiction is a medical condition and not a moral failing.** Caregivers should endeavor to meet patients “where they are,” infusing empathy and understanding into the patient/medical provider relationship.

   It is imperative that we work to better understand addiction and end the stigma associated with prescription opioid abuse. A harm reduction mentality, as outlined below, offers a pragmatic approach to mitigating the associated risks without casting blame or alienating those who seek help.

   Allow patients to seek treatment—or not—at their own pace (Table 4). Pressuring or forcing patients into treatment for substance abuse is fruitless, violates the autonomy, and creates an adversarial rather than therapeutic relationship.

   **TABLE 4. COUNSELING PATIENTS WITH ADDICTION**

<table>
<thead>
<tr>
<th>DO</th>
<th>DON’T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use neutral language when referring to drug use.</td>
<td>Use negative terminology such as “addict” or “junkie.”</td>
</tr>
<tr>
<td>Assess the patient’s readiness to change.</td>
<td>Tell the patient they are ruining their life or are going to die.</td>
</tr>
<tr>
<td>Respect the patient’s decisions regarding treatment.</td>
<td>Attempt to pressure the patient to begin substance abuse treatment.</td>
</tr>
<tr>
<td>Encourage patients to be honest with providers about any drug use.</td>
<td>Make assumptions about the mental or physical health of patients with opioid use disorders.</td>
</tr>
<tr>
<td>Make information available that is specific to the needs of the patient.</td>
<td>Let the stigma associated with injection drug use affect how a patient is treated.</td>
</tr>
<tr>
<td>Remember harm reduction principles:</td>
<td></td>
</tr>
<tr>
<td>— Accept and don’t condemn patients who use drugs.</td>
<td></td>
</tr>
<tr>
<td>— Offer resources without pressure or judgment.</td>
<td></td>
</tr>
<tr>
<td>— Improve quality of life for patients with opioid use disorders.</td>
<td></td>
</tr>
<tr>
<td>— See the individual as a person, rather than their addiction.</td>
<td></td>
</tr>
</tbody>
</table>

2. **Every emergency clinician should be well-versed in the safe injection of heroin and other intravenous drugs, and understand the practical steps for minimizing the dangers of overdose, infection, and other complications.** When treating patients with complications of IV drug use, injection habits should be discussed and instruction should be given about safe practices.

   Heroin offers a cheaper high for patients addicted to prescription opioids, a factor that has contributed to the drug's increasing popularity and contributed to a rise in communicable (eg, HIV and hepatitis C and B) and noncommunicable diseases (eg, abscesses, cellulitis, and endocarditis). Data collected by Denver's Harm Reduction Action Center estimates that 24% of PWID are hepatitis C-positive; injection drug use is the leading transmission method of this pathogen in the US. A notorious HIV outbreak in one tiny, rural Indiana town is a cautionary tale about what can happen when safe injection practices are ignored. The tightknit community of Austin (population 4,000) was ravaged by the virus in 2015 when 190 new cases were diagnosed — all of which could be attributed to a local epidemic of injection oxymorphone abuse.

   The vast majority of medical providers are unfamiliar with drug injection methods and are unprepared to discuss safeguards with their patients. Most IV drug users learn from their peers, from whom they can inherit dangerous habits. Counseling about safer injection practices should be offered prior to discharging any IV drug user (Figure 6). The following guidelines can be shared to help reduce the substantial risk of infection and overdose.
Avoid using alone. Drug users should inject in the presence of others for safety. Colorado's Good Samaritan Law protects individuals who call 911 to report an overdose, exempting them and the patient from arrest and prosecution for small drug charges.

Always carry naloxone. The evidence in support of naloxone is staggering. Since 1996 the opioid reversal agent has saved more than 26,000 lives. Because most overdoses are witnessed and transpire over hours, naloxone is our patients’ most powerful tool for preventing overdose death. The antidote should be dispensed in the emergency department to anyone suspected of abusing IV drugs, and at-risk patients should be encouraged to keep the naloxone within reach at all times.

Try tester shots. Variations in drug potency are common, especially with the popular practice of cutting or substituting heroin for fentanyl or carfentanil. When trying a new product, patients should use a small test dose (ie, tester shot) to gauge its potency.

Avoid sharing equipment. Although HIV can survive only minutes outside the body, it can live for days to weeks inside hollow-bore needles. The risk of transmission is highest when drug paraphernalia is shared between multiple users within a short period of time. Hepatitis B and C are particularly virulent, and can survive between 1 and 3 weeks outside of the body. These pathogens can be spread easily via injection equipment (eg, needles, syringes, cookers (spoons), injection water, and cottons) (Figure 7).

Practice good hygiene. Always encourage hand washing and cleansing of the injection site. If no running water is available, benzalkonium chloride towelettes can be a good substitute. Recommend the use of alcohol pads to sterilize skin prior to injection.

Use sterile equipment. Communicable disease can be avoided by not sharing needles. Reusing equipment increases the risk of bacterial contamination. Patients can obtain new equipment for free through local syringe access programs (formerly referred to as needle exchange programs). If such resources are unavailable, advise patients to purchase needles, syringes, and alcohol pads at pharmacies. If new paraphernalia cannot be obtained, patients should clean their existing equipment with bleach for at least 2 minutes, flushing all components, and rinsing with clean cold water. The average injection drug user injects 3 to 5 times per day.

Use sterile water to prepare the product. Many infections stem from unsafe water supplies; some users report using river water, toilet water, or saliva to dissolve product into an injectable form. Bottled water is NOT sterile! Optimally, patients will have access to single-use containers of sterile water. If these are unavailable, water should be sterilized by heating it at a rolling boil for 10 minutes.

Protect veins. Patients should be advised to use highest gauge (smallest) needle possible; rotate injection sites, starting distally; drink water to remain well hydrated; use citric acid if an acidic solution is required to dissolve product (never lime, lemon, or orange juice, which are more sclerotic and carry a higher risk of infection). Advise against using the jugular, femoral, or pedal veins, which can further increase the danger of infection.
Safer Injecting (For Patients)

**AVOID THE HEAD AND NECK**
Overdosing is more likely when you shoot up near areas closest to the heart and brain. Abscesses are more dangerous here, too.

**ARMS**
Use surface veins in arms if they are in good shape. Rotate sites regularly.

**HANDS AND FEET**
The veins on the back of the hands and top of the feet are sensitive. Injecting here will hurt! Inject slowly.

**AVOID THE WRISTS**
Nerves, veins, and arteries are close together in the wrists. Injecting here is dangerous!

**LEGGS**
Blood flows slowly in the legs, so inject slowly. Be careful to avoid the artery behind the knee, which is prone to blood clots.

**AVOID THE GROIN AREA**
There are major arteries here — if you hit one, you could lose a leg or die. Never inject into or around the genitals.
3. Emergency department patients who inject drugs should be referred to local syringe access programs, where they can obtain sterile injection materials and support services such as counseling, HIV/hepatitis testing, and referrals. Patients engaged in such behavior should be counseled on the risks of bloodborne pathogens, particularly HIV and hepatitis, which can be transmitted via shared needles and drug preparation equipment. Syringe access programs have demonstrated cost-effectiveness in reducing HIV transmission and prevalence. The additional resources these centers often provide (e.g., sterile water, cooking units, and cleaning solutions) also can help reduce such dangers. The World Health Organization (WHO) suggests a “compelling case that needle and syringe programs substantially and cost effectively reduce the spread of HIV among IV drug users and do so without evidence of exacerbating injecting drug use at either the individual or societal level.” In 2000 the American Medical Association (AMA) adopted a position strongly supporting the efficacy of these programs when combined with addiction counseling. A complete list of local syringe access/harm reduction programs can be found through the North American Syringe Exchange Network (Figure 8).
1. The Works
3450 Broadway
Boulder, CO 80304
(303) 413-7533

2. Access Point Pueblo
Available Fridays Only
505 West 8th Street
Pueblo, CO 81003
(719) 621-1105

3. Denver Colorado AIDS Project
2480 W 26th Avenue, Suite B-26
Denver, CO 80211
(303) 837-0166

4. Harm Reduction Action Center
231 E. Colfax Avenue
Denver, CO 80203
(303) 572-7800

5. Northern Colorado AIDS Project
400 Remington, Suite 100
Ft Collins, CO 80524
(970) 484-4469

6. Rocky Mountain Morpheus Project
414 Taos Street, #B
Georgetown, CO 80444
720-401-6569
(Syringe services not currently offered at this site.)

7. West Colorado Aids Project
805 Main Street
Grand Junction, CO 81501
(970) 243-2437

8. Aurora Syringe Access Services
1475 Lima Street
Aurora, CO 80010
(Only available Wednesdays 1–3:30 pm.)
4. Emergency departments should provide naloxone to high-risk patients at discharge. If the drug is unavailable at the time of release, patients should receive a prescription and be informed about the over-the-counter availability of the drug in most Colorado pharmacies.

Multiple federal agencies have responded to the national opioid epidemic by endorsing the role of naloxone, an opioid antagonist that reverses opioid overdoses. Although Colorado community programs have been distributing the drug with great success since 1996, an increasing number of emergency departments across the country are implementing lifesaving policies to improve naloxone access.

Ready-to-use naloxone should be given directly to high-risk patients at discharge who:

- Receive emergency care for opioid intoxication or overdose
- Have suspected substance abuse or nonmedical opioid use
- Are taking >100 mg morphine equivalents/day
- Are receiving an opioid prescription for pain **PLUS:**
  - A prescription for methadone or buprenorphine
  - A history of acute or chronic pulmonary disease
  - A history of renal dysfunction, hepatic disease, or cardiac comorbidities
  - Known or suspected excessive alcohol use or dependency
  - Concurrent use of benzodiazepines or other sedatives
  - Known or suspected poorly controlled depression
- Are taking opioids but have unreliable access to emergency medical services
- Have been recently incarcerated/released from prison
- Have resumed opioid use after a period of abstinence

If unable to provide naloxone in the emergency department, consider writing a prescription and counseling the patient on its appropriate use. Patients should be informed about the wide-availability of naloxone and where it can be obtained. Pharmacies who participate in Colorado's standing naloxone protocols can be found at stoptheclockcolorado.org

5. Emergency clinicians should be familiar with Colorado’s regulations pertaining to naloxone. State laws eliminate liability risk for prescribing the drug, encourage good samaritan reporting of overdose, and make naloxone legal and readily available over the counter in most pharmacies.

**Colorado State-Specific Policy Summaries**

**Third-Party Naloxone Bill (Colorado SB 13-014)**

Passed in 2013, the bill removes the following:

- Civil liability for prescribers
- Criminal liability for prescribers
- Civil liability for layperson administration
- Criminal liability for layperson administration

**Colorado Good Samaritan Law (CO revised Statute 18-1-711 and HB 16-1390)**

- Samaritan acting in good faith
- No arrest or prosecution for possession
- No arrest or prosecution for paraphernalia and protection from other crimes
Standing Orders for Naloxone (SB 15-053)

- Any medical professional with prescriptive authority can write a standing order for naloxone that can be dispensed by other designated individuals (such as pharmacists and harm reduction organizations).
- Find participating pharmacies at stoptheclockcolorado.org
- With these standing orders, pharmacists and harm reduction organizations can now provide naloxone to those who might benefit from it the most, including:
  - A family member, friend or other person in a position to assist a person at risk of overdose
  - An employee or volunteer of a harm reduction organization
  - A first responder
  - An individual at risk of overdose

**Means of distribution:** Clinicians can provide patients naloxone through direct distribution, by writing a prescription, or through referral to a community organization or pharmacy with a standing order agreement.

**Additional Resources**
- http://prescribetoprevent.org/prescribers/emergency-medicine
- https://www.colorado.gov/cdphe/naloxoneorders

6. Emergency department patients who receive prescriptions for opioids should be educated on their risks, safe storage methods, and the proper disposal of leftover medications.

Most patients who misuse opioids receive them from friends and/or family. Prescriptions should be stored safely, ideally in a locked location. Once the acute pain phase has ended and medication is no longer required, it is critical to dispose of the leftovers promptly. In an exception to the general rule, the FDA allows opioids to be flushed down the toilet; however, more environmentally friendly disposal methods are encouraged. An increasing number of communities also offer prescription take-back programs.

More than 50% of the counties in Colorado offer safe disposal sites for controlled substances, and the number of these facilities is increasingly rapidly. Patients should be encouraged to utilize one of the preferred disposal locations found on takemedsseriously.org, or participate in a national DEA-sponsored take-back event.

If disposing of the medication at home, patients should be instructed to:

1. Remove the medication from its original container, and remove any labels or cross out identifying information.
2. Mix the pills with something that can't be eaten (eg, kitty litter, coffee grounds, sawdust, home cleanser, etc.)
3. Place the mixture in a sealable bag, empty can, or other durable container that prevents leakage.
4. Wrap the container in newspaper or a plain brown bag to conceal its contents. Place it in your trash the day your trash is collected.

**Additional Resources**
- takemedsseriously.org
POLICY RECOMMENDATIONS

1. Harm reduction agencies and community programs that provide resources for people who inject drugs (PWID) should be made readily available.

   The passage of C.R. S. §25-1-520 in 2010 legalized the establishment of syringe access programs with local jurisdiction approval. Community programs aimed at providing needle exchange and disposal services, sterile equipment, free counseling, and HIV/hepatitis screening are cost-effective strategies for preventing the transmission of bloodborne pathogens. These programs, many of which also provide basic medical and social services to this high-risk population, should be well funded and expanded beyond their current levels.

2. When local programs are unavailable for PWID, emergency departments should establish their own programs to provide services such as safe syringe exchanges.

   This recommendation is especially applicable to rural communities, which are particularly vulnerable to communicable disease outbreaks and are unlikely to have local syringe access programs. Emergency clinicians in these environments have a unique opportunity to intervene when caring for high-risk patients. Hospitals should partner with their local health departments and state and federal authorities to establish programs that foster harm reduction. Ideally, such initiatives should be funded by national or state governments, nonprofit organizations, or grants to make this service cost effective for participating hospitals.
VI. Treatment of Opioid Addiction

“We have an obligation to fight for the world as it should be.”
—Michelle Obama

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 2.1 million people in the United States suffer from substance use disorders related to prescription opioid pain relievers — a population larger than that of New Mexico and 14 other states. Although opioid abuse cuts across all social demographics, it is particularly prevalent in emergency department patients. Indeed, clinicians are in an ideal position to not only identify addiction, but intervene and direct these patients toward treatment and recovery (Figure 9).

Most opioid-addicted patients can benefit from the “Screening, Brief Intervention and Referral to Treatment” (SBIRT) approach developed and recommended by the Institute of Medicine. Although the use of SBIRT in the ED has elicited positive results in addressing alcohol and illicit drug use, the protocol is used infrequently in Colorado.

As outlined and endorsed by SAMHSA, MAT centers provide behavioral therapy in concert with pharmaceutical treatments such as buprenorphine or methadone. In a more perfect system, patients seeking treatment for opioid addiction would be identified in the ED, referred to MAT and, when possible, initiated on Suboxone to bridge them to recovery. Unfortunately, the number of treatment centers is limited and relationships between EDs and MATS are uncommon. In 2017 the US government appropriated $1 billion to improve access to opioid addiction services; however, at this juncture a coordinated system of referral and treatment is more of an aspiration than a reality.

**FIGURE 9. LAUNCHING OPIOID ADDICTION TREATMENT IN EMERGENCY DEPARTMENTS**

- **CHANGE CAN START WITH ONE ED DOCTOR AND ONE REFERRAL CLINIC.**
  - Partner with PHARMACISTS.
  - Develop a TEAM-BASED APPROACH involving the ED, inpatient services, and outpatient clinics.

<table>
<thead>
<tr>
<th>Cultivate CHAMPIONS among clinicians, nurses, pharmacists, social workers, behavioral health staff, and administrators.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage clinicians to get BUPRENORPHINE TRAINING.</td>
</tr>
<tr>
<td>Build relationships with fellow CLINICIANS for ongoing cases.</td>
</tr>
<tr>
<td>Collaborate with BEHAVIORAL HEALTH SERVICES where available.</td>
</tr>
<tr>
<td>Integrate buprenorphine into SAFE PRESCRIBING GUIDELINES in the ED.</td>
</tr>
<tr>
<td>Connect addiction treatment with the TREATMENT OF WITHDRAWAL AND OVERDOSE.</td>
</tr>
</tbody>
</table>

Adapted from the California Health Care Foundation
PRACTICE RECOMMENDATIONS

1. **The use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol and SBIRT-trained health educators in the acute setting is associated with a significant decrease in continued drug abuse and an increase in patient follow up for treatment programs. Every Colorado emergency department should consider implementing such a tool.**

SBIRT has been studied since the 1960s as a way to identify and address the behavior of patients at risk for alcohol and substance addiction. Studies consistently have shown these programs can increase the likelihood of patient follow up and significantly decrease the risk of future substance abuse (by nearly 70%, by some accounts). A number of Colorado EDs employ trained health educators specifically to identify and provide brief interventions and referrals to treatment.

Multiple resources, including Improving Health Colorado, also provide valuable resources for health care practitioners and those interested in developing SBIRT programs of their own. In addition, a SBIRT mobile application has been developed to aid in the bedside identification of high-risk patients and provide a template for interventions and treatment referrals.

**Institutions across the country have integrated similar SBIRT screening questions into their electronic medical record documentation systems:**

- Do you currently smoke/use any form of tobacco? (Yes/No)
- Do you have >7 (women) or >14 (men) drinks per week? (Yes/No)
- When was the last time you had 4 or more (all women and men >65) or more (men <65) drinks in one day?
- In the past year have used/experimented with illegal drugs or prescriptions drugs for nonmedical reasons? (Yes/No)
- Are you or anyone worried your use of prescription pain meds have or will become a problem? (Yes/No)
- How many times in the past year have you used marijuana?

**SCORING**

Risky use: Fewer than two YES answers

Require further diagnostic evaluation and referral: Two or more YES answers

2. **The use of alpha²-agonists, antihistamines, antiemetics, and NSAIDs should be used to ameliorate withdrawal symptoms.**

While generally not life-threatening, opioid withdrawal causes significant discomfort and dysphoria. Although a general lack of evidence exists, anecdotal therapies can be used to suppress symptoms; supportive and symptomatic treatment with non-narcotic agents also is encouraged.

**Alpha²-agonists.** Clonidine is effective for ameliorating withdrawal symptoms. Typical regimens consist of 0.1-0.3 mg given orally in 2 to 4 doses/day (up to a maximum of 1.2 mg/day) for 7-10 days. Compared to placebo, the drug is associated with a greater incidence of adverse effects, including hypotension, lethargy, drowsiness, and dry mouth (most commonly seen in the first few days of treatment). Transdermal systems deliver doses that are equivalent to oral formulations, but in an easy-to-use weekly patch. For example, the Catapres-TTS-1 patch delivers a dose that is equivalent to an oral dose of 0.1 mg twice daily for 7 days; however, adverse effects are unpredictable due to the lack of titration. Lofexidine, a new alpha²-agonist, is currently undergoing FDA clinical trials. According to early results, the drug appears to be as effective as clonidine with a safer side effect profile.

**Antiemetics.** Agents such as ondansetron, promethazine, and prochlorperazine are very familiar to emergency physicians and can be used for nausea and vomiting associated with withdrawal.

**Anticholinergics.** Medications such as dicyclomine may be given to alleviate abdominal cramping and pain.

**Antihistamines.** Hydroxyzine can be used for anxiety and dysphoria.

**NSAIDs.** Ibuprofen, naproxen, and ketorolac can be used for headache, myalgias, and pain.
**Benzodiazepines.** This agent generally are not recommended, as their potential for abuse and side effects typically outweigh the benefits; patients must be strictly monitored.

3. **Any patient willing to consider treatment and recovery should be directed to a nearby medication assisted treatment (MAT) program.**

Medication-assisted treatment for addiction is one of the most effective ways emergency physicians can start patients on a path to sobriety. This approach can help alleviate withdrawal symptoms and drug cravings while patients turn their attention to other aspects of recovery such as avoiding triggers and reducing harmful behaviors. A stable source of medication may help stem the pursuit of illegal behaviors motivated by the need to obtain opioids elsewhere.

Medication-assisted treatment programs address addiction with a combination of drug (e.g., buprenorphine, methadone and naltrexone) and behavioral therapies. This whole-patient approach has been shown to improve substance abuse-related disorders and psychosocial functioning.

MAT programs typically are directed by physicians certified in addiction medicine. If a formal relationship exists between your institution and a MAT center, patients should be referred upon discharge. A list of current MAT facilities can be accessed on the Colorado Consortium for Prescription Drug Abuse website.

4. **The initiation of buprenorphine/naloxone (Suboxone) is among the most effective methods for transitioning patients into treatment and recovery.** Emergency departments with a high prevalence of opioid-addicted patients should strongly consider implementing a coordinated program that allows those suffering from opioid withdrawal to be inducted on buprenorphine and expeditiously referred or transferred to a MAT program.

Buprenorphine, a partial mu-receptor agonist and kappa-receptor antagonist, has chemical properties that make it effective for treating opioid withdrawal without causing the marked euphoria or “high” common with the use of heroin and other opioids. Buprenorphine has a much higher affinity for the mu-receptor than most opioids; if other opioids are in a patient’s system, buprenorphine will displace them, often precipitating significant withdrawal. It is important for the patient to be exhibiting at least moderate withdrawal symptoms before the medication is initiated.

Although the DEA has restricted the prescribing of buprenorphine to physicians who hold a special certification and waiver, there is an exception for emergency situations. Called the “3-day rule,” the caveat allows non-certified physicians to dispense the medication by adhering to certain guidelines. A physician may administer but not prescribe a daily dose of Suboxone to relieve withdrawals and cravings for 3 consecutive days (72 hours). This protocol may only occur once per patient, cannot be extended, and must be carried out with a simultaneous referral for treatment.

An emergency department treatment algorithm can help provide clear-cut guidelines for the initiation of buprenorphine therapy and minimize the amount of time required for each individual patient. The algorithm should include a clinical opioid withdrawal scale (COWS), which can help determine the appropriate course for each individual (**Figure 10**).

If initiating the drug in the emergency department, clinicians should remain mindful of co-addictions that may interact with buprenorphine; alcohol and benzodiazepines, for example, can trigger respiratory depression. It also is important to gather information about community resources for outpatient referral, MAT programs, and addiction counseling, which can be provided to patients on discharge. Some buprenorphine providers may be reached via phone to arrange close follow up. Finally, the patient should be provided with written materials that clearly explain the drug’s indications and side effects. (See Appendix 3 for discharge dosing information.)
FIGURE 10. CLINICAL OPIOID WITHDRAWAL SCALE (COWS)

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increased pulse rate would not add to the score.

Patient’s name ___________________________________________________ Date and time ________________________

Reason for this assessment __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Resting pulse rate: _______beats/minute (measured after patient has been sitting or lying down for 1 minute)</th>
<th>GI upset (in last 30 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pulse rate ≤80</td>
<td>0 no GI symptoms</td>
</tr>
<tr>
<td>1 pulse rate 81-100</td>
<td>1 stomach cramps</td>
</tr>
<tr>
<td>2 pulse rate 101-120</td>
<td>2 nausea or loose stool</td>
</tr>
<tr>
<td>4 pulse rate &gt;120</td>
<td>3 vomiting or diarrhea</td>
</tr>
<tr>
<td></td>
<td>5 multiple episodes of diarrhea or vomiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sweating (in last 30 minutes, and not accounted for by room temperature or patient activity)</th>
<th>Tremor (observation of outstretched hands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 no report of chills or flushing</td>
<td>0 no tremor</td>
</tr>
<tr>
<td>1 subjective report of chills or flushing</td>
<td>1 tremor can be felt, but not observed</td>
</tr>
<tr>
<td>2 flushed or observable moistness on face</td>
<td>2 slight tremor observable</td>
</tr>
<tr>
<td>3 beads of sweat on brow or face</td>
<td>4 gross tremor or muscle twitching</td>
</tr>
<tr>
<td>4 sweat streaming off face</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restlessness (observed during assessment)</th>
<th>Yawning (observation during assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 able to sit still</td>
<td>0 no yawning</td>
</tr>
<tr>
<td>1 reports difficulty sitting still, but is able to do so</td>
<td>1 yawning once or twice during assessment</td>
</tr>
<tr>
<td>3 frequent shifting or extraneous movements of legs/arms</td>
<td>2 yawning three or more times during assessment</td>
</tr>
<tr>
<td>5 unable to sit still for more than a few seconds</td>
<td>4 yawning several times/minute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pupil size</th>
<th>Anxiety or irritability</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pupils pinned or normal size for room light</td>
<td>0 none</td>
</tr>
<tr>
<td>1 pupils possibly larger than normal for room light</td>
<td>1 patient reports increasing irritability or anxiousness</td>
</tr>
<tr>
<td>2 pupils moderately dilated</td>
<td>2 patient obviously irritable or anxious</td>
</tr>
<tr>
<td>5 pupils so dilated that only the rim of the iris is visible</td>
<td>4 patient so irritable or anxious that participation in the assessment is difficult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bone or joint aches (if patient was having pain previously, only the additional component attributed to opioid withdrawal is scored)</th>
<th>Gooseflesh skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 not present</td>
<td>0 skin is smooth</td>
</tr>
<tr>
<td>1 mild diffuse discomfort</td>
<td>3 piloerection of skin can be felt or hairs standing up on arms</td>
</tr>
<tr>
<td>2 patient reports severe diffuse aching of joints/muscles</td>
<td>5 prominent piloerection</td>
</tr>
<tr>
<td>4 patient is rubbing joints or muscles and is unable to sit still because of discomfort</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Runny nose or tearing: (not accounted for by cold symptoms or allergies)</th>
<th>TOTAL SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 not present</td>
<td>The total score is the sum of all 11 items.</td>
</tr>
<tr>
<td>1 nasal stuffiness or unusually moist eyes</td>
<td>Initials of person completing assessment ________</td>
</tr>
<tr>
<td>2 nose running or tearing</td>
<td></td>
</tr>
<tr>
<td>4 nose constantly running or tears streaming down cheeks</td>
<td></td>
</tr>
</tbody>
</table>

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

The DEA requires every emergency department that dispenses methadone to register separately as an “opioid treatment program.” Given the long half-life of this medication and the intricacies of determining tolerance and appropriate dosing, methadone is not recommended in the acute setting and hence has been precluded from these guidelines.

POLICY RECOMMENDATIONS

1. Emergency departments should work with MAT programs to facilitate direct referrals. When possible, physicians should consider performing a “warm handoff” where patients are initiated on medications such as buprenorphine until they are able to enroll in an appropriate MAT program.

2. COACEP strongly advocates for the expansion of MAT services and increased local, state, and federal funding for these resources.
The Colorado Chapter of the American College of Emergency Physicians stands with the families and patients currently afflicted with opioid addiction and abuse. We must harbor hope for our patients and view addiction not as a moral failing, but as a medical disease. Opioid harm reduction should be an integral part of everyday practice with the ultimate goal of keeping patients safe until they are ready for recovery. We will need to improve our referral patterns and access syringe access and MAT programs. Multimodal pain control strategies, including ALTO, must become a part of every emergency medical practice. Finally and perhaps most importantly, we must reject the status quo, revolutionize our own practices, and endeavor to stem the tide of opioid addiction. We challenge you to join us in becoming an agent for change. We in Colorado can make a profound difference by setting the standard for every emergency department in the country, and together we can bring this deadly epidemic to an end.

**What Can You Do?**

- Work with your emergency department medical director, physician group, pharmacists, and hospital administrators to fully integrate as many of these recommendations into your clinical practice as possible.
- Share these guidelines with the clinicians and medical staff in your emergency department.
Appendix 1. ALTO Protocols and References

Musculoskeletal Pain

Note: This includes sprains, strains, or opioid-naïve lower back pain, acute neck, joint and soft tissue pain; rotator cuff tendonitis, arthritis of knee, lateral epicondylitis, greater trochanteric bursitis, biceps tendonitis, etc. Acute on chronic radicular lower back pain (opioid tolerant) can be approached in a similar manner.

NON-IV TREATMENT OPTIONS

• Acetaminophen 1,000 mg PO
• NSAID: ibuprofen 600 mg PO OR ketorolac 15 mg IV/30 mg IM
• Muscle relaxant: cyclobenzaprine 5 mg PO OR diazepam 5 mg PO
• Intranasal ketamine 50 mg
• Trigger-point injection with 1-2 mL of lidocaine 1%
• Gabapentin 300-600 mg (neuropathic component of pain)
• Lidocaine 5% patch to most painful area (max 3 patches); instruct patient to remove after 12 hours

IV TREATMENT OPTIONS

• Dexamethasone 8 mg IV
• Diazepam 5 mg IV
• Ketamine 0.1-0.3 mg/kg IV infusion over 10 min (0.1 mg/kg/hr drip)

Headache/Migraine

Note: The American Academy of Neurology and the American Headache Society do not recommend opioids except in extraordinary cases in which other agents are contraindicated (eg, pregnancy, etc.) Numerous studies reveal that opioids are not as effective as standard treatments for the management of headaches, and can render acute migraine medications less efficacious (eg, triptans). Opioid use can, in fact, promote chronic migraine and medication overuse headaches, and increase anxiety, disability, and depression in patients who suffer from migraine pain.

IMMEDIATE/FIRST-LINE THERAPY

• 1 L 0.9% NS bolus PLUS high-flow oxygen
• Dexamethasone 8 mg IV
• Ketorolac 15 mg IV
• Metoclopramide 10 mg IV
• Cervical or trapezius trigger-point injection with 1-2 mL lidocaine 1%

ALTERNATIVES

• Acetaminophen 1,000 mg PO PLUS ibuprofen 600 mg PO
• Promethazine 12.5 mg PO/IV OR prochlorperazine 10 mg PO/IV
• Sumatriptan 6 mg subcutaneous injection
• Magnesium 1 gm IV over 60 min
• Valproic acid 500 mg/50 mL normal saline over 30 min
• Haloperidol 2.5-5 mg IV over 5 min
• If tension component:
  — Cyclobenzaprine 5 mg OR diazepam 5 mg PO/IV
  — Trigger-point injection (see above)
  — Lidocaine 5% patch
• If <50% pain relief is achieved, consider placing patient in the observation unit and consulting neurology.

Renal Colic
IMMEDIATE/FIRST-LINE THERAPY
• Ketorolac 15 mg IV
• Acetaminophen 1,000 mg PO
• 1 L 0.9% normal saline bolus
SECOND-LINE IV THERAPY
• Lidocaine 1.5 mg/kg IV in 100 mL normal saline over 10 min (max 200 mg)

ALTERNATIVES
• Desmopressin acetate (DDAVP) 40 mcg IN
• Ketamine 50 mg IN

Extremity Fracture or Joint Dislocation
Note: The following strategies present an opportunity to address pain quickly and without the need for IV access.
• Focused nonsedating pain control
• Long-lasting relief for fracture pain
• Short-acting relief for joint reduction
• Proximal blocks (eg, brachial plexus)
• Distal blocks (eg, ulnar nerve)
• Immediate therapy (while setting up for block):
  — Ketamine intranasal 0.5 mg/kg (concentration 100 mg/mL); (max dose 50 mg; max volume per nare 1 mL)
  — Nitrous oxide titrated up to 70%
  — Acetaminophen 1,000 mg PO
• Followed by ultrasound-guided regional anesthesia:
  — Joint dislocation: lidocaine 0.5% perineural infiltration (max 5 mg/kg)
  — Extremity fracture: lidocaine 0.5% perineural infiltration (max 5 mg/kg)
• Discharge medications:
  — Acetaminophen 1,000 mg PO every 4-6 hrs PLUS naprosyn 500 mg PO every 12 hrs
Gastroparesis-Associated/Chronic Abdominal Pain

IMMEDIATE/FIRST-LINE THERAPY

• Metoclopramide 10 mg IV
• Prochlorperazine 10 mg IV
• Diphenhydramine 25 mg IV
• Dicyclomine 20 mg PO/IM

ALTERNATIVE OPTIONS

• Haloperidol 2.5 mg IV
• Lidocaine 1.5 mg/kg in 100 mL normal saline over 10 min (max 200 mg)
• Ketamine 0.1-0.3 mg/kg IV infusion over 10 min (0.1 mg/kg/hr until pain is tolerable)
Appendix 2. ALTO Prescribing Guide for Discharge

Headache\textsuperscript{139,140}

FOR ACUTE ATTACKS

- Sumatriptan 100 mg PO
- Acetaminophen/aspirin/caffeine (Excedrin Migraine) PO every 6 hours \textbf{OR} acetaminophen 1,000 mg every 6 hours
- Dihydroergotamine mesylate 2 mg nasal spray
- Naproxen 500-550 mg 2x/day \textbf{OR} ibuprofen 600 mg PO every 6 hours
- Metoclopramide 10 mg PO every 6 hours

FOR PREVENTION

- Propranolol 40 mg PO 2x/day
- Divalproex DR 250 mg PO 2x/day \textbf{OR} extended release 500 mg PO daily
- Topiramate 25 mg PO at bedtime
- Magnesium supplementation 600 mg PO daily

Sore Throat

- Ibuprofen 600 mg PO every 6 hours
- Acetaminophen 1,000 mg PO every 6 hours
- Dexamethasone 10 mg PO once
- Viscous lidocaine

Fibromyalgia\textsuperscript{141,142}

- Cardiovascular exercise
- Strength training
- Massage therapy
- Amitriptyline 10 mg PO at bedtime
- Cyclobenzaprine 10 mg PO every 8 hours
- Pregabalin 75 mg PO 2x/day

Uncomplicated Neck Pain\textsuperscript{143}

- Acetaminophen 1,000 mg PO every 6 hours
- Ibuprofen 600 mg PO every 6 hours
- Cyclobenzaprine 5 mg PO every 8 hours
- Physical therapy
- Lidocaine 5% transdermal patch every 24 hours (remove after 12 hours)

Uncomplicated Back Pain\textsuperscript{144,145}

- Acetaminophen 1,000 mg PO every 6 hours
- Ibuprofen 600 mg PO every 6 hours
- Lidocaine 5% transdermal patch every 24 hours (remove after 12 hours)
- Diclofenac 1.3% transdermal patch 2x/day OR diclofenac 1% gel 4 g 4x/day as needed
- Cyclobenzaprine 5 mg PO 3x/day
- Heat
- Physical therapy
- Exercise program

**Simple Sprains**

- Immobilization
- Ice
- Ibuprofen 600 mg PO every 6 hours
- Acetaminophen 1,000 mg PO every 6 hours
- Diclofenac 1.3% transdermal patch 2x/day OR diclofenac 1% gel 4 g 4x/day as needed

**Contusions**

- Compression
- Ice
- Ibuprofen 600 mg PO every 6 hours
- Acetaminophen 1,000 mg PO every 6 hours
- Lidoderm 5% patch transdermal patch every 24 hours (remove after 12 hours)

**Nontraumatic Tooth Pain**

- Ibuprofen 600 mg PO every 6 hours PLUS acetaminophen 1,000 mg PO every 6 hours

**Osteoarthritis**

- Diclofenac 50 mg PO every 8 hours OR naproxen 500 mg PO 2x/day OR celecoxib 200 mg daily
- Diclofenac 1.3% transdermal patch 2x/day OR diclofenac 1% gel 4 g 4x/day as needed

**Undifferentiated Abdominal Pain**

- Dicyclomine 20 mg PO every 6 hours
- Ibuprofen 600 mg PO every 6 hours
- Acetaminophen 1,000 mg PO every 6 hours
- Metoclopramide 10 mg PO every 6 hours
- Prochlorperazine 10 mg PO every 6 hours

**Neuropathic Pain**

- Gabapentin 300 mg PO at bedtime
- Amitriptyline 25 mg PO at bedtime
- Pregabalin 75 mg PO 2x/day
Appendix 3. Suboxone for Withdrawal

Buprenorphine and buprenorphine/naloxone (Suboxone or Zubsolv) are viable alternatives for those seeking opioids. The following rules only apply to patients taking short-acting opioids (eg, morphine, oxycodone, hydrocodone, heroin). For patients on long-acting opioids (eg, methadone, oxycontin ER), induction and treatment with buprenorphine should be performed by an addiction specialist.

1. Provide information about the drug and how it is dispensed and administered. Determine the patient's COWS score (a score between 11 and 20 is required for treatment).

2. Begin with an initial dose of 2 to 4 mg of Suboxone (buprenorphine HCl 8 mg/naloxone HCl dihydrate 2 mg) or Subutex (buprenorphine HCl) sublingual tablets after moderate opioid withdrawal symptoms have developed. (Subutex should be reserved for patients with liver compromise, pregnancy, or a severe documented allergic reaction to naloxone). Discuss available strengths with your pharmacist. Suboxone 8-mg strips can be divided in half or quartered to accommodate lower requirements.

3. Reassure the patient that opioid withdrawal symptoms are usually alleviated in 20 to 40 minutes following the first dose of buprenorphine. The strip or pill should be placed fully under the tongue or within the cheek, and should not be chewed or swallowed. Nothing else should be put in the mouth at the same time, and the patient should not eat or drink anything until the medication is fully dissolved. The patient should be told to spit out any accumulated saliva to limit the ingestion of naloxone, which can cause nausea. It may take up to 30 minutes for the strip or pill to dissolve.

4. If possible, the patient should be observed for 1 to 2 hours. A second dose of Suboxone (4 mg) or Subutex can be dispensed or prescribed if no precipitated withdrawal is observed. (A Suboxone waiver is required to prescribe the drug. If a waiver is unavailable, patients can be instructed to return to the emergency department under the 3-day rule.)

**DAY 1.** The usual first-day dose is 8 mg up to a typical maximum of 12 mg; a maximum dose of 16 mg may be required for significant dependence. A third dose (2-4 mg) may be taken later in the evening as needed for withdrawal symptoms. If the patient cannot be observed in the emergency department after taking the second dose, another responsible adult should be available to monitor the patient’s response.

**DAY 2.** If the patient returns to the emergency department for a second day, the response to the initial dose should be assessed. If opioid withdrawal symptoms were fully suppressed and cravings were absent between doses, the dose can remain the same; otherwise increase by 2 or 4 mg. All attempts should be made to maintain the dose at 16 mg a day; however, a maximum daily dose of 24 mg may be required. In such rare cases, the dose should be decreased as rapidly as possible.

**DAY 3.** Provided the withdrawal symptoms were fully suppressed, the third and final dose can remain the same as the day 2 dose. It can be increased by 2 or 4 mg on day 3 if needed.

**Next Steps**

The primary goal is to induce treatment smoothly and suppress withdrawal as completely and rapidly as possible. Failure to do so may cause the patient to turn to opioids, alcohol, benzodiazepines, or other medications to alleviate withdrawal symptoms, and may lead to early treatment dropout.

Drug withdrawal can cause significant anxiety and may interfere with patient management. Symptomatic care using IV fluids, antiemetics (eg, ondansetron or promethazine), and IV nonopioid pain relievers (eg, ketorolac 15 mg) may help calm the patient; opioids and benzodiazepines should be avoided.

It also can be useful to obtain baseline laboratory measurements prior to initiating buprenorphine. At minimum, these should include liver function and blood alcohol level tests, a urine drug screen, and a pregnancy test in females. Also consider testing for HIV and hepatitis, particularly for injection drug users. Patients also should be screened for other mental health issues such as suicidal or homicidal ideations, hallucinations, and severe depression. These findings may warrant more intensive inpatient treatment.
If the initial dose of Suboxone appears to worsen withdrawal symptoms, symptomatic treatment can be offered. These effects can be exacerbated if the last opioid dose was too recent and/or underreported by the patient. An additional 2 mg to 4 mg can be given hourly until symptoms dissipate. It is important for both the patient and physician to understand that this complication does not indicate treatment failure.

Discussions should be initiated with your hospital’s pharmacy about the amount of buprenorphine that should be kept on hand. Suboxone 8 mg/2 mg films are most common; however, 4 mg/1 mg films may be more useful in the acute setting.
REFERENCES


10. Personal communication, Kevin Wong, Colorado Department of Public Health and Environment, June 8, 2016.


13. Personal communication, Kevin Wong, Colorado High Intensity Drug Trafficking Area Program (HIDTA), June 22, 2016.


Summary of Data Received

• Total Records: 2,844
  • 2016: 1,247
  • 2017: 1,597

• Address Geocoding
  • 1738/2,844 (61%) injuries had a street address that could be geocoded to Okaloosa County
    • 891/2,844 (31%) missing or unknown street address
    • 215/2,844 (8%) outside of Okaloosa County
Presentation Outline

All Injuries: Mechanisms
- MOI breakdown

All Falls
- Maps
- Analysis

Healthcare-associated falls
- Maps
- Analysis

Non-healthcare associated falls
- Maps
- Analysis
All Mechanisms of Injury, Okaloosa County
(N=1,738)

Mechanism of Injury

- Falls
- MVC
- Pedestrian
- Assault
- Blunt Injury
- Motorcycle
- Bicycle
- Knife or other penetrating
- Firearm
- Burn
- Animal
- Boat
- Drowning
- ATV/Golf cart
- Unknown
- Aircraft
- Abuse

Count

Percent
All Falls
N=1,133
Falls: Maps

- Point map showing all falls
- All falls aggregated to a census tract
- Density (heat) map
Mechanisms of Injury: Fall Breakdown

- Slip, trip, stumble w/o strike
- Same level
- Stairs and steps
- Ladder
- Bed
- Unspecified fall
- Non-motorized wheelchair
- Stove/hot tub
- Sidewalk curb
- Balcony
- Roof
- One level to another
- Toilet w/out strike
- Toilet w/subsequent striking
- Boarding/alighting car
- Furniture
- Playground equipment

The graph shows the count and percent of falls across different categories.
Fatal Falls (N=17)

### Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-34</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>55-74</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>75+</td>
<td>14</td>
<td>82%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>10</td>
<td>59%</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>41%</td>
</tr>
</tbody>
</table>

### Injury Details

<table>
<thead>
<tr>
<th>Injury Details</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries involving head</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Injuries involving hip</td>
<td>8</td>
<td>47%</td>
</tr>
</tbody>
</table>
Fatal Falls (N=17)

Patient was found unresponsive on the floor at Ft. Walton Rehab. Patient has severe head injury.

Patient fell in the hallway at the nursing home. This caused right hip pain.

Patient had a ground level fall while walking in her kitchen. Patient complaining of left shoulder pain and abdominal pain.

Patient is a Hospice patient with end stage COPD on home O2 who was walking on his ramp at home and fell. This caused a left hip fracture.

Patient was found unresponsive on the ground by a neighbor. Unknown down time. Last spoke with her daughter at 1100. Patient with severe head injuries.

Patient fell while walking at the nursing home. This caused a fracture of her left hip.

Patient was found down by his family after over 8 hours of him being by himself. He apparently had a fall the day before and declined to go to the ER. He was found to be in cardiac arrest.

Patient was bending over, lost her balance and fell. This resulted in a hip injury.

Patient was at her home. She was bending over to feed her dog, slipped on somewater and fell. This caused a hip injury.

Patient was in the kitchen getting some water to take his medication when his wife heard him fall. He was found to be unresponsive with a large hematoma to his scalp. This caused a head injury.

Patient slipped and fell while making his bed at the assisted living facility and his wife live at. He had a LOC after the fall. This caused an injury to his left hip.

Patient fell out of bed at the nursing home. She hit her head on a night stand before hitting the ground. This caused a head injury.

Patient was power washing on his 2 story roof when he fell. This caused a head injury.

Patient was on a chair in his bedroom when he turned towards his left and fell onto the ground. This caused an injury to his right hip.

Patient fell out of a 5 story balcony. This caused his death.

Patient reports drank too much vodka and went to bed and then fell off bed. This caused an injury to his right hip.

Patient was trying to get something out of dog's mouth when he lost balance at home, falling onto his face with LOC. This caused a severe head injury.
Healthcare-associated Falls (N=199)

Includes all falls occurring at ALFs, nursing homes, hospitals, clinics, etc.
Healthcare-associated falls: Density Maps
Healthcare-associated falls by specific location within healthcare facility

Specific Location within healthcare facility

- Other place in nursing home/residential institution
- Bedroom
- Bathroom
- Other ambulatory care center
- Kitchen
- Parking lot
- Other place in hospital
- Driveway
- Garden or yard
- Other trade center

Count

Percent

0% 10% 20% 30% 40% 50% 60% 80% 100% 120%

0 20 40 60 80 100 120
Healthcare-associated falls by Age Group and Gender

- **Age Group**
  - 55-74: 12%
  - 75+: 84%

- **Gender**
  - Male: 4%
  - Female: 8%

- **Healthcare-Associated Falls by Age Group**
  - 55-74 Age Group
    - 23% male
    - 12% female
  - 75+ Age Group
    - 84% male
    - 61% female
Healthcare-associated falls, Gender x Age Group x Injury Severity Score

Females by Age Group and ISS

Males by Age Group and ISS
Healthcare-associated falls, Insurance Payor

- Private: 92%
- Medicare: 2%
- Medicaid: 3%
- Military (Tricare): 1%
- Self-pay: 2%
Healthcare-associated falls, Post-ED Disposition
Healthcare-associated Falls, Discharge To

The graph shows the count and percentage of patients discharged to various locations. The location with the highest count is "Home for self care," followed by "Skilled nursing facility." The percentage drops significantly for "Inpatient rehab," "Morgue," "Hospice," and "Home with services."
Non-healthcare associated Falls (N=934)
Non-healthcare-associated falls: Maps
Non-healthcare-associated falls, specific locations of falls within homes (N=754)
Non-healthcare-associated falls, other specific locations (N=180)
Non-healthcare-associated falls, Gender x Age
Non-healthcare-associated falls, Gender x Age Group x ISS

Females by Age Group and ISS

Males by Age Group and ISS
Non-healthcare-associated falls, Insurance Payor

- Private: 70%
- Medicaid: 5%
- Medicare: 9%
- Military (Tricare): 5%
- Self-pay: 7%
- Other: 4%
Non-healthcare-associated falls, Post-ED Disposition
Non-healthcare-associated falls, Discharge To

Location

- Home for self care
- Skilled nursing facility
- Inpatient rehab
- Home with services
- Acute care facility
- Morgue
- Hospice
- Mental health/Psychiatric hospital
- Correctional facility
- Left AMA
- Long-term care

Count

- 525
- 175
- 0

Percent

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
Purpose: Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

Present: Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Katherine Beedie, DOH-Okaloosa; Trisha Dall, DOH-Okaloosa; Margi Young, FWBMC; Brian Parkton, Okaloosa County Sheriff’s Office; Matt McGraw, Andrews Institute; Gwendolyn Rhodes, West Florida Area Agency on Aging; Danny Shearn, North Okaloosa Medical Center (NOMC); Keith Clark, Florida Fish and Wildlife Conservation Commission

Absent: Christine Syfrett, DOH-Okaloosa; Pamela Weeks, DOH-Okaloosa; Lautritia Moorehand, Twin Cities Hospital (TCH); Katie McDeavitt, DOH-Okaloosa; Amber Bobbitt, Hurlburt Field; Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Wesley Boles, FWBMC; Scott McDaniel, Gulf Power; Brian Parkton, Okaloosa County Sheriff’s Office; Jill Krug, West Florida Regional Planning Council; Anna Dyess, West Florida Area Health Education Center; Deanddra Morgan, Hurlburt Field; Danna Schoenheur, Community Member; Leonard Schoenheur, Community Member

Welcome
- Christopher (Chris) Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- Chris provided attendees with copies of the July 25, 2018 Preventing Injuries Committee meeting minutes.
- Chris shared that the “Anna shared that if an individual falls at…” sentence should be changed to “Chris shared…” in the Fall Prevention Subcommittee Update section.
- The minutes were approved, following the change.

Opioid Subcommittee Update
- Dr. Karen Chapman shared that during the June 13, 2018 Opioid Subcommittee Meeting, the Opioid Prescribing Guidelines document was reviewed. She emailed the updated version to the subcommittee members; however, she has not yet received approval from two of the hospitals.
- Follow full approval, the three hospital CEOs plan to work with their marketing departments to issue a joint press release. The local media outlets would also be
MINUTES

invited to a joint photo opportunity and brief interview to educate the public on the guidelines.

- Dr. Chapman shared that she informed Larry Ashley of the guidelines, and that some of the changes are already being implemented.
- Participants shared that they continue to have patients who are angry about the changes, and that word of the changes is getting out.
- Danny Shearn shared that North Okaloosa Medical Center (NOMC) has developed pathways for treatment of those with sickle cell anemia specifically.
- A next step for the subcommittee will be to expand the guidelines among local urgent care sites, primary care physician clinics, and dental offices.

Fall Prevention Subcommittee Update
- Chris shared that an A Matter of Balance program has been scheduled at the FWBMC starting on September 18, 2018. The program is funded through a grant by the Florida Department of Elder Affairs. The program is an eight-week course that will be held from 2:00 p.m. – 4:00 p.m. (see attached flyer).
- Dr. Chapman suggested promoting the class to the Lean On Me participants.
- Dr. Chapman shared there is one census track in Okaloosa County that is at a particularly high risk for falls - the Eglin Parkway and Racetrack Road area. She suggested promoting the class via flyers in the area.
- Chris shared that he hopes to pre-schedule the 2019 classes in collaboration with Anna Dyess.
- An A Matter of Balance Coaches Training will be held in early 2019. Multiple Preventing Injuries CHIP team members hope to attend the training including Matt McGraw, Sydney Harper, and Chris.

Motor Vehicle Accident Subcommittee Update
- Chris shared an update from Gulf Power on the roadway lighting. Synchronized lighting will be placed from the Morgan Sports Complex to the bridge in Destin, Florida. The lights will also be changed to LED lights. After this step, new LED lighting will be placed along Highway 98. The work has been fully approved and could begin at any time.
- Lighting is also being placed on Racetrack Road and Lovejoy Road in Fort Walton Beach, Florida in 2019.
- Keith Clark shared that Okaloosa County ranks 7th in the state for overall water craft accidents, and 4th in the state for personal water craft accidents.
- Keith shared that if an individual was born before 1988, they do not have to have a license to operate a water craft. Those who were born 1988 must take a short test for $3 to obtain a license.
- A discussion took place on the need to restrict boating licenses and/or provide increased education on boating safety to the public, especially tourists, through legislation.
Community Health Improvement in Okaloosa County
Preventing Injuries Meeting
Fort Walton Beach Medical Center
August 22, 2018  9:00 a.m. – 10:30 a.m.

MINUTES

• Brian shared that local ordinances cannot be used to regulate boating.
• Keith encouraged members to report boating accidents to the Florida Fish and Wildlife Conservation Commission. According to State 327.30, all boating accidents must be self-reported and investigated.
• A discussion took place on whether reporting the accidents would violate HIPAA laws. Chris shared that he will look into the statute with the FWBMC legal team and share more information at the next meeting.
• Keith shared that there have been 60 boating under the influence (BUI) citations this year, which is approximately 2x the amount of 2017 BUIs.
• Brian shared that Injury Prevention CHIP team members can provide education to the public during the Okaloosa County Sheriff’s Office (OCSO) marine patrols. The officers provide educational koozies developed by FWBMC to the public during the patrols.
• A discussion took place on the missing “slow speed/no wake” signage in the Crab Island area.
• Brian shared that the signs have been developed; however, they have not been placed. This is likely due to the high cost of having someone place the posts and signage.
• A discussion took place on the Crab Island alcohol ordinance that will go into effect in November 2019 and the potential ramifications of the ordinance.
• Erika shared an overview of MVA data in Okaloosa County (see attachment).
• Brian suggested further defining timelines of MVAs in the data, for use in grant applications.

Injury Prevention Community Education

• Sydney shared that she provided safety education on various topics (i.e. bicycle safety, pedestrian safety, sun safety) at the No Child Without Healthcare event in Crestview, FL and the Striving for Perfection Back to School Festival in Fort Walton Beach, FL. She interacted with a total of 400 children and caregivers at the events.
• Sydney shared that helmets can be ordered starting October 1, 2018 for bicycle safety events throughout the year.

Stop the Bleed Program

• Chris shared that over 570 individuals have received Stop the Bleed training thus far. His goal is to have 1,500 individuals trained by December 2018.
• Chris shared that Stop the Bleed kits will be placed in OCSO patrol boats.
• Chris shared that the Escambia County School District is purchasing Stop the Bleed kits for their schools.
• Brian suggested training the Florida Fish and Wildlife Conservation Commission in Stop the Bleed.
MINUTES

Actions

- Provide Train-the-Trainer session to Gulf Power staff members. – Scott & Chris by 8/30/2018
- Contact Chris to arrange Stop the Bleed training for NOMC. – Danny & Chat by 8/30/2018
- Hold A Matter of Balance class at Fort Walton Beach Medical Center. – West Florida AHEC by 11/6/2018
- Share contact information for Jennifer Adams of the Tourism Development Council with Chris. – Jill by 8/30/2018
- Locate contact for Harbor Walk. – Jill by 8/30/2018
- Follow-up with hospital CEOs and key staff to confirm Opioid Prescribing Guidelines and joint press release. – Dr. Chapman by 8/30/2018
- Review Statute 327.30 with FWBMC legal team, and share details with group. – Chris by next meeting

Meeting adjourned at 10:30 a.m.

Next meeting will be held on Wednesday, September 26 from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom
Fort Walton Beach Medical Center (FWMBC)
Trauma Registry Analysis
January 2016 – December 2017
Summary of Data Received

• Total Records: 2,844
  • 2016: 1,247
  • 2017: 1,597

• Address Geocoding
  • 1738/2,844 (61%) injuries had a street address that could be geocoded to Okaloosa County
    • 891/2,844 (31%) missing or unknown street address
    • 215/2,844 (8%) outside of Okaloosa County
Motor Vehicle Crashes (MVC) (N=176)
MVC Point Map: Okaloosa County, FWB Area
MVC Point Map: Destin
MVC Point Map: Niceville & Crestview areas
MVC Point Map: Fatalities
Mechanisms of Injury: MVC Breakdown
Mechanisms of Injury: Age Group, Gender, Insurance Payor

**Age Groups**

- 0-4: 0%
- 5-19: 5%
- 20-34: 10%
- 35-54: 15%
- 55-74: 20%
- 75+: 25%

**Insurance Payor**

- Automobile: 49%
- Self-pay: 51%
- Medicaid/Medicare: 20%
- Private: 15%
- Military (Tricare): 10%
- Other: 5%

**Gender**

- Male: 51%
- Female: 49%
Motor Vehicle Crashes: Time of Day

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Count</th>
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<tbody>
<tr>
<td>12:00am-3:59am</td>
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<td>22</td>
</tr>
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<td>12:00pm-3:59pm</td>
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<td>4:00pm-7:59pm</td>
<td>45</td>
</tr>
<tr>
<td>8:00pm-11:59pm</td>
<td>25</td>
</tr>
</tbody>
</table>
Motor Vehicle Crashes: Month of Year

![Graph showing motor vehicle crashes by month for 2016 and 2017.](graph.png)
Motorcycle Crashes
(N=55)
Motorcycle Crashes: FWB Area
Motorcycle Crashes: Destin area
Motorcycle Crashes: Crestview area
Motorcycle Crashes: Niceville area
Mechanisms of Injury: Motorcycle Breakdown

- Motorcycle - car, pick-up, van, SUV
- Motorcycle - noncollision transport - traffic accident
- Passenger - car, pick-up, SUV
- Motorcycle - noncollision transport - nontraffic accident
- Passenger - noncollision transport - traffic accident
- Motorcycle - stationary obj
- Motorcycle - heavy transport
- Motorcycle - pedestrian or animal
- Motorcycle - two or three wheeler
- Motorcycle - unspec.
- Passenger - stationary obj
Motorcycle Crashes

Age Groups

- 5-19: 27%
- 20-34: 73%
- 35-54: 0%
- 55-74: 5%
- 75+: 10%

Insurance Payor

- Self-pay: 27%
- Auto: 73%
- Military (Tricare): 5%
- Medicaid/Medicare: 10%
- Private: 5%
- Other: 0%
Motorcycle Crashes

**Post-ED Disposition**

- Count:
  - Home for self-care: 25
  - Floor: 10
  - Operating Room: 5
  - ICU: 10
  - Morgue: 5
  - Left AMA: 0

- Percent:
  - Home for self-care: 50%
  - Floor: 20%
  - Operating Room: 10%
  - ICU: 20%
  - Morgue: 10%
  - Left AMA: 0%

**Discharge To**

- Count:
  - Home for self-care: 50
  - Morgue: 10
  - Rehab (Inpatient): 5
  - Skilled Nursing: 5
  - Left AMA: 0

- Percent:
  - Home for self-care: 100%
  - Morgue: 20%
  - Rehab (Inpatient): 10%
  - Skilled Nursing: 10%
  - Left AMA: 0%
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Crashes</th>
<th>Mean ISS</th>
<th>Median ISS</th>
<th>ISS Range</th>
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<tr>
<td>5-19</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>20-34</td>
<td>25</td>
<td>6</td>
<td>4</td>
<td>(1-17)</td>
</tr>
<tr>
<td>35-54</td>
<td>15</td>
<td>13</td>
<td>10</td>
<td>(2-34)*</td>
</tr>
<tr>
<td>55-74</td>
<td>12</td>
<td>7</td>
<td>6</td>
<td>(1-17)</td>
</tr>
<tr>
<td>75+</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>(5-10)</td>
</tr>
</tbody>
</table>

*All 3 Okaloosa motorcycle fatalities were 35-54 years old (ISS: 19, 22, 26)
Bicycle Accidents
(N=55)
Bicycle:
Okaloosa County
Bicycle: FWB area
Bicycle: Destin area
Bicycle: Crestview area
Bicycle: Niceville area
Bicycle

- 23 (42%) injured in collision with car, pick-up truck or van in traffic accident
Bicycle: Month of Year

- **2016**
- **2017**
Bicycle: Age Groups, Gender, Insurance Payor

**Age Group**

- Count
  - 0-4: 2
  - 5-19: 4
  - 20-34: 8
  - 35-54: 10
  - 55-74: 12
  - 75+: 14

**Gender**

- Male: 29%
- Female: 71%

**Insurance Payor**

- Percent
  - Self-pay: 50%
  - Medicaid/Medicare: 45%
  - Private: 40%
  - Military (Tricare): 35%
  - Auto: 30%
  - Other government: 25%
  - 20%
  - 15%
  - 10%
  - 5%
  - 0%

**Count**

- Sum: 44
Bicycle: Post ED Disposition & Discharge

Post-ED Disposition

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<tr>
<th>Location</th>
<th>Count</th>
<th>Percent</th>
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<tr>
<td>Floor</td>
<td>16</td>
<td>33%</td>
</tr>
<tr>
<td>Home for self-care</td>
<td>14</td>
<td>27%</td>
</tr>
<tr>
<td>ICU</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>Operating room</td>
<td>10</td>
<td>18%</td>
</tr>
<tr>
<td>Acute care facility</td>
<td>8</td>
<td>15%</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>6</td>
<td>9%</td>
</tr>
<tr>
<td>Neonatal/PCU</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Morgue</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Discharge To

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home for self-care</td>
<td>45</td>
</tr>
<tr>
<td>Skilled nursing</td>
<td>40</td>
</tr>
<tr>
<td>Acute care facility</td>
<td>35</td>
</tr>
<tr>
<td>Rehab (Inpatient)</td>
<td>30</td>
</tr>
<tr>
<td>Left AMA</td>
<td>25</td>
</tr>
<tr>
<td>Morgue</td>
<td>20</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
</tr>
</tbody>
</table>
Pedestrian Accidents (N=39)
Pedestrian Accidents Point Map: FWB area
Pedestrian Accidents Point Map: Destin
Pedestrian Accidents: Crestview area
Pedestrian Point Map: Niceville area
Pedestrian: MOI

- Pedestrian on foot - collision with car, pick-up truck or van in traffic accident
- Pedestrian on foot - collision with car, pick-up truck or van in nontraffic accident
- Pedestrian - unspecified traffic accident
- Pedestrian on foot - collision with two- or three-wheeled motor vehicle in traffic accident
- Pedestrian with other conveyance - collision with car, pick-up truck or van in nontraffic
- Person on outside of car - collision with other type car in traffic accident
- Person on outside of car injured - with sport utility vehicle in nontraffic accident
Pedestrian: Time of Day

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00am-3:59am</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>4:00am-7:50am</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>8:00am-11:59am</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>12:00pm-3:59pm</td>
<td>10</td>
<td>30%</td>
</tr>
<tr>
<td>4:00pm-7:59pm</td>
<td>8</td>
<td>40%</td>
</tr>
<tr>
<td>8:00pm-11:59pm</td>
<td>18</td>
<td>60%</td>
</tr>
</tbody>
</table>
Pedestrian: Age, Gender, Insurance Payor

Age Group

Gender

Insurance Payor

Male 44%
Female 56%
In the works...

• Interactive mapping – possible with subcommittee meetings at DOH
• Breakdown “other/unspecified” entries using narratives
• Falls rates by census tract
• Linking with Signal 4 for alcohol data
• Make/model/headlights for motor vehicles
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Facility</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Missler</td>
<td>850-315-4244</td>
<td>FWBMC</td>
<td><a href="mailto:christopher.missler@flhealth.gov">christopher.missler@flhealth.gov</a></td>
</tr>
<tr>
<td>Danny Shearn</td>
<td>850 689 8105</td>
<td>None</td>
<td><a href="mailto:Daniel_shearn@chs.net">Daniel_shearn@chs.net</a></td>
</tr>
<tr>
<td>Brian Tinkle</td>
<td>950-259-0428</td>
<td>FUC</td>
<td></td>
</tr>
<tr>
<td>Keith Clail</td>
<td>850 232-9961</td>
<td>FUC</td>
<td><a href="mailto:Keith.clail@emysucc.com">Keith.clail@emysucc.com</a></td>
</tr>
<tr>
<td>Gwen Rhodes</td>
<td>850-494-7101</td>
<td>Area Agency on Aging</td>
<td><a href="mailto:Rhodes@gnlflaaa.org">Rhodes@gnlflaaa.org</a></td>
</tr>
<tr>
<td>Karen Chapman</td>
<td>850-838-4245</td>
<td>DOH-OKaloosa</td>
<td><a href="mailto:karen.chapman@flhealth.gov">karen.chapman@flhealth.gov</a></td>
</tr>
<tr>
<td>Kat Beatie</td>
<td>250-833-9065</td>
<td>DOH-OKaloosa</td>
<td><a href="mailto:katherine.beatie@flhealth.gov">katherine.beatie@flhealth.gov</a></td>
</tr>
<tr>
<td>Erika Cohan</td>
<td>850-833-9065</td>
<td>DOH-OKaloosa</td>
<td><a href="mailto:erika.cohan@flhealth.gov">erika.cohan@flhealth.gov</a></td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>250-833-9062</td>
<td>DOH-OKaloosa</td>
<td><a href="mailto:sydney.harper@flhealth.gov">sydney.harper@flhealth.gov</a></td>
</tr>
<tr>
<td>Mary Young</td>
<td>755-542-4206</td>
<td>DOH-OKaloosa</td>
<td><a href="mailto:trisha_dall@flhealth.gov">trisha_dall@flhealth.gov</a></td>
</tr>
<tr>
<td>Trisha Dall</td>
<td>850-833-9247</td>
<td>HUSM</td>
<td><a href="mailto:Matt.mcgrady@flhealth.com">Matt.mcgrady@flhealth.com</a></td>
</tr>
</tbody>
</table>
Community Health Improvement in Okaloosa County
Preventing Injuries Meeting
Fort Walton Beach Medical Center
September 26, 2018  9:00 a.m. – 10:30 a.m.

MINUTES

**Purpose:** Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

**Present:** Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Katherine Beedie, DOH-Okaloosa; Trisha Dall, DOH-Okaloosa; Margi Young, FWBMC; Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Kevin Rustin, Gulf Power; Jennifer Pittman, DOH-Okaloosa; Christine Syfrett, DOH-Okaloosa

**Absent:** Pamela Weeks, DOH-Okaloosa; Lautritia Moorehand, Twin Cities Hospital (TCH); Katie McDeavitt, DOH-Okaloosa; Amber Bobbitt, Hurlburt Field; Wesley Boles, FWBMC; Brian Parkton, Okaloosa County Sheriff’s Office; Jill Krug, West Florida Regional Planning Council; Anna Dyess, West Florida Area Health Education Center; Deandra Morgan, Hurlburt Field; Danna Schoenheur, Community Member; Leonard Schoenheur, Community Member; Erika Cathey, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Brian Parkton, Okaloosa County Sheriff’s Office; Matt McGraw, Andrews Institute; Gwendolyn Rhodes, West Florida Area Agency on Aging; Danny Shearn, North Okaloosa Medical Center (NOMC); Keith Clark, Florida Fish and Wildlife Conservation Commission

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**Welcome**

- Christopher (Chris) Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

**Review of Previous Minutes**

- Chris provided attendees with copies of the August 22, 2018 Preventing Injuries Committee meeting minutes.
- The minutes were approved.

**Opioid Subcommittee Update**

- Dr. Karen Chapman provided attendees with an updated version of the Opioid Prescribing Guidelines document (see attachment). The subcommittee is awaiting approval from one hospital.
- Dr. Chapman shared that she discussed with Denise Kundust, of Twin Cities Hospital, the pros and cons of hosting a media event and the best way to educate the public on the guidelines.
MINUTES

- Shane McGuffin shared that 300 people were trained to use holistic measures, delay of measures, or Toradol instead of using Fentanyl to treat patients.
- A discussion took place on individuals drug shopping across counties and attempting to misuse EMT and the ER for narcotics. Patients continue to be angry about prescribing changes. Medical professionals are getting better with not prescribing narcotics for acute pain or as first-line treatment.
- A next step for the subcommittee will be meeting with the CEOs and key staff of all the hospitals.
- Once completed, the subcommittee will continue to expand the guidelines among local urgent care sites, primary care physician clinics, and dental offices with addition to local mental health professionals and colleagues.

Fall Prevention Subcommittee Update
- Chris shared that FWBMC recently hosted its first A Matter of Balance program on September 18, 2018. There were 12 participants. They just completed week 2 of the course. Twin Cities Hospital and Bob Hope Village are interested in the course for 2019. FWBMC will host classes to help other agencies implement the program at their facilities.
- Dr. Chapman shared Bob Hope Village and Westwood would benefit from the A Matter of Balance program. Residents are unable to attend due to transportation.

Motor Vehicle Accident Subcommittee Update
- Keith Rustin shared he will check the progress on the roadway lighting project and see when it is scheduled to begin for Highway 98 (Destin, Florida), Racetrack Road (Fort Walton Beach, Florida), and Lovejoy Road (Fort Walton Beach, Florida).
- Chris shared that this has been a good season for watercraft safety. There were no motorboat fatalities and only 2 injuries from diving. One of the injuries was on Eglin and the other injury occurred before the season began.
- Chris shared “slow speed/no wake” signs were placed on floating barges and “no diving” signs were placed at a restaurant (lower and upper level) in the Crab Island area. Watercraft safety education was provided to the public (educational koozies), and safety equipment was placed on boats in the wake safety zone.
- Chris shared that according to the Florida Fish and Wildlife Conservation Commission, there has been a slowdown in watercraft/jet ski accidents.

Injury Prevention Community Education
- Chris shared about creating an Injury Prevention Initiatives calendar to include monthly trauma and safety initiatives. The calendar will help the committee be proactive in providing education to the public in a timely manner.
- Shane shared that he has several hundred bicycle helmets and bicycles stored in a bicycle safety trailer. The helmets are possibly expired, and the bicycles are possibly not in good condition for use/dissemination. He would like to transfer the bicycle
MINUTES

safety trailer and materials to another agency. The trailer would possibly need rehabbing before moving.

- A discussion was held about the condition of the bicycle safety trailer and possible agencies that provide bicycle safety training to the community.
- Dr. Chapman shared the significant changes in the car seat/booster seat safety recommendations by the American Academy of Pediatrics (AAP) and endorsed by the Centers for Disease Control (CDC). According to the AAP, it is now recommended that children stay in a rear-facing car seat, as long as possible, until they reach the highest weight or height allowed by their seat. Previously, the AAP specified children should remain rear-facing at least to age 2; the new recommendation removes the specific age milestone.
- Dr. Chapman suggested sharing the updated recommendations with fire stations and other agencies certified to install safety seats to reduce child injuries. The information should also be shared with the Early Learning Coalition, local pediatricians, the Chambers of Commerce, and other agencies providing services to children/families.
- Chris shared he will include the new child seat safety recommendations on the FWBMC blog.
- Keith shared he will make a request to include the new child seat safety recommendations in the Gulf Power weekly safety message.

Stop the Bleed Program

- Chris shared that 611 individuals have received Stop the Bleed training thus far to include the Sheriff's Department. The Florida Department of Health – Okaloosa trained 7 of their staff on September 24, 2018. The goal is to have 1,500 individuals trained by December 2018.
- Chris shared that there is a push to place Stop the Bleed kits in all schools in the county. Crestview High School is training all students.
- Chris shared the health department is the only place in the county with Stop the Bleed kits in the building. There is 1 kit at each automated external defibrillator (AED).
- A discussion was held about the logistics of the location of the Stop the Bleed kits in buildings/schools to make them easily accessible in case of a crisis.
- Chris suggested facilitating the Stop the Bleed training with Gulf Power staff.
- Keith shared Gulf Power may be interested in the Stop the Bleed training. He will share information with the First Aid Instructors at Gulf Power. The Gulf Power work trucks will be a good place for kits in case of incidents that may occur while workers are in the field.
- A discussion took place on the exposure to bloodborne pathogens and the preventable measures available to treat blood exposure.
- Chris shared the importance of the Stop the Bleed training and how the kits are beneficial to decreasing the number of deaths due to bleeding.
- A next step is to get more individuals trained in Stop the Bleed and to find ways of getting more kits into the community to include police cars and schools.
MINUTES

New Business

- Shane shared that there is a shortage of Narcan supplies. He requested information about grants available to assist with funding Narcan. EMS has made policy changes and is now enforcing previous policies limiting the use of Narcan to only apneic or dyspneic patients and not to be administered to patients that are merely unconscious.
- Dr. Chapman requested from Christine Syfrett the first 2 quarters of EMS Narcan data and zip codes to investigate whether enforcement of EMS policies, limiting the use of Narcan, influences the frequency of its administration for suspected acute overdoses in the county.
- Christine shared that she will bring the EMS Narcan data to the next committee meeting.
- A discussion took place about proper disposal of prescription drugs, prescription drug drop-off locations in the county, and the possibility of housing a secured prescription drug drop-off box at FWBMC.

Actions

- Follow-up with hospital CEOs and key staff to finalize Opioid Prescribing Guidelines and joint media event. – Dr. Chapman by 10/24/2018
- Provide update on grant for fall prevention pilot – Sydney/Jennifer by 10/24/2018
- Share monthly national trauma/safety initiatives for injury prevention calendar with Chris. – ALL by 10/16/2018
- Provide progress update on the roadway lighting project. – Keith by 10/24/2018
- Share new AAP car seat safety recommendations with EMS. – Dr. Chapman by 10/16/2018
- Share new AAP car seat safety recommendations with agencies and public. – ALL by 10/24/2018
- Train-the-Trainer session for Gulf Power staff members. – Keith & Chris by 10/24/2018
- Provide first 2 quarters of EMS Narcan data. – Christine by 10/24/2018
- Contact Chris to arrange Stop the Bleed training for NOMC. – Danny & Chris by 10/05/2018
- Share contact information for Jennifer Adams of the Tourism Development Council with Chris. – Jill by 10/05/2018
- Locate contact for Harbor Walk. – Jill by 10/05/2018
- Review Statute 327.30 with FWBMC legal team and share details with group. – Chris by 10/24/2018

Meeting adjourned at 10:13 a.m.

Next meeting will be held on Wednesday, October 24, 2018 from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom.
Guidelines for Prescribing Schedule II Narcotics by Emergency Department (ED) Providers

It is the goal of the Opioid Prescribing Workgroup of the Injury Prevention Community Health Improvement Team that all three civilian hospitals shall adopt similar guidance to govern the use and prescribing of Schedule II narcotics in the ED. These guidelines do not supplant or supersede the clinical judgement of prescribers. The group has agreed to the following guidance in the management of patients with acute or chronic non-malignant pain in EDs.

1. ED providers should not routinely provide:
   a. Replacement prescriptions for opioids or other controlled substances that were lost, destroyed or stolen.
      i. EXCEPTION: If the validity of lost, stolen or destroyed prescriptions can be confirmed with the original prescribing physician, consider, a replacement prescription for a minimum timeframe and notify the original prescribing physician.
   b. Replacement doses of medication assisted therapy (MAT) such as Suboxone, Vivitrol, Methadone, for patients in an addiction treatment program.
   c. Long-acting or extended-release opioid analgesics (such as OxyContin, MS Contin, Duragesic, Methadone, etc.).

2. ED providers agree that Schedule II narcotics are prescribed only when appropriate based on the patient’s presenting symptoms, overall condition, clinical examination and risk for addiction. ED providers agree that:
   a. Schedule II narcotic prescriptions for chronic pain are not typically provided if it is known that the patient has either previously presented with the same problem at the ED or received a prescription for Schedule II narcotics within the last 30 days from another provider.
   b. Exacerbations of chronic or recurrent non-malignant pain conditions are routinely addressed with non-Schedule II narcotics, non-pharmacological therapies, and/or referral to specialists for follow up.
   c. When a Schedule II narcotic is needed, ED providers shall routinely:
      i. Avoid the use of any Schedule II narcotics by IM or IV form.
      ii. Use or prescribe short-acting oral opioid analgesics (morphine, oxymorphone, oxycodone, hydrocodone, hydromorphone) for the treatment of acute pain.
      iii. Start with the lowest possible effective dose for the shortest time frame for the management of acute and chronic pain.
      v. Prescribe Schedule II narcotics for acute pain within the current laws of the State of Florida. For example: Prescribe Schedule II narcotics not to exceed three (3) days duration, generally equivalent to a quantity of 12 pills, or up to seven (7) days duration with provider justification.
      vi. Consider factors for client respiratory depression risk such as a history of other opioid and/or benzodiazepine use before prescribing short acting Schedule II narcotics.

3. Schedule II narcotics prescribed by one facility should not routinely be refilled or extended by other facilities.

4. ED providers agree that the use of “Alternatives to Opioids“ (ALTO) for the treatment of pain is an important strategy to reducing the use of Schedule II opioids for pain management in EDs.
   a. ALTO strategies shall be disseminated and supported by hospital management as an approach to reducing use of Schedule II narcotics in the ED. Examples include:

All individuals who present to the ED are required to be provided an appropriate medical screening examination under the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to determine if an emergency medical condition exists. If the hospital determines that a patient has an emergency medical condition, the hospital must provide treatment as may be required to stabilize the patient’s medical condition. EMTALA does not require the use of opioid analgesics to treat pain.
ii. George Washington School of Medicine and Health Science ALTO Protocols from St. Joseph's Regional Medical Center (https://smhs.gwu.edu/urgentmatters/content/alternatives-opioids-pain-management-ed) and (https://www.aha.org/system/files/content/16/16behavehealthcaseex-stjosephs.pdf)

All individuals who present to the ED are required to be provided an appropriate medical screening examination under the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to determine if an emergency medical condition exists. If the hospital determines that a patient has an emergency medical condition, the hospital must provide treatment as may be required to stabilize the patient’s medical condition. EMTALA does not require the use of opioid analgesics to treat pain.
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<tr>
<td>Jennifer Pittman</td>
<td>850-344-0001</td>
<td>FDOH - Okaloosa</td>
<td><a href="mailto:jennifer.pittman@flhealth.gov">jennifer.pittman@flhealth.gov</a></td>
</tr>
<tr>
<td>Keith Rustin</td>
<td>850-336-4617</td>
<td>Gulf Power Co., Crestview</td>
<td></td>
</tr>
<tr>
<td>Christine Syfreth</td>
<td>850-833-9605</td>
<td>FDOH - Okaloosa</td>
<td><a href="mailto:christine.syfreth@flhealth.gov">christine.syfreth@flhealth.gov</a></td>
</tr>
<tr>
<td>Karen A. Chapman</td>
<td>850-833-9245</td>
<td>FDOH - Okaloosa</td>
<td><a href="mailto:karen.chapman@flhealth.gov">karen.chapman@flhealth.gov</a></td>
</tr>
<tr>
<td>Kat Beatie</td>
<td>850-833-9065</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:katherine.beatie@flhealth.gov">katherine.beatie@flhealth.gov</a></td>
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<tr>
<td>Shonie McGuffin</td>
<td>850-259-9419</td>
<td>EMS</td>
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</tr>
<tr>
<td>Marci Young</td>
<td>850-315-4242</td>
<td>Trauma</td>
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<tr>
<td>Trish Scall</td>
<td>850-305-0295</td>
<td>FDOH - Okaloosa</td>
<td><a href="mailto:trish.scall@flhealth.gov">trish.scall@flhealth.gov</a> on file</td>
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<tr>
<td>Chris Frissee</td>
<td>850-315-4248</td>
<td>FBOC</td>
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</table>
I. Call to Order - Chris Missler RN, BSN, EMTP

II. Introduce new members

III. Review minutes of last meeting/ Follow up on action items
   a. Opioid Prescribing Policy
   b. Fall Prevention Campaign to reduce TBI
   c. Motor Vehicle Safety/ Pedestrian Safety/Watercraft Safety
      1. Gulf Power Lighting update
      2. Okaloosa water death rates
      3. Watercraft Safety (rental companies and boater safety courses)
      4. Sober Boating
   f. Stop the Bleed- 643 trained so far
   g. Water Safety

IV. New Business

V. Next Meeting

November 28, 2018 @ 9:00 AM-10:30 AM FWBMC? ✰
MINUTES

**Purpose:** Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

**Present:** Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Katherine Beedie, DOH-Okaloosa; Katie Scott, DOH-Okaloosa; Margi Young, FWBMIC; Jennifer Pittman, DOH-Okaloosa; Christine Syfrett, DOH-Okaloosa; Danny Shearn, North Okaloosa Medical Center (NOMC); Matt McGraw, Andrews Institute; Anna Dyess, West Florida Area Health Education Center; Sydney Harper, DOH-Okaloosa; Kristen Barre, West Florida Regional Planning Council (WFRPC); Caitlin Cerame, WFRPC

**Absent:** Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Pamela Weeks, DOH-Okaloosa; Lautritia Moorehand, Twin Cities Hospital (TCH); Trisha Dall, DOH-Okaloosa; Amber Bobbitt, Hurlburt Field; Wesley Boles, FWBMC; Brian Parkton, Okaloosa County Sheriff’s Office; Deanddra Morgan, Hurlburt Field; Danna Schoenheur, Community Member; Leonard Schoenheur, Community Member; Brian Parkton, Okaloosa County Sheriff’s Office; Gwendolyn Rhodes, West Florida Area Agency on Aging; Keith Clark, Florida Fish and Wildlife Conservation Commission; Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Kevin Rustin, Gulf Power

**Welcome**
- Sydney Harper welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

**Review of Previous Minutes**
- Sydney provided attendees with copies of the September 26, 2018 Preventing Injuries Committee meeting minutes.
- The minutes were approved.

**Opioid Subcommittee Update**
- Dr. Karen Chapman shared that the guidelines have been approved and are already in place.
- Dr. Chapman provided an overview of the guidelines for the new attendees of the group.
- The subcommittee members plan to post an advertisement in the Northwest Florida Daily News announcing the opioid guidelines and presenting a united front.
MINUTES

- Danny Shearn shared that the changes made at North Okaloosa Medical Center (NOMC) have been going well. However, some patients have been upset about the changes.
- Danny shared that a next step for NOMC is to review the prescribing patterns of specific physicians. They hope to find out which physicians may be struggling with implementing the guidelines to offer assistance to them in a confidential, supportive manner.
- Margi Young shared that implementation at Fort Walton Beach Medical Center (FWBMC) is also going well. However, one issue they are facing is nurses who need more education on the guidelines. Some nurses have directed patients to ask the physicians for opioids, rather than encouraging alternative options.
- Margi shared information about an online training one of their physicians took part in. She will find a link for the training to share with the group.
- Christine Syfrett provided a presentation on Naloxone administration data in Okaloosa County (see attached slideshow).
- A discussion took place on potential reasons why Naloxone administration has risen, despite the EMS policy changes meant to decrease the usage.
- Christine shared that ages 20-39 is the key group for Naloxone administration. There are also key zip codes wherein the administration takes place including 32547, 32548, and 32578. The group discussed that a future enhancement would be to develop a cluster map of administration sites.
- Dr. Chapman shared that research estimates that 80% of heroin users were on prescription narcotics.
- Christine shared that she will continue to monitor the data and provide an update at a future meeting.

Fall Prevention Subcommittee Update

- Sydney provided an overview of two local organizations: Impact 100 of Northwest Florida and 100 Women Who Care – Emerald Coast. The organizations provide grants in Okaloosa and the surrounding counties.
- A discussion took place on the grant options and the need to begin the application process soon.
- Katie Scott shared that she is a member of Impact 100 and attended the 2018 grant application meeting. The grant process is time-consuming and can be difficult.
- Anna Dyess provided an update on the A Matter of Balance classes in Okaloosa County. Classes are being held at both FWBMC and Shalimar United Methodist Church. Each class has 12 participants and they just completed week 6 of the course.
- Twin Cities Hospital and Bob Hope Village are interested in hosting the course in 2019.
- Anna shared that a coaches training will be held in early 2019 to help expand the number of classes in Okaloosa County.
Pedestrian and Bicyclist Safety

- Caitlin Cerame provided a presentation on the Safe Routes to School program (see attached slideshow). She serves as the program’s coordinator and is looking to schedule education sessions with community groups.
- The Safe Routes to School program trains teachers and other community leaders on a curriculum that can be used to educate youth. The training can be done in a 3 or 4-hour session or a full day training. There is no expectation for the number of presentations trainers must provide; however, it is preferred that those who receive the training work with children.
- Caitlin shared that she is also a Certified Helmet Fitter Trainer. She can train individuals on how to become helmet fitters, which then allows them to order free helmets from the Bike Ped Resource Center.
- Caitlin shared information about Safe Routes to Schools Infrastructure grant. This grant allows school districts to apply to build sidewalks in the area in and around their schools.
- Danny shared that NOMC may be interested in hosting a bicycle and pedestrian safety education day at their location.
- Dr. Chapman suggested reviewing bicycle and pedestrian accident data for school-aged children to decide which areas of the county would be the best areas to provide education.
- A discussion took place on the importance of making decisions based on data and targeting the areas of highest need.
- Sydney suggested contacting the Okaloosa County School District to see if they keep records of how many students ride their bicycle or walk to each school. Caitlin shared they provide surveys to schools to collect that information, but not all of the schools complete them.
- If anyone is interested in arranging a Safe Routes to School training or event, they can contact Caitlin at Caitlin.Cerame@wfrpc.org or 850.322.7976 ext. 203.

Injury Prevention Community Education

- The group reviewed the injury prevention initiatives calendar created by Chris Missler.
- The calendar includes various awareness days and months that could be used to spread injury prevention messages. The calendar will help the committee be proactive in providing education to the public in a timely manner.
- Sydney suggested developing a few social media posts for some of the injury prevention observances. The CHIP team members could share these messages on their organization’s pages to help educate the public.
- Margi shared that the FWBMC has a blog that could be used to spread the health messages as well.
Stop the Bleed Program

- Sydney shared that 643 individuals have received Stop the Bleed training thus far. The Emerald Coast Children’s Advocacy Center has asked for their staff to be trained in February 2018.
- The goal is to have 1,500 individuals trained by December 2018.
- Sydney shared the health department is still the only place in the county with Stop the Bleed kits in the building. There is 1 kit at each automated external defibrillator (AED).
- A next step is to get more individuals trained in Stop the Bleed and to find ways of getting more kits into the community to include police cars and schools.
- Katherine Beedie suggested reaching out to Eglin Federal Credit Union, Okaloosa County, Boeing, and City of Fort Walton Beach to gauge interest in the classes for their staff members.

New Business

- Matt McGraw shared that the Andrews Institute has trained 50 high school coaches in CPR.

Actions

- Provide progress update on the roadway lighting project. – Keith by 11/28/2018
- Train-the-Trainer session for Gulf Power staff members. – Keith & Chris by TBD
- Contact Chris to arrange Stop the Bleed training for NOMC. – Danny & Chris by TBD
- Review Statute 327.30 with FWBMC legal team and share details with group. – Chris by 11/28/2018
- Share information about the online training with Sydney for inclusion in the minutes. – Margi by 11/28/2018
- Meet to discuss grant opportunities. – Chris, Anna, and Sydney by 12/2018
- Follow-up with hospital CEOs and key staff to finalize newspaper advertisement regarding the opioid guidelines. – Dr. Chapman by 12/2018
- Provide an update on the Naloxone data. – Christine by 2/2019
- Provide the Stop the Bleed training to the Children’s Advocacy Center staff. – Sydney by 2/2019
- Send suggestions for groups that may be interested in a Stop the Bleed training to Chris or Sydney. – All, ongoing

Meeting adjourned at 10:15 a.m.

Next meeting will be held on Wednesday, November 28, 2018 from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom. The December meeting is cancelled due to the holidays.
EM STARS NALOXONE ADMINISTRATION DATA OKALOOSA COUNTY, 2013-2018 Q3

BY CHRISTINE SYFRETT, RN, MPH
EMS Naloxone Administration by Category, Okaloosa County, 2013-2018 Q3

(N=1290)

- Cardiac Arrest: 12%
- Ingestion/Poisoning: 42%
- Unconscious/Fainting: 21%
- Sick Person: 7%
- Psychiatric: 3%
- Breathing Problem: 4%
- All Others: 11%

BAR CHART:

- Cardiac Arrest: 143 cases
- Ingestion/Poisoning: 545 cases
- Unconscious/Fainting: 267 cases
- Sick Person: 85 cases
- Psychiatric: 46 cases
- Breathing Problem: 50 cases
- All Others: 133 cases
QUARTERLY NALOXONE ADMINISTRATION TOTALS, OKALOOSA COUNTY, 2013- 2018 Q3

EMS Naloxone Administration for Ingestion/Poisoning, 2013-2018 Q3

EMS Naloxone Administration for All Categories, 2013 Q1- 2018 Q3
NALOXONE ADMINISTRATION BY SEX, OKALOOSA COUNTY, 2013-2018 Q3

EMS Naloxone Administration by Sex for All Categories, Okaloosa County, 2013-2018 Q3

Male 531, 41%
Female 758, 59%

EMS Naloxone Administration by Sex for Ingestion/Poisoning, Okaloosa County 2013-2018

Male 220, 40%
Female 325, 60%
NALOXONE ADMINISTRATION BY YEAR AND SEX, OKALOOSA COUNTY, 2013-2018 Q3
Naloxone Administration by Age and Year for Ingestion/Poisoning, Okaloosa County, 2013-2018 Q3 (n=545)

Naloxone Administration by Age for All Categories, Okaloosa County, 2013-2018 Q3 (n=1289)
**Naloxone Administration by Zip Code, Okaloosa County, 2013-2018 Q3**

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### Ingestion/Poisoning

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SAFE ROUTES TO SCHOOL PROGRAM
Since children are not born with the knowledge and skills needed to interact with traffic while walking and bicycling, it is essential to teach them the rules of the road, how to navigate streets and intersections, and how to be safer while walking and biking.

The goal is to provide tools for educators to make it safer for more children to walk and bicycle to school.
Goal is accomplished through a sustainable “train the trainer” method of teaching physical education teachers in elementary and middle schools.
- Children are different
- Edges
- Stopping
- Searching L-R-L, behind
- Hand Signals
- Hazards
Waiting for the bus

10 feet (5 big steps)
Florida Statute 316.2065(3)(d): A bicycle rider or passenger who is under 16 years of age must wear a bicycle helmet that is properly fitted and is fastened securely upon the passenger’s head by a strap, and that meets the standards of the American National Standards Institute (ANSI Z 90.4 Bicycle Helmet Standards).

How to correctly fit a bike helmet:

1. One finger under the strap beneath your chin
2. Two fingers above your eyebrows to the bottom of your helmet
3. Four fingers to make a V-shape around the bottom of your ears
Program Need

- Pedestrians and bicyclists involved in traffic crashes.
- Physical inactivity and poorer health.
- Traffic congestion and air pollution.
- Teach life-long skills that will transfer over as adult drivers.
- More than 35 million Americans rode a bicycling at least 6 times during 2014.
Program Need

- Pedestrians and bicyclists involved in traffic crashes.
- Physical inactivity and poorer health.
- Traffic congestion and air pollution.
- Teach life-long skills that will transfer over as adult drivers.
- More than 35 million Americans rode a bicycling at least 6 times during 2014.
### Fatality Trends among U.S. Bicyclists

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<td>11%</td>
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- 45,000 injuries from traffic crashes in 2015 (many go unreported)
  - NHTSA, 2017
- Over $6 Billion spent on bicycle-related injuries and fatalities each year.
  - National Safety Council
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<td><strong>Bicycle Fatalities Decreased</strong></td>
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<td><strong>Bicycle Injuries Decreased</strong></td>
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<td><strong>2016: 6,234</strong></td>
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<td><strong>2016: 7,796</strong></td>
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Teacher Trainings and Community Workshops

- SRTS provides in-service training to teachers so they can implement bike/ped safety curriculum with their students and use the bike trailers.
- SRTS provides full day trainings to community members and professionals interested in bicycle/pedestrian safety and coordinating events in their area such as a bike rodeo.
Infrastructure Grant

- Assist with measurement of post-project impact through student travel tallies.
Discover the wide variety of resources and information about walking and biking for all ages and levels of expertise.

Topics include safety issues, important laws and policies, how to incorporate walking and biking into your commute to work or school, places to walk and bike, special events, plus trail and tour maps.

http://www.pedbikesrc.ce.ufl.edu
Thank you

Caitlin Cerame
Safe Routes to School Program Coordinator
caitlin.cerame@wfrpc.org
850-332-7976 ext. 203
<table>
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<tr>
<th>Name</th>
<th>Phone</th>
<th>Facility</th>
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</tr>
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<tr>
<td>Sydney Harper</td>
<td></td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:sydney.harper@health.gov">sydney.harper@health.gov</a></td>
</tr>
<tr>
<td>Jennifer Pittman</td>
<td></td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:jennifer.pittman@health.gov">jennifer.pittman@health.gov</a></td>
</tr>
<tr>
<td>Kristen Barre</td>
<td></td>
<td>West Florida Regional Planning Council</td>
<td><a href="mailto:kristen.barre@WFRPC.org">kristen.barre@WFRPC.org</a></td>
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<tr>
<td>Caitlin Cerame</td>
<td></td>
<td>(WFRPC)</td>
<td><a href="mailto:caitlin.cerame@WFRPC.org">caitlin.cerame@WFRPC.org</a></td>
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<tr>
<td>Danny Shearn</td>
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<tr>
<td>Karen Chapman</td>
<td></td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:keven.chapman@health.gov">keven.chapman@health.gov</a></td>
</tr>
<tr>
<td>Kat Beede</td>
<td></td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:katherine.beede@health.gov">katherine.beede@health.gov</a></td>
</tr>
<tr>
<td>Christine Syfrett</td>
<td>850 344-0571</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:christine.syfrett@livehealth.gov">christine.syfrett@livehealth.gov</a></td>
</tr>
<tr>
<td>Katie Scott</td>
<td>850 344-0571</td>
<td>DOH - Okaloosa</td>
<td><a href="mailto:katie.scott@livehealth.gov">katie.scott@livehealth.gov</a></td>
</tr>
<tr>
<td>Margi Young</td>
<td>850 342-4200</td>
<td>FWBMC - Trauma</td>
<td><a href="mailto:margarel.young2@livehealthcare.com">margarel.young2@livehealthcare.com</a></td>
</tr>
<tr>
<td>Matt McRae</td>
<td>850</td>
<td>WFAHEC - Andrews Institute</td>
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</table>
I. Call to Order- Chris Missler RN, BSN, EMTP

II. Introduce new members

III. Review minutes of last meeting/ Follow up on action Items
   a. Opioid Prescribing Policy
   b. Fall Prevention Campaign to reduce TBI
   c. Motor Vehicle Safety/ Pedestrian Safety/Watercraft Safety
      1. Gulf Power Lighting update
      2. Okaloosa water death rates
      3. Watercraft Safety (rental companies and boater safety courses)
      4. Sober Boating
   f. Stop the Bleed- **677 trained so far**
   g. Water Safety

IV. New Business

V. Next Meeting

January 23, 2018 @ 9:00 AM-10:30 AM FWBMC

Merry Christmas to you and your families
MINUTES

Purpose: Engage community partners in the Preventing Injuries Committee through an open two-way dialogue.

Present: Dr. Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Christopher Missler, Fort Walton Beach Medical Center (FWBMC); Katherine Beedie, DOH-Okaloosa; Katie Scott, DOH-Okaloosa; Gwendolyn Rhodes, West Florida Area Agency on Aging; Margi Young, FWBMC; Jennifer Pittman, DOH-Okaloosa; Christine Syfrett, DOH-Okaloosa; Danny Shearn, North Okaloosa Medical Center (NOMC); Sydney Harper, DOH-Okaloosa; Kristen Barre, West Florida Regional Planning Council (WFRPC)

Absent: Pamela Weeks, DOH-Okaloosa; Lautritia Moorehand, Twin Cities Hospital (TCH); Trisha Dall, DOH-Okaloosa; Amber Bobbitt, Hurlburt Field; Wesley Boles, FWBMC; Brian Parkton, Okaloosa County Sheriff’s Office; Deanndra Morgan, Hurlburt Field; Danna Schoenheur, Community Member; Leonard Schoenheur, Community Member; Brian Parkton, Okaloosa County Sheriff’s Office; Gwendolyn Rhodes, West Florida Area Agency on Aging; Keith Clark, Florida Fish and Wildlife Conservation Commission; Shane McGuffin, Okaloosa County Emergency Medical Services (EMS); Kevin Rustin, Gulf Power; Matt McGraw, Andrews Institute; Anna Dyess, West Florida Area Health Education Center; Caitlin Cerame, WFRPC

Welcome
- Christopher “Chris” Missler welcomed attendees and shared a brief overview of the agenda.
- All in attendance were asked to sign-in.
- Participants introduced themselves.

Review of Previous Minutes
- Sydney provided attendees with copies of the October 24, 2018 Preventing Injuries Committee meeting minutes.
- The minutes were approved as written.

Opioid Subcommittee Update
- Dr. Karen Chapman shared that she was asked to write a statement on behalf of the hospital CEOs about the opioid prescribing guidelines.
- Danny Shearn agreed to review the statement before submission.
- The subcommittee members plan to post an advertisement in the Northwest Florida Daily News announcing the opioid guidelines and presenting a united front.
- The group agreed to publish the announcement in January to coincide with an observance regarding opioid prescription abuse awareness.
MINUTES

Fall Prevention Subcommittee Update
- Sydney shared that the A Matter of Balance classes held at FWBMC and Shalimar United Methodist Church were completed. Each class had 12 participants.
- Sydney shared that a coaches training is set for early 2019 to help expand the number of classes in Okaloosa County. If anyone is interested in participating, please contact Anna Dyess or Chris.
- Sydney shared that a Falls Subcommittee meeting will be held to discuss grant opportunities.

Pedestrian, Bicyclist, and MVA Subcommittee Update
- Danny shared that North Okaloosa Medical Center (NOMC) is collaborating with the West Florida Regional Planning Council to hold a bicycle and pedestrian safety education day. The event will be open to the public and will be held in early spring.
- Danny shared that volunteers would be needed for the event and invited members of the group to participate.
- Sydney shared that Caitlin Cerame provided the Safe Routes to School program training to 14 DOH-Okaloosa staff members from the Community Health Improvement, Public Health Preparedness, and Environmental Health sections. As a result of the training, the staff members are also Certified Helmet Fitters and have access to the Bike Ped Resource Center.
- If anyone else is interested in arranging a Safe Routes to School training or event, they can contact Caitlin at Caitlin.Cerame@wfrpc.org or 850.322.7976 ext. 203.
- Kristen Barre shared that the Florida/Alabama Planning Association is asking for public comment about next year’s funding plan. She suggested that Preventing Injuries CHIP team members present information about the pedestrian and bicycle safety needs in Okaloosa County to the association. She will learn more about the program in December and will share with the Sydney for distribution to the CHIP team members.
- Dr. Chapman suggested reviewing bicycle and pedestrian accident data for school-aged children to decide which areas of the county would be the best areas to provide education.
- Christine Syfrett presented an overview of the FWBMC Trauma Registry from April 2017 – April 2018. The data included information on motor vehicle crashes by sex, age, and payor. In addition, the data included breakdowns by zip code, time of day, and month of the year.
- Christine shared that the analysis is currently being updated. She will provide a more detailed review of the data at the January 2019 meeting.

Injury Prevention Community Education
- The group reviewed the injury prevention initiatives January page, edited by Sydney Harper. The calendar is based on a resource Dr. Chapman shared from the Indiana State Department of Health.
MINUTES

- The calendar includes various awareness days and months that could be used to spread injury prevention messages via social media and public events. The calendar will help the committee be proactive in providing education to the public in a timely manner.
- Attendees approved the use of the calendar and will share events with Sydney for inclusion.

Stop the Bleed Program

- Sydney shared that 677 individuals have received Stop the Bleed training thus far. Okaloosa Academy has asked for their Anatomy students to be trained in December 2018. The Emerald Coast Children’s Advocacy Center has asked for their staff to be trained in February 2019.
- A discussion took place on locations that might be interested in hosting a Stop the Bleed training. Locations included bars, libraries, movie theaters, restaurants, the Emerald Coast Convention Center, the Destin Commons, and Eglin Credit Union.

New Members

- A discussion took place on the need to recruit new members to the group.
- Danny suggested inviting the Okaloosa County-based mayor and other elected officials to participate in the group.

New Updates

- Chris shared that he submitted an abstract to the Trauma Center Association of America about the work conducted by FWBMC and the group members. He will share additional information with the group at the January 2019 meeting.
- Jennifer Pittman provided an overview of DOH-Okaloosa’s new Healthy Okaloosa Faith-Based program. The program will connect local faith-based organizations with health-related resources and programs, included those led by the CHIP group.
- Jennifer shared that there are five churches on board thus far. Many of the organizations have been interested in the fall prevention program, while few have expressed interest in Stop the Bleed because it was “too graphic.”
- Margi Young suggested contacting churches with younger members for Stop the Bleed presentations.

Actions

- Provide progress update on the roadway lighting project. – Keith by 1/1/2019
- Train-the-Trainer session for Gulf Power staff members. – Keith & Chris by TBD
- Contact Chris to arrange Stop the Bleed training for NOMC. – Danny & Chris by TBD
- Review Statute 327.30 with FWBMC legal team and share details with group. – Chris by 1/1/2019
- Meet to discuss grant opportunities. – Chris, Anna, and Sydney by 1/2019
MINUTES

- Draft newspaper advertisement regarding the opioid guidelines. – Dr. Chapman by 1/2019
- Review draft of newspaper advertisement regarding the opioid guidelines. – Danny by 1/2019
- Share newspaper advertisement on the opioid guidelines. – Opioid Subcommittee Members by 1/2019
- Provide an update on the Naloxone data. – Christine by 2/2019
- Provide the Stop the Bleed training to Okaloosa Academy students. – Sydney and Jennifer by 2/2019
- Contact organizations to gauge interest in Stop the Bleed program. – Stop the Bleed trainers, ongoing
- Contact faith-based organizations to gauge interest in Stop the Bleed program and fall prevention program. – Jennifer, ongoing
- Provide the Stop the Bleed training to the Children’s Advocacy Center staff. – Sydney and Jennifer by 2/2019
- Share information about the Florida/Alabama Planning Association public comment system with Sydney for distribution to the group. – Kristen by 12/2018
- Draft an email and/or letter to invite individuals to join the group. – Sydney by 1/2019
- Send suggestions for groups that may be interested in a Stop the Bleed training to Chris or Sydney. – All, ongoing

Meeting adjourned at 10:10 a.m.

Next meeting will be held on Wednesday, January 23, 2018 from 9:00 a.m. – 10:30 a.m. at the Fort Walton Beach Medical Center, 4th Floor Boardroom. The December meeting is cancelled due to the holidays.
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<tr>
<td>Anna Dyess</td>
<td>850-682-2552</td>
</tr>
<tr>
<td>Brian Parkton</td>
<td>850.259.0428</td>
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<tr>
<td>Caitlin Cerame</td>
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<tr>
<td>Christopher Missler</td>
<td>850.315.4244 (o)</td>
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<tr>
<td>Daniel Shearn</td>
<td>412.860.8458</td>
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<tr>
<td>Danna Schoenherr</td>
<td>850-612-3820</td>
</tr>
<tr>
<td>DeAnndra Morgan</td>
<td>253-720-8221</td>
</tr>
<tr>
<td>Gwen Rhodes</td>
<td>850-494-7101</td>
</tr>
<tr>
<td>Jennifer Pittman</td>
<td>850-344-0661</td>
</tr>
<tr>
<td>Karen Chapman, MD</td>
<td>850.833.9245</td>
</tr>
<tr>
<td>Kat Beedie</td>
<td>850.833.9065</td>
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<tr>
<td>Katie McDavitt</td>
<td>850.420.3488</td>
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<tr>
<td>Keith Clark</td>
<td>850-232-9961</td>
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<tr>
<td>Keith Rustin</td>
<td>850-336-4617</td>
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<tr>
<td>Kristen Barre</td>
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<tr>
<td>Leonard Schoenherr</td>
<td>850-612-3819</td>
</tr>
<tr>
<td>Margi Young</td>
<td>765.592.4206</td>
</tr>
<tr>
<td>Matt McGraw</td>
<td>205.613.2398</td>
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<tr>
<td>Pamela Weeks</td>
<td>850.689.7859</td>
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<tr>
<td>Shane McGuffin</td>
<td>850.259.9419</td>
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<tr>
<td>Sydney Harper</td>
<td>850.344.0662</td>
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<td>Trisha Dall</td>
<td>850.689.7859</td>
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<tr>
<td>Christine Syfret</td>
<td>850.833.9065</td>
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Appendix P: Reducing Infant Mortality Meeting Records
AGENDA

**Purpose:** Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

Welcome & Introductions

Review of Previous Minutes

Status Updates of Previous Actions
- Recipe for a Healthy Baby presentations
- Community outreach events
- Train the trainer
- Resource directory/Sharing the Recipe for a Healthy Baby materials
- Safe sleep model (CDC and Charlie’s Kids foundation)
- Webpage link
- Recipe for a Healthy Baby app

Recipe for a Healthy Baby Objectives
- Increase messaging to the target population
- Increase social and print media
- Increase awareness around health disparities

Next Steps

Meeting Evaluation
MINUTES

**Purpose:**
Engage the Florida Healthy Babies CHIP team about infant mortality through an open two-way dialogue.

**Present:** Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Chandra Williams, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Erika Cathey, DOH-Okaloosa; Ardelle Bush, Healthy Start Coalition; Amanda Colwell, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Rhonda Riess, Healthy Start, Henry Fair, Catholic Charities; Shannon Gaudern, Eglin Air Force Base; Morgan Schaut, Healthy Start; Felisha Floyd, Florida Breastfeeding Coalition; Kathy Newby, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Carrie Ziegler, DOH-Okaloosa; Donna Burns, DOH-Okaloosa; Alicia Booker, North Okaloosa Medical Center (NOMC); Justice Mbizo, University of West Florida (UWF), MPH Program; Tiffany Donley, UWF; Teresa Ryan, Northwest Florida State College (NWFSC)

**Absent:** Nicole Larson, WFAHEC; Leslie Kinzey, Eglin AFB; Solange Jones, Florida Department of Children and Families (DCF); Teresa Gomez, DCF; Brittany Bryan, Fort Walton Beach Medical Center (FWBMC); Tricia Hock, Early Learning Coalition of Okaloosa and Walton Counties; Yvette Torry, S4P Synergy; Gina Baker, Healthy Start Okaloosa; Shannon Brunson, Bridgeway Center, Inc.; Gina Romans, 90 Works; Wendy Mahany, Eglin Air Force Base (AFB); Naomi Brown, West Florida Area Health Education Center (WFAHEC); Deborah Lord, Catholic Charities; Wendy Mahany, Eglin Air Force Base (AFB)

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**Welcome**
- Chandra opened the meeting and welcomed attendees.
- Participants introduced themselves.

**Review Previous Minutes**
- The team reviewed minutes from the November 30, 2017 meeting.
- Suggestions from the last evaluation survey were reviewed and discussed.

**Status Updates of Previous Actions**
- Healthy Start distributed Florida Healthy Babies materials at the Fort Walton Beach Chamber After Hours event on January 18, 2018.
- At the last FHB meeting, the group discussed hosting train the trainer sessions. No train the trainers were conducted since our last meeting.
- Teresa, the intern with Healthy Start is working on updating the resource directory for online and print version. Directory will have interactive web design with links to the website and will be downloadable to smart devices. The links will add more health education materials. For the print version, working on design updates with health education materials. Printing will occur by the end of the month. It must be approved by the Agency for Healthcare Administration (AHCA) before print. Kathy will help with quotes and using QR codes. Sydney suggested to use bit.ly to track links.
- Healthy Start care coordinators use folders to distribute Florida Healthy Babies materials to clients.
- Dr. Chapman presented information on safe sleep in Okaloosa County.
MINUTES

- CDC vital signs published audio files concerning 50 percent of new parents don’t hear anything about safe sleep. Erika scanned safe sleep data and WIC users.
- 67% women who had a sleep-related death were enrolled in WIC during pregnancy
- 69% of women who had a sleep-related death had Medicaid listed as their insurance payer.
- When we accounted for the interaction between the variables listed below, Medicaid mother’s infants who were born LBW (<2500g) were at an increased risk of sleep-related death and this was statistically significant (meaning there is an extremely low probability that this result occurred by chance). WIC was not statistically significant; however, WIC and Medicaid mothers are similar populations.
- Medicaid mothers were about 2.7x more likely to lose an infant to a sleep-related death; LBW babies were about 2.8x more likely to die a sleep-related death than non-LBW babies.
- The take away message is that nearly 70% of mothers who lost an infant due to a sleep-related death were on either WIC and/or Medicaid and that LBW infants are about 2.8x more likely to die a sleep-related death than non-LBW infants, so these populations should be targeted for sleep-death prevention education.
- CDC had similar findings as our local findings, however they chose to use WIC as the indicator variable because of the insurance payer data isn’t available nationwide.
- Dr. Chapman proposed a permanent display of safe sleep in WIC offices.
- Ardelle would like to work with the labor and delivery hospitals for safe sleep grant opportunities.
- Questions were raised from the group about a baby using a pacifier and breastfeeding. Felicia shared the pacifier issue may be removed from the baby friendly hospitals requirements.
- Ardelle shared a safe sleep book that Healthy Start would like to give every mother who delivers a baby. The books are $1.50 each. The book is available in English and Spanish. More details to come.
- Ardelle gave a SCRIPT update. Healthy Start is ready to incentivize mothers to quit smoking/using tobacco and nicotine. Healthy Start asked the group for feedback on suggested names: Quit for Two, Tobacco Free Together, Fresh and Clean for Mom, Mom, and Me tobacco Free. Kathy suggested using the Recipe message component Quit for Baby. The group agreed. Healthy Start is still working on the process of how the women will receive the incentives, free diapers. Dr. Chapman suggested revisiting Baby and Me Tobacco Free procedures to get best practices. Healthy Start in Lee County and the DOH-Lee Director worked on the program.

Objective 1: Increase “Recipe for a Healthy Baby” messaging to communities that experience the largest racial and geographical disparities.
- Chandra will work with WIC program to partner with retailers such as Walmart, Dollar General, etc. to place safe sleep floor talkers in their stores (see attachment for example).

Objective 2: Increase the “Recipe for a Healthy Baby” media presence.
- Kathy tweets a Recipe for a Healthy Baby message each week. To date, 20 tweets have been posted.
- Morgan shares Recipe for a Healthy Baby posts on Facebook. To date, six messages have been posted.
- Morgan and Kathy are reaching out to suggested Facebook groups to help spread the message.
MINUTES

Objective 3: Increase community-wide awareness about infant mortality and the health disparities in infant mortality.

- Morgan attended the Emerald Coast Children's Advocacy Center (ECCAC) Provider Fair on December 1.
- Dr. Chapman will be presenting infant mortality data to the African American Community Leaders (AACL) on Saturday, February 24, 2018.

Actions

- Alicia requested FHB image slide. Kathy will send by February 2, 2018
- Members can contact Chandra or Healthy Start to schedule FHB presentations - Based on availability/as needed
- Chandra asked the group members to email their potential dates to host the train the trainer by February 5, 2018
- Catholic Charities will host at train the trainer February 28 at 10 a.m.
- A box of Recipe for Healthy Baby folders was given to the Healthy Start Coalition - February 1, 2018.
- Chandra will send an email to community partners to request train the trainer dates by February 5, 2018
- Kathy is working on asset mapping to find out more about impacted areas - TBD
- Chandra will work with WIC program to recruit retailers such as Walmart, Dollar General, etc. to place safe sleep floor talkers in their stores - TBD
- Healthy Start will contact DOH-Lee Director to get more information on their incentive program - TBD

Meeting Evaluation

- The team was asked to complete the meeting evaluation. DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 4:25 p.m.

Next meeting April 5, 2018, 3:00 p.m., DOH-Okaloosa Auditorium, Fort Walton Beach. If members can't attend in person, Go To Meeting will be available:

Florida Healthy Babies
Thu, Apr 5, 2018 3:00 PM - 4:30 PM CDT
Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/778587069
You can also dial in using your phone.
United States (Toll Free): 1 877 309 2073
United States: +1 (571) 317-3129
Access Code: 778-587-069
Joining from a video-conferencing room or system?
Dial: 67.217.95.2##778587069
Cisco devices: 778587069@67.217.95.2
First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check
THANK YOU FOR YOUR ATTENTION!
Tennessee Safe Sleep Campaign
Retail Partnerships

- Dollar General utilized TDH materials to create a “shelf talker” to place on store shelves
- Other stores have placed the safe sleep floor talker in baby aisles – (Walmart, Kroger, CVS pharmacy and other independent retailers)
- Expanded to daycare providers, pediatrician offices and other state agencies
EVIDENCE SUMMARY STATEMENT
CHARLIE’S KIDS FOUNDATION
SLEEP BABY SAFE AND SNUG

Charlie’s Kids foundation is a 501(c)3 organization established in 2011 with the mission to educate families about Sudden Infant Death Syndrome and infant safe sleep practices. Our organization’s primary outreach is through the bulk distribution of our children’s board book Sleep Baby Safe and Snug. This book, written by pediatrician Dr. John Hutton and illustrated by Leah Busch, provided timely and repetitive safe sleep messaging in an approachable and easy to read book. It was specifically developed to target all levels of education, language and literacy abilities. The book strictly aligns with the evidence based American Academy of Pediatric (AAP) safe sleep recommendations initially released in 2011.

The results from this approach have been staggering. Since the book was introduced in the spring of 2013, Charlie’s Kids has distributed over 2 Million copies of Sleep Baby Safe and Snug across the United States and internationally. The book is available in both English and Spanish and has been updated to reflect the most current AAP 2016 recommendations. Countless infant care providers and families have provided supportive comments of how this book has increased their knowledge and impacted infant sleep practices. While these stories have been invaluable in supporting our work over the past 5 years, our organization has sought to more rigorously evaluate the impact of our book. The references below summarize the objective results from our book distributions in select populations.

- Randomized Trial in a High-Risk Population
  - Conclusions: Observed Adherence to using a crib and not bed sharing is 2x great when Sleep Baby Safe and Snug is used for education compared to brochure

- Statewide Hospital Program-Tennessee
  - Overview and Conclusions: Sleep Baby Safe and Snug has been distributed to every baby born in a Tennessee hospital since 2014. Statewide implementation of a hospital intervention which uses Sleep Baby Safe and Snug as an incentive was associated with a significant 50% reduction in infants found in unsafe sleep situations in the delivery hospital.
Following the first year this program was implemented in 2013 sleep related infant deaths Tennessee decreased 23.8% (2012 to 2014).

- Statewide Hospital Initiative- Georgia
  - https://dph.georgia.gov/hospital-based-safe-sleep-program
  - Overview and Conclusions: *Sleep Baby Safe and Snug* was distributed as a part of the Georgia Safe to Sleep Hospital Initiative starting in 2016. The book was distributed in addition to other safe sleep materials (onesies, bassinets). Feedback from hospitals regarding the usefulness of the book was positive. On direct parent survey (n=420) 91% found the information helpful and 83% shared the safe sleep recommendations with others. Finally, receiving information in the hospital was strongly correlated with knowledge and behaviors regarding safe sleep location.

- Statewide Hospital Initiative- Ohio
  - Overview and Conclusions: *Sleep Baby Safe and Snug* was distributed as part of the Good4Baby program through the Ohio Department of Health and Ohio Hospital Association in 2014. This program was not continued due to funding. Analysis of state infant mortality data demonstrated a 31% decrease in sleep related deaths in 2014 compared to 2013. Notably, this decrease was not sustained in 2015 when the book was no longer distributed.
Purpose: Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

Welcome & Introductions

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Recipe for a Healthy Baby Objectives
- Increase messaging to the target population
- Increase social and print media
- Increase awareness around health disparities

Next Steps

Meeting Evaluation
Purpose:
Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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<tr>
<td>Chandra Williams</td>
<td>FDOH-OKALOOSA</td>
<td><a href="mailto:Chandra.williams@flhealth.gov">Chandra.williams@flhealth.gov</a></td>
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<tr>
<td>Peggy Gill</td>
<td>FDOH-Walton</td>
<td><a href="mailto:Peggy.gill@flhealth.gov">Peggy.gill@flhealth.gov</a></td>
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<tr>
<td>Christena Salter</td>
<td>CDAC Behav. Health</td>
<td><a href="mailto:CSalter@cdac.info">CSalter@cdac.info</a></td>
<td>850-394-8262</td>
</tr>
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<td>Sydney Harper</td>
<td>DOH-OKALOOSA</td>
<td><a href="mailto:Sydney.harper@flhealth.gov">Sydney.harper@flhealth.gov</a></td>
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<tr>
<td>Teresa Hedderly</td>
<td>Healthy Start</td>
<td><a href="mailto:teresa.hedderly@gmail.com">teresa.hedderly@gmail.com</a></td>
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<td>Morgan Schauert</td>
<td>''</td>
<td><a href="mailto:morgan@hsow.com">morgan@hsow.com</a></td>
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<tr>
<td>Denise Creagh</td>
<td>''</td>
<td><a href="mailto:denise@hsow.com">denise@hsow.com</a></td>
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<tr>
<td>Angie McWilliams</td>
<td>FDOH-OKALOOSA</td>
<td><a href="mailto:angella.mcwilliams@flhealth.gov">angella.mcwilliams@flhealth.gov</a></td>
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<tr>
<td>Rhonda R. Lewis</td>
<td>Healthy Start</td>
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<td>850-305-1616</td>
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<tr>
<td>Donna Barnes</td>
<td>ADOH-OKALOOSA</td>
<td><a href="mailto:Donna.brenz@flhealth.gov">Donna.brenz@flhealth.gov</a></td>
<td>850-344-0688</td>
</tr>
<tr>
<td>Jason Chapman</td>
<td>FDOH-OKALOOSA</td>
<td><a href="mailto:Jason.chapman@flhealth.gov">Jason.chapman@flhealth.gov</a></td>
<td></td>
</tr>
<tr>
<td>Erika Cattley</td>
<td>FDOH-OKALOOSA</td>
<td><a href="mailto:erika.cattley@flhealth.gov">erika.cattley@flhealth.gov</a></td>
<td>850-344-0565</td>
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Sign in Sheet

Purpose:
Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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<th>Name</th>
<th>Organization or Community Representative</th>
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<tr>
<td>Lynn Wadsworth</td>
<td>DOTH Okaloosa</td>
<td><a href="mailto:Lynn.Wadsworth@flhealth.gov">Lynn.Wadsworth@flhealth.gov</a></td>
<td>850-667-0607</td>
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<tr>
<td>Kathy Newby</td>
<td>Eglin MAPS</td>
<td>Shannon.Gaudern@mil</td>
<td>850-989-2</td>
</tr>
<tr>
<td>Shannon Gaudern</td>
<td>DOTH Okaloosa</td>
<td><a href="mailto:Amanda.Colwell@flhealth.gov">Amanda.Colwell@flhealth.gov</a></td>
<td>850-667-0672</td>
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<td>Carrie Zeder</td>
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<td>Debi Riley-Broadnax</td>
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<td>Dr. Teresa Ryan</td>
<td>Via Go To Meeting (Phone)</td>
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<td>Henry Blake</td>
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MINUTES

Purpose:
Engage the Florida Healthy Babies CHIP team about infant mortality through an open two-way dialogue.

Present: Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Chandra Williams, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Erika Cathey, DOH-Okaloosa; Ardelle Bush, Healthy Start Coalition; Amanda Colwell, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Rhonda Riess, Healthy Start, Henry Fair, Catholic Charities; Shannon Gaudern, Eglin Air Force Base; Morgan Schaut, Healthy Start; Felisha Floyd, Florida Breastfeeding Coalition; Kathy Newby, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Carrie Ziegler, DOH-Okaloosa; Donna Burns, DOH-Okaloosa; Alicia Booker, North Okaloosa Medical Center (NOMC); Justice Mbizo, University of West Florida (UWF), MPH Program; Tiffany Donley, UWF; Teresa Ryan, Northwest Florida State College (NWFSC)

Absent: Nicole Larson, WFAHEC; Leslie Kinzey, Eglin AFB; Solange Jones, Florida Department of Children and Families (DCF); Teresa Gomez, DCF; Brittany Bryan, Fort Walton Beach Medical Center (FWBMC); Tricia Hock, Early Learning Coalition of Okaloosa and Walton Counties; Yvette Torry, S4P Synergy; Gina Baker, Healthy Start Okaloosa; Shannon Brunson, Bridgeway Center, Inc.; Gina Romans, 90 Works; Wendy Mahany, Eglin Air Force Base (AFB); Naomi Brown, West Florida Area Health Education Center (WFAHEC); Deborah Lord, Catholic Charities; Wendy Mahany, Eglin Air Force Base (AFB)

Welcome
- Chandra opened the meeting and welcomed attendees.
- Participants introduced themselves.

Review Previous Minutes
- The team reviewed minutes from the November 30, 2017 meeting.
- Suggestions from the last evaluation survey were reviewed and discussed.

Status Updates of Previous Actions
- Healthy Start distributed Florida Healthy Babies materials at the Fort Walton Beach Chamber After Hours event on January 18, 2018.
- At the last FHB meeting, the group discussed hosting train the trainer sessions. No train the trainers were conducted since our last meeting.
- Teresa, the intern with Healthy Start is working on updating the resource directory for online and print version. Directory will have interactive web design with links to the website and will be downloadable to smart devices. The links will add more health education materials. For the print version, working on design updates with health education materials. Printing will occur by the end of the month. It must be approved by the Agency for Healthcare Administration (AHCA) before print. Kathy will help with quotes and using QR codes. Sydney suggested to use bit.ly to track links.
- Healthy Start care coordinators use folders to distribute Florida Healthy Babies materials to clients.
- Dr. Chapman presented information on safe sleep in Okaloosa County.
MINUTES

- CDC vital signs published audio files concerning 50 percent of new parents don’t hear anything about safe sleep. Erika scanned safe sleep data and WIC users.
- 67% women who had a sleep-related death were enrolled in WIC during pregnancy
- 69% of women who had a sleep-related death had Medicaid listed as their insurance payer.
- When we accounted for the interaction between the variables listed below, Medicaid mother’s infants who were born LBW (<2500g) were at an increased risk of sleep-related death and this was statistically significant (meaning there is an extremely low probability that this result occurred by chance). WIC was not statistically significant; however, WIC and Medicaid mothers are similar populations.
- Medicaid mothers were about 2.7x more likely to lose an infant to a sleep-related death; LBW babies were about 2.8x more likely to die a sleep-related death than non-LBW babies.
- The take away message is that nearly 70% of mothers who lost an infant due to a sleep-related death were on either WIC and/or Medicaid and that LBW infants are about 2.8x more likely to die a sleep-related death than non-LBW infants, so these populations should be targeted for sleep-death prevention education.
- CDC had similar findings as our local findings, however they chose to use WIC as the indicator variable because of the insurance payer data isn’t available nationwide.
- Dr. Chapman proposed a permanent display of safe sleep in WIC offices.
- Ardelle would like to work with the labor and delivery hospitals for safe sleep grant opportunities.
- Questions were raised from the group about a baby using a pacifier and breastfeeding. Felicia shared the pacifier issue may be removed from the baby friendly hospitals requirements.
- Ardelle shared a safe sleep book that Healthy Start would like to give every mother who delivers a baby. The books are $1.50 each. The book is available in English and Spanish. More details to come.
- Ardelle gave a SCRIPT update. Healthy Start is ready to incentivize mothers to quit smoking/using tobacco and nicotine. Healthy Start asked the group for feedback on suggested names: Quit for Two, Tobacco Free Together, Fresh and Clean for Mom, Mom, and Me tobacco Free. Kathy suggested using the Recipe message component Quit for Baby. The group agreed. Healthy Start is still working on the process of how the women will receive the incentives, free diapers. Dr. Chapman suggested revisiting Baby and Me Tobacco Free procedures to get best practices. Healthy Start in Lee County and the DOH-Lee Director worked on the program.

**Objective 1: Increase “Recipe for a Healthy Baby” messaging to communities that experience the largest racial and geographical disparities.**
- Chandra will work with WIC program to partner with retailers such as Walmart, Dollar General, etc. to place safe sleep floor talkers in their stores (see attachment for example).

**Objective 2: Increase the “Recipe for a Healthy Baby” media presence.**
- Kathy tweets a Recipe for a Healthy Baby message each week. To date, 20 tweets have been posted.
- Morgan shares Recipe for a Healthy Baby posts on Facebook. To date, six messages have been posted.
- Morgan and Kathy are reaching out to suggested Facebook groups to help spread the message.
MINUTES
Objective 3: Increase community-wide awareness about infant mortality and the health disparities in infant mortality.

- Morgan attended the Emerald Coast Children’s Advocacy Center (ECCAC) Provider Fair on December 1.
- Dr. Chapman will be presenting infant mortality data to the African American Community Leaders (AACL) on Saturday, February 24, 2018.

Actions
- Alicia requested FHB image slide. Kathy will send by February 2, 2018
- Members can contact Chandra or Healthy Start to schedule FHB presentations - Based on availability/as needed
- Chandra asked the group members to email their potential dates to host the train the trainer by February 5, 2018
- Catholic Charities will host at train the trainer February 28 at 10 a.m.
- A box of Recipe for Healthy Baby folders was given to the Healthy Start Coalition - February 1, 2018.
- Chandra will send an email to community partners to request train the trainer dates by February 5, 2018
- Kathy is working on asset mapping to find out more about impacted areas - TBD
- Chandra will work with WIC program to recruit retailers such as Walmart, Dollar General, etc. to place safe sleep floor talkers in their stores - TBD
- Healthy Start will contact DOH-Lee Director to get more information on their incentive program - TBD

Meeting Evaluation
- The team was asked to complete the meeting evaluation. DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 4:25 p.m.

Next meeting April 5, 2018, 3:00 p.m., DOH-Okaloosa Auditorium, Fort Walton Beach. If members can’t attend in person, Go To Meeting will be available:

Florida Healthy Babies
Thu, Apr 5, 2018 3:00 PM - 4:30 PM CDT
Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/778587069
You can also dial in using your phone.
United States (Toll Free): 1 877 309 2073
United States: +1 (571) 317-3129
Access Code: 778-587-069
Joining from a video-conferencing room or system?
Dial: 67.217.95.2##778587069
Cisco devices: 778587069@67.217.95.2
First GoToMeeting? Let’s do a quick system check: https://link.gotomeeting.com/system-check
Recipe for a Healthy Baby

4 Simple Ingredients
Charlie’s Kids Foundation is a 501(c)3 organization established in 2011 with the mission to educate families about Sudden Infant Death Syndrome and infant safe sleep practices. Our organization’s primary outreach is through the bulk distribution of our children’s board book Sleep Baby Safe and Snug. This book, written by pediatrician Dr. John Hutton and illustrated by Leah Busch, provided timely and repetitive safe sleep messaging in an approachable and easy to read book. It was specifically developed to target all levels of education, language and literacy abilities. The book strictly aligns with the evidence based American Academy of Pediatric (AAP) safe sleep recommendations initially released in 2011.

The results from this approach have been staggering. Since the book was introduced in the spring of 2013, Charlie’s Kids has distributed over 2 Million copies of Sleep Baby Safe and Snug across the United States and internationally. The book is available in both English and Spanish and has been updated to reflect the most current AAP 2016 recommendations. Countless infant care providers and families have provided supportive comments of how this book has increased their knowledge and impacted infant sleep practices. While these stories have been invaluable in supporting our work over the past 5 years, our organization has sought to more rigorously evaluate the impact of our book. The references below summarize the objective results from our book distributions in select populations.

- **Randomized Trial in a High-Risk Population**
  - **Conclusions:** Observed Adherence to using a crib and not bed sharing is 2x great when Sleep Baby Safe and Snug is used for education compared to brochure

- **Statewide Hospital Program-Tennessee**
  - **Overview and Conclusions:** *Sleep Baby Safe and Snug* has been distributed to every baby born in a Tennessee hospital since 2014. Statewide implementation of a hospital intervention which uses *Sleep Baby Safe and Snug* as an incentive was associated with a significant 50% reduction in infants found in unsafe sleep situations in the delivery hospital.
Following the first year this program was implemented in 2013 sleep related infant deaths Tennessee decreased 23.8% (2012 to 2014).

- **Statewide Hospital Initiative- Georgia**
  - [https://dph.georgia.gov/hospital-based-safe-sleep-program](https://dph.georgia.gov/hospital-based-safe-sleep-program)
  - Overview and Conclusions: *Sleep Baby Safe and Snug* was distributed as a part of the Georgia Safe to Sleep Hospital Initiative starting in 2016. The book was distributed in addition to other safe sleep materials (onesies, bassinets). Feedback from hospitals regarding the usefulness of the book was positive. On direct parent survey (n=420) 91% found the information helpful and 83% shared the safe sleep recommendations with others. Finally, receiving information in the hospital was strongly correlated with knowledge and behaviors regarding safe sleep location.

- **Statewide Hospital Initiative- Ohio**
  - Overview and Conclusions: *Sleep Baby Safe and Snug* was distributed as part of the Good4Baby program through the Ohio Department of Health and Ohio Hospital Association in 2014. This program was not continued due to funding. Analysis of state infant mortality data demonstrated a 31% decrease in sleep related deaths in 2014 compared to 2013. Notably, this decrease was not sustained in 2015 when the book was no longer distributed.
THANK YOU FOR YOUR ATTENTION!
Tennessee Safe Sleep Campaign
Retail Partnerships

- Dollar General utilized TDH materials to create a “shelf talker” to place on store shelves
- Other stores have placed the safe sleep floor talker in baby aisles – (Walmart, Kroger, CVS pharmacy and other independent retailers)
- Expanded to daycare providers, pediatrician offices and other state agencies
Nearly 70% of Okaloosa mothers who lost an infant due to unsafe sleeping practices were enrolled in WIC and/or Medicaid.*

You can help.

Advise caregivers to place babies on their back for every sleep. Inform caregivers to keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of their baby’s sleep area.

Encourage caregivers to room share but not bed share with their baby.

Help caregivers find solutions for challenges they face in following the American Academy of Pediatrics safe sleep guidelines.

Purpose: Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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<tr>
<td>Chandra Williams</td>
<td>FDH-OKaloosa</td>
<td><a href="mailto:chandra.williams@flhealth.gov">chandra.williams@flhealth.gov</a></td>
<td></td>
</tr>
<tr>
<td>Peggy Gill</td>
<td>FDH-Walton</td>
<td><a href="mailto:peggy.gill@flhealth.gov">peggy.gill@flhealth.gov</a></td>
<td></td>
</tr>
<tr>
<td>Chistern Salter</td>
<td>CDAC Behav. Health</td>
<td><a href="mailto:csalter@cdac.org">csalter@cdac.org</a></td>
<td>850-392-8267</td>
</tr>
<tr>
<td>Sydney Harper</td>
<td>DOH-OKaloosa</td>
<td><a href="mailto:sydney.harper@flhealth.gov">sydney.harper@flhealth.gov</a></td>
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<td><a href="mailto:teresa.hedderly@gmail.com">teresa.hedderly@gmail.com</a></td>
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<td><a href="mailto:donna.brown@flhealth.gov">donna.brown@flhealth.gov</a></td>
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</tr>
<tr>
<td>Karen ACF</td>
<td>FDH-OKaloosa</td>
<td><a href="mailto:karen.acf@flhealth.gov">karen.acf@flhealth.gov</a></td>
<td>850-833-5245</td>
</tr>
<tr>
<td>Erika Caffey</td>
<td>FDH-OKaloosa</td>
<td><a href="mailto:erika.caffey@flhealth.gov">erika.caffey@flhealth.gov</a></td>
<td>850-344-0565</td>
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Florida Department of Health in Okaloosa County
Florida Healthy Babies – Community Action Planning Team Meeting
Florida Department of Health in Okaloosa
221 Hospital Drive Fort Walton Beach, Fl. 32548
February 1, 2018 3:00PM-4:30PM

Sign In Sheet

Purpose:
Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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<td>CVT-0607</td>
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<tr>
<td>Kathy Newsby</td>
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<td><a href="mailto:shannon@newsby.mil">shannon@newsby.mil</a></td>
<td>344-0572</td>
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Purpose: Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

Welcome & Introductions

Review of Previous Minutes

Status Updates of Previous Actions
- National Council for State and Territorial Epidemiology Conference
- Recipe for a Healthy Baby presentations
- Healthy Start App/ Healthy Start Resource Directory
- Safe Sleep Models (Charlie’s Kids Foundation)
- Resource Directory
- Community outreach events
- Train the trainer

Recipe for a Healthy Baby Objectives
- Increase messaging to the target population
- Increase social and print media
- Increase awareness around health disparities

Next Steps

Meeting Evaluation
**Florida Department of Health in Okaloosa County**  
**Florida Healthy Babies – CHIP Team Meeting**  
**Auditorium, Fort Walton Beach Office**  
**April 5, 2018 3:00 p.m. – 4:30 p.m.**

**MINUTES**

**Purpose:**
Engage the Florida Healthy Babies CHIP team about infant mortality through an open two-way dialogue.

**Present:** Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Chandra Williams, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Amanda Colwell, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Henry Fair, Catholic Charities; Morgan Schaut, Healthy Start; Felisha Floyd, Florida Breastfeeding Coalition; Kathy Newby, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Carrie Ziegler, DOH-Okaloosa; Donna Burns, DOH-Okaloosa; Alicia Booker, North Okaloosa Medical Center (NOMC); UWF; Teresa Ryan, Northwest Florida State College (NWFSC); Wendy Mahany, Eglin Air Force Base (AFB); Peggy Gill, Florida Department of Health-Walton; Miriam Lavandier, West Florida Area Health Education Center (WFAHEC)

**Absent:** Nicole Larson, WFAHEC; Leslie Kinzey, Eglin AFB; Solange Jones, Florida Department of Children and Families (DCF); Teresa Gomez, DCF; Tricia Hock, Early Learning Coalition of Okaloosa and Walton Counties; Yvette Torry, S4P Synergy; Gina Baker, Healthy Start Okaloosa; Shannon Brunson, Bridgeway Center, Inc.; Gina Romans, 90 Works; Naomi Brown, West Florida Area Health Education Center (WFAHEC); Deborah Lord, Catholic Charities; Erika Cathey, DOH-Okaloosa; Ardelle Bush, Healthy Start Coalition; Rhonda Riess, Healthy Start; Shannon Gaudern, Eglin Air Force Base; Justice Mbizo, University of West Florida (UWF), MPH Program; Tiffany Donley,

**Welcome**
- Alicia Booker opened the meeting and welcomed attendees.
- Participants introduced themselves.

**Review Previous Minutes**
- Chandra reviewed the previous minutes, no changes made.

**Status Updates of Previous Actions**
**National Council for State and Territorial Epidemiology Conference**
- Dr. Chapman submitted 3 abstracts on infant mortality. Erika’s abstract was one of the 16 chosen as a finalist for the Robert Wood Foundation award. She made the top five. Her study will be presented, and a winner will be announced at the conference in June.

**Objective 1: Increase “Recipe for a Healthy Baby” messaging to communities that experience the largest racial and geographical disparities.**
- Eglin Commissary has agreed to place the safe sleep floor talker in their building.
- Contact has also been made with Dollar General, CVS, and Walmart, all of them will need the okay from corporate to place the floor talker in their stores.
- Safe sleep models are up at both health department locations. Healthy Start we will be ordering enough board books for one year, from the Charlie's Kids Foundation. Waiting on one last signed participatory agreement, from a labor and delivery hospital.
- Safe sleep books will be ordered for all child care centers in the county.
Objective 2: Increase the “Recipe for a Healthy Baby” media presence.
- Kathy tweets a Recipe for a Healthy Baby message each week. To date, 32 tweets have been posted through March. Kathy encouraged the tweets to be shared and like by the partner organizations. The account to tweet is: @FlHealthEmerald
- Morgan shares Recipe for a Healthy Baby posts on Facebook regularly. Through March, 28 messages have been posted.
- Safe sleep info is in Healthy Start’s quarterly newsletter. Newsletter was sent on April 5, 2018. Morgan encouraged everyone to share the FB posts and like them.
- ABC’s of Safe Sleep is the cover photo on the Healthy Start Facebook page. There are two pages but only one is active.
- Healthy Start interviewing interns to develop the app.
- Morgan and Kathy will continue to reach out to suggested Facebook groups to help spread the message.

Objective 3: Increase community-wide awareness about infant mortality and the health disparities in infant mortality.
- Train the Trainer class was held at Catholic Charities on February 28.
- Sydney was scheduled to attend the Baker Spring Fling on April 7 but the event was cancelled.
- DOH-Okaloosa staff will set up a table at the Early Learning Coalition Spring Conference on April 14.
- Dr. Chapman will present infant mortality data at the African American Community Leaders (AACL) meeting on Saturday, April 21, 2018.
- The Healthy Start resource directory is going to print next week. The on-line version is available now.
- Naomi with WFAHEC is working with Terri at Pathways to conduct tobacco cessation classes.

Actions
- Team members are encouraged to select one venue to present the FHB message, June 7, 2018.
- A partnership meeting is being planned at the health department for faith-based organizations, date TBA.
- Lynn will contact technical school and NWFSC nursing programs, date TBA.
- Morgan will contact the nursing director at NWFSC, date TBA.
- Crestview Chamber has agreed to a FHB presentation, date TBA.
- It was suggested to present to the Niceville Chamber Healthcare Committee, Kathy will follow-up with a date.
- Physician Assistant school based in Crestview is another avenue to present FHB message, Alicia will follow up with a date.

Meeting Evaluation
- The team was asked to complete the meeting evaluation. Team members that attended via GoToMeeting could complete the survey online at: https://www.surveymonkey.com/r/QWJ6FRH
- DOH-Okaloosa staff will review feedback and share at the next meeting.
Meeting adjourned at 3:30 p.m.

Next meeting June 7, 2018, 3:00 p.m., DOH-Okaloosa Auditorium, Fort Walton Beach. If members can't attend in person, Go To Meeting will be available:

Florida Healthy Babies
Thu, Jun 7, 2018 3:00 PM - 4:30 PM CDT

Please join my meeting from your computer, tablet, or smartphone.
https://global.gotomeeting.com/join/894276341

You can also dial in using your phone.
United States (Toll Free): 1 877 309 2073
United States: +1 (646) 749-3129

Access Code: 894-276-341

Joining from a video-conferencing room or system?
Dial: 67.217.95.2##894276341
Cisco devices: 894276341@67.217.95.2

First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check
Welcome to the Webinar

Recipe for a Healthy Baby

- Please press *6 to mute your line.

- Press *6 to unmute your line and speak. Then press *6 again to mute your line again.

- Feel free to also use the GoToWebinar Control Panel to type questions for the presenter to address during the webinar.

- Q&A time will be provided at the end of the call. “Raise your hand” to be unmuted for the Q&A.

- To raise your hand select the hand icon in the mini control panel.
Agenda

Welcome & Introductions

Review of Previous Minutes

Status Updates of Previous Actions
National Council for State and Territorial Epidemiology Conference
Recipe for a Healthy Baby presentations
Community outreach events
Train the trainer

Recipe for a Healthy Baby Objectives
Increase messaging to the target population
Increase social and print media
Increase awareness around health disparities

Next Steps

Meeting Evaluation
Questions
Attendees who used GotoWebinar, please complete the survey by going to https://www.surveymonkey.com/r/QWJ6FRH
Objective 1: Increase “Recipe for a Healthy Baby” messaging to communities that experience the largest racial and geographical disparities.

- Eglin Commissary has agreed to place the safe sleep floor talker in their building
- Contact has also been made with Dollar General, CVS, and Walmart, all of them will need corporate okay to place in the stores
- Safe sleep models are up at the health department at both locations
- Just waiting on one last signed participatory agreement, from a L&D hospital, and we will be ordering enough board books for one year, from the Charlie's Kids Foundation.

Objective 2: Increase the “Recipe for a Healthy Baby” media presence.

- Kathy tweets a Recipe for a Healthy Baby message each week. To date, 32 tweets have been posted through March (Kathy can provide any updates on the Tweets)
- Morgan shares Recipe for a Healthy Baby posts on Facebook. To date, 28 messages have been posted through March (Morgan can provide any updates on the Tweets)

- Healthy Start interviewing interns for app
- Morgan and Kathy will continue to reach out to suggested Facebook groups to help spread the message.

Objective 3: Increase community-wide awareness about infant mortality and the health disparities in infant mortality.

- Sydney will attend an event in Baker and display FHB on April 7th
- Sydney and Chandra will present FHB at the Early Learning Coalition Spring Conference on April 14th
- Dr. Chapman will present infant mortality data to the African American Community Leaders (AACl) on Saturday, April 21, 2018.
- Healthy Start resource directory is going to print next week. The on-line version is up.
Purpose:
Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

<table>
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<td><a href="mailto:Sydney.harper@health.gov">Sydney.harper@health.gov</a> 3 02a 1</td>
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<td>Chanda Williams</td>
<td>DOH-OKaloosa</td>
<td><a href="mailto:Chanda.williams@health.gov">Chanda.williams@health.gov</a> 1 04a 1</td>
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<td>Christea Salter</td>
<td>CDAC</td>
<td><a href="mailto:Csalter@ccdac.net">Csalter@ccdac.net</a> 8 30-293-5360</td>
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<td>Karen Chapman</td>
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<td>Wendy Mahoney</td>
<td>Eglin AFB</td>
<td>Worl <a href="mailto:y.mahoney@us.af.mil">y.mahoney@us.af.mil</a> 8 30-833-9845</td>
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<td>Carrie Zeigler</td>
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<td>Mir <a href="mailto:ried.w.erger@fluidtech.gov">ried.w.erger@fluidtech.gov</a></td>
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<tr>
<td>Kathy Newby</td>
<td></td>
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Purpose:
Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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<td>Alicia Baker</td>
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<tr>
<td>Dr. Teresa Ryan</td>
<td>Go To meeting via phone</td>
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<tr>
<td>Peggy Gill</td>
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<tr>
<td>Henry Faircloth</td>
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<tr>
<td>Miriam</td>
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Florida Department of Health in Okaloosa County
Florida Healthy Babies
Florida Department of Health in Okaloosa County
221 Hospital Drive Fort Walton Beach, Fl. 32548
April 5, 2018 3:00PM-4:30PM
Sign In Sheet

**Purpose:**
Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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<td></td>
<td><a href="mailto:FelishaFloyd1891@Gmail.com">FelishaFloyd1891@Gmail.com</a></td>
<td>8505304681</td>
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AGENDA

Purpose: Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

Welcome & Introductions

Review of Previous Minutes

Status Updates of Previous Actions
- National Council for State and Territorial Epidemiology Conference
- Recipe for a Healthy Baby presentations
- Healthy Start App/ Healthy Start Resource Directory
- Safe Sleep Models
- Charlie’s Kids Foundation
- Resource Directory
- Community outreach events
- Train the trainer

Recipe for a Healthy Baby Objectives
- Increase messaging to the target population
- Increase social and print media
- Increase awareness around health disparities

Next Steps

Meeting Evaluation
MINUTES

Purpose:
Engage the Florida Healthy Babies CHIP team about infant mortality through an open two-way dialogue.

Present: Taela Cintron, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Amanda Colwell, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Jordyn Autry, Healthy Start Coalition; Wendy Mahany, Eglin Air Force Base (AFB); Natasha Hall, Okaloosa County Sheriff’s Office; Erika Cathey, DOH-Okaloosa; Ardelle Bush, Healthy Start Coalition; Balon Lofton, Shelter House; Angie McWilliams, DOH-Okaloosa; Alicia Booker, North Okaloosa Medical Center (NOMC)

Absent: Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Henry Fair, Catholic Charities; Morgan Schaut, Healthy Start; Felisha Floyd, Florida Breastfeeding Coalition; Kathy Newby, DOH-Okaloosa; Carrie Ziegler, DOH-Okaloosa; Donna Burns, DOH-Okaloosa; Teresa Ryan, Northwest Florida State College (NWFSC); Peggy Gill, Florida Department of Health-Walton; Miriam Lavandier, West Florida Area Health Education Center (WFAHEC); Nicole Larson, WFAHEC; Leslie Kinzey, Eglin AFB; Solange Jones, Florida Department of Children and Families (DCF); Teresa Gomez, DCF; Tricia Hock, Early Learning Coalition of Okaloosa and Walton Counties; Yvette Torry, S4P Synergy; Gina Baker, Healthy Start Okaloosa; Shannon Brunson, Bridgeway Center, Inc.; Gina Romans, 90 Works; Naomi Brown, West Florida Area Health Education Center (WFAHEC); Deborah Lord, Catholic Charities; Rhonda Riess, Healthy Start; Shannon Gaudern, Eglin Air Force Base; Justice Mbizo, University of West Florida (UWF), MPH Program; Tiffany Donley

Welcome
• Ardelle Bush opened the meeting and welcomed attendees.
• Participants introduced themselves.

Review Previous Minutes
• Taela Cintron reviewed the previous minutes, no changes made.

Status Updates of Previous Actions
National Council for State and Territorial Epidemiology Conference
• Dr. Chapman submitted three abstracts from the health department. Erika Cathey’s abstract was one of the 16 chosen as a finalist for the Robert Wood Johnson Foundation award. She made the top five. Her study will be presented next week.

Objective 1: Increase “Recipe for a Healthy Baby” messaging to communities that experience the largest racial and geographical disparities.
• Eglin Commissary has agreed to place the safe sleep floor talker in their building. Taela has made contact with their new store manager. The store manager agreed to place “Recipe for a Healthy Baby” palm cards at the front of their store. Taela will be attending their Healthy Living fair on June 13 and June 14 to spread the healthy baby messaging.
• Contact has also been made with Dollar General, CVS, and Walmart, all of them will need the okay from corporate to place the floor talker in their stores. Taela plans on making contact with Publix and Winn-Dixie stores in the area.
• Safe sleep models are up at both health department locations in WIC and Immunizations.
• Healthy Start ordered enough board books for one year, from the Charlie’s Kids Foundation. These will be distributed to all the hospitals to go home with every mom. Jordyn Autry will be meeting with the medical centers soon to give them the books using
MINUTES
the new Recipe for a Healthy Baby folders. The folder will include a survey for feedback on the book.

• Safe sleep books are being distributed to childcare centers in the county.

Objective 2: Increase the “Recipe for a Healthy Baby” media presence.
• Healthy Start hired an intern. The intern will be working on the Healthy Start App. They are currently browsing other apps for ideas.
• The Healthy Start Directory is currently at print. The online version is available.

Objective 3: Increase community-wide awareness about infant mortality and the health disparities in infant mortality.
• Lynn conducted a safe sleep presentation at the Okaloosa Technical College for Licensed Practical Nurse students.
• Sydney suggested reaching out to Crestview High School (CHS) for more opportunities to present. Dr. McKenzie would be the contact person at CHS.
• Sydney was scheduled to attend the Baker Spring Fling on April 7 but the event was cancelled.
• There is a sign up for presentation requests on the Healthy Start website. They have not had any recent requests.
• There is a March of Dimes event on July 27 for at risk military families. Wendy will forward the contact information for this event.
• Dr. Chapman and Ardelle will be presenting about Infant Mortality and Recipe for a Healthy Baby at the Fort Walton Beach Chamber Healthcare Committee meeting on June 12.
• Donna Burns is working with the hospitals for World Breastfeeding week.
• The group would like to do a Recipe for a Healthy Baby Train the Trainer session at the next meeting.
• A faith-based partnership meeting was held. One group was interested in Florida Healthy Babies information.
• Jordyn has been in contact with Bay and Gulf counties. They had a breastfeeding community outreach where furniture was donated for breastfeeding rooms. Breastfeeding pods are an option for those businesses who have limited space, although they are pricey.
• Healthy Start applied for the White Wilson grant for $26,000 to provide Halo Sleep Sacks to new mothers.
• Healthy Start will not be applying for the Impact 100 grant this year.
• North Okaloosa Medical Center has released their Birthing Center Guide. The guide contains the Recipe message.

Actions
• Crestview Chamber has agreed to a FHB presentation, date TBA. Alicia and Taela will follow-up before the next meeting.
• It was suggested to present to the Niceville Chamber Healthcare Committee, Kathy will follow-up by the next meeting and will provide a date.
• Physician Assistant school based in Crestview is another avenue to present FHB message, Alicia will follow up by the next meeting with a date.
• Sydney will email information on breastfeeding pods by June 15.
MINUTES

Meeting Evaluation
- The team was asked to complete the meeting evaluation. Team members that attended via GoToMeeting can complete the survey online at: https://www.surveymonkey.com/r/QWJ6FRH
- DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 4:00 p.m.

Next meeting August 2, 2018, 3:00 p.m., DOH-Okaloosa Auditorium, Fort Walton Beach. If members can't attend in person, Go To Meeting will be available:

Florida Healthy Babies
Thu, Aug 2, 2018 3:00 PM - 4:30 PM CDT

Please join my meeting from your computer, tablet or smartphone. https://global.gotomeeting.com/join/658606317

You can also dial in using your phone.
United States (Toll Free): 1 877 309 2073
United States: +1 (571) 317-3129

Access Code: 658-606-317

Joining from a video-conferencing room or system?
Dial: 67.217.95.2##658606317
Cisco devices: 658606317@67.217.95.2

First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check
Recipe for a Healthy Baby

4 Simple Ingredients

FloridaHEALTHybabies
OKALOOSA COUNTY

June 7, 2018
Welcome to the Webinar 

Recipe for a Healthy Baby

- Please press *6 to mute your line.
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Welcome & Introductions

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National Council for State and Territorial Epidemiology Conference
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Healthy Start App/ Healthy Start Resource Directory
Safe Sleep Models
Charlie’s Kids Foundation
Community outreach events
Train the trainer

Recipe for a Healthy Baby Objectives
Increase messaging to the target population
Increase social and print media
Increase awareness around health disparities

Next Steps

Train the Trainer: Recipe for a Healthy Baby

Meeting Evaluation
Questions
Attendees who used GotoWebinar, please complete the survey by going to https://www.surveymonkey.com/r/QWJ6FRH
Florida Department of Health in Okaloosa County
Florida Healthy Babies – Community Action Planning Team Meeting
221 Hospital Drive Fort Walton Beach, Fl. 32548
August 2, 2018 3:00PM – 4:30PM

AGENDA

**Purpose:** Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

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**Welcome & Introductions**

**Review of Previous Minutes**

**Status Updates of Previous Actions**
- National Council for State and Territorial Epidemiology Conference
- Recipe for a Healthy Baby presentations
- Healthy Start App
- Safe Sleep Models
- Charlie’s Kids Foundation
- Community outreach events
- Train the trainer

**Recipe for a Healthy Baby Objectives**
- Increase messaging to the target population
- Increase social and print media
- Increase awareness around health disparities

**Next Steps**

**Meeting Evaluation**
MINUTES

Purpose:
Engage the Florida Healthy Babies CHIP team about infant mortality through an open two-way dialogue.

Present:
Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Taela Cintron, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Amanda Colwell, DOH-Okaloosa; Carrie Ziegler, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Jordyn Autry, Healthy Start Coalition; Erika Cathey, DOH-Okaloosa; Ardelle Bush, Healthy Start Coalition; Balon Loften, Shelter House; Shannon Gaudern, Eglin Air Force Base; Lisa Lydston, Bridgeway, Grace Russell, Catholic Charities, Jasmine Selph, Healthy Start

Absent:
Henry Fair, Catholic Charities; Morgan Schaut, Healthy Start; Felisha Floyd, Florida Breastfeeding Coalition; Kathy Newby, DOH-Okaloosa; Donna Burns, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Alicia Booker, North Okaloosa Medical Center (NOMC); Teresa Ryan, Northwest Florida State College (NWFSC); Peggy Gill, Florida Department of Health-Walton; Miriam Lavandier, West Florida Area Health Education Center (WFAHEC); Nicole Larson, WFAHEC; Leslie Kinzey, Eglin AFB; Solange Jones, Florida Department of Children and Families (DCF); Teresa Gomez, DCF; Tricia Hock, Early Learning Coalition of Okaloosa and Walton Counties; Yvette Torry, S4P Synergy; Gina Baker, Healthy Start Okaloosa; Shannon Brunson, Bridgeway Center, Inc.; Gina Romans, 90 Works; Naomi Brown, West Florida Area Health Education Center (WFAHEC); Deborah Lord, Catholic Charities; Rhonda Riess, Healthy Start; Justice Mbizo, University of West Florida (UWF), MPH Program; Tiffany Donley; Wendy Mahany, Eglin Air Force Base (AFB); Natasha Hall, Okaloosa County Sheriff’s Office

Welcome
• Ardelle Bush opened the meeting and welcomed attendees.
• Participants introduced themselves.

Review Previous Minutes
• Taela Cintron reviewed the previous minutes.
• Team approved with no changes.

Status Updates of Previous Actions
National Council for State and Territorial Epidemiology Conference
• Erika Cathy presented her abstract at the National Council for State and Territorial Epidemiology Conference. The abstract did not receive the top award, but people were very interested in the work our county is doing for this topic.

Objective 1: Increase “Recipe for a Healthy Baby” messaging to communities that experience the largest racial and geographical disparities.
• Safe sleep models are up at both health department locations in WIC and Immunizations.
• Healthy Start ordered enough board books for one year, from the Charlie’s Kids Foundation. The books are given to new moms at Eglin AFB Hospital, North Okaloosa Medical Center, Fort Walton Beach Medical Center, and Sacred Heart of the Emerald Coast. Jordyn will be getting the first batch of surveys back from the hospital to share at the next meeting about mother’s thoughts and knowledge.
• Kathy Newby finished asset mapping data. Erika Cathy entered the data to be used on an interactive map. The map layers should help with messaging to the target population. She will be working on the Recipe component layers to present at next meeting.
MINUTES

- There have been 4 sleep related deaths in Okaloosa county already this year.

Objective 2: Increase the “Recipe for a Healthy Baby” media presence.
- The Healthy Start app intern did not get the proper paperwork in on time to start this semester. They are hoping to get started next semester.

Objective 3: Increase community-wide awareness about infant mortality and the health disparities in infant mortality.
- Sydney attended No Child Without Healthcare event and interacted with about 150 attendees about Healthy Baby messaging. She mainly talked with teenagers. It was suggested that we partner with NWFSC and their babysitter and CPR courses.
- Taela will be attending the Striving 4 Perfection 3-in-1 Community Festival event this Saturday to host a table on Healthy Baby messaging.
- Healthy Start will be hosting the World’s Greatest Baby Shower on February 28, 2019. They will have sponsorship packets out in the next month.
- Taela presented and trained the group on FHB “Recipe for a Healthy Baby” presentation. She will send out the presentation for everyone to review and the Shaken Baby simulator.

Actions
- Crestview Chamber has agreed to a FHB presentation, date TBA. Alicia and Taela will follow-up before the next meeting.
- It was suggested to present to the Niceville Chamber Healthcare Committee, Kathy will follow-up by the next meeting and will provide a date.
- Physician Assistant school based in Crestview is another avenue to present FHB message, Alicia will follow up by the next meeting with a date.

Meeting Evaluation
- The team was asked to complete the meeting evaluation. Team members that attended via GoToMeeting can complete the survey online at: https://www.surveymonkey.com/r/QWJ6FRH
- DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 4:00 p.m.

Next meeting October 4, 2018, 3:00 p.m., DOH-Okaloosa Auditorium, Fort Walton Beach. If members can’t attend in person, Go To Meeting will be available:

Florida Healthy Babies Action Planning Team Meeting
Thu, Oct 4, 2018 3:00 PM - 4:30 PM CDT

Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/245452277

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
Florida Department of Health in Okaloosa County
Florida Healthy Babies – CHIP Team Meeting
Auditorium, Fort Walton Beach Office
August 2, 2018 3:00 p.m. – 4:30 p.m.

MINUTES

United States: +1 (312) 757-3119

Access Code: 245-452-277

Joining from a video-conferencing room or system?
Dial: 67.217.95.2##245452277
Cisco devices: 245452277@67.217.95.2

First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check
Recipe for a Healthy Baby

4 Simple Ingredients

June 7, 2018
Welcome to the Webinar

Recipe for a Healthy Baby

- Please press *6 to mute your line.

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- Q&A time will be provided at the end of the call. “Raise your hand” to be unmuted for the Q&A.

- To raise your hand select the hand icon in the mini control panel.
Agenda

Welcome & Introductions

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Status Updates of Previous Actions
Asset Mapping
National Council for State and Territorial Epidemiology Conference
Recipe for a Healthy Baby presentations
Healthy Start App/ Healthy Start Resource Directory
Safe Sleep Models
Charlie’s Kids Foundation
Community outreach events
Train the trainer

Recipe for a Healthy Baby Objectives
Increase messaging to the target population
Increase social and print media
Increase awareness around health disparities

Next Steps

Train the Trainer: Recipe for a Healthy Baby

Meeting Evaluation
Questions
Attendees who used GotoWebinar, please complete the survey by going to https://www.surveymonkey.com/r/QWJ6FRH
Recipe for a Healthy Baby

4 Simple Ingredients

Taela Cintron, MS
Florida Department of Health in Okaloosa
August 2, 2018

FloridaHEALTHYbabies
OKALOOSA COUNTY
Health begins where you live, learn, work and play.
All Okaloosa County residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, ethnic background or abilities.

What determines your health?
- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Build Environment
What contributes to Okaloosa Infant Mortality?

Major Root Causes

- Socioeconomic
- Education
- Community Resources
- Medical Care
Who Are We Losing?
The health of our infants is directly affected by the education, income, and health of our community as a whole.

More than 1 out of every 10 babies born in Okaloosa County is born too early, and that number is slowly rising.

Of the 184 babies that we lost in Okaloosa County between 2004-2015, 66 (36%) died on their first day of life.

These numbers represent lives.
Recipe for a Healthy Baby

4 Simple Ingredients

Breastfeed Your Baby

Safe Sleep for Baby

Never Shake a Baby

Quit for Baby
Breastfeed Your Baby
Breastmilk VS Formula

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Approaches to Increase Promotion of Breastfeeding

➢ Breastfeeding Information
➢ Classes
➢ Breast pumps
Safe Sleep for Baby
Which Sleep Position Is Correct?

Side  Back  Stomach
Correct Sleep Position
Stomach Versus Back
Resources to Increase Awareness About Safe Sleep

A Safe Sleep Environment is as Easy as ABC

ALONE
BACK
CRIB
Safe Sleep Quiz
Never
Shake a
Baby
What is Shaken Baby Syndrome (SBS)

➢ Child Abuse
➢ Shakes
➢ Bruising
Most Common Injuries Caused by Shaking

- Bleeding
- Swelling
- Eye Bleeding
What Can Parents and Caregivers Do to Prevent SBS
Activity
Resources to Decrease Incidence of Shaken Baby

➢ Educate
➢ Recognize
➢ Breathe
Quit for Baby
Effects of Smoking on Mother

➢ Blood vessels
➢ Oxygen supply
➢ Inability to Conceive
Childhood Health Effects

➢ Risk of Sudden Infant Death Syndrome (SIDS)

➢ Behavioral problems

➢ Diseases
Resources to Increase Promotion of Tobacco/Nicotine Cessation

➢ Free classes
➢ Quit Your Way
➢ SCRIPT services
Tobacco Quiz
Questions
Contacts:

Healthy Start Coalition of Okaloosa and Walton Counties
Email: hsow@HealthyStartOkaWalton.org
Phone: (850) 833-9284

Florida Department of Health in Okaloosa County
Email: healthyokaloosa5210@flhealth.gov
Phone: (850) 344-0668
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<td>Health Action Planning Team Meeting</td>
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<td>850-833-9924</td>
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<td>Jordan Any</td>
<td>Healthy Start</td>
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<td>jordan.any</td>
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<td>ashley.harris</td>
<td>850-833-9924</td>
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<tr>
<td>Jasmine S.</td>
<td>Healthy Start</td>
<td></td>
<td>jasmine.s</td>
<td>850-833-9924</td>
</tr>
<tr>
<td>Shawnan B.</td>
<td>Healthy Start</td>
<td></td>
<td>shawnan.b</td>
<td>850-833-9924</td>
</tr>
</tbody>
</table>

Purpose: Engage the community on the Florida Healthy Babies Project and disparities in infant mortality through an open two-way dialogue.

Sign in Sheet

August 2, 2018 3:00PM-4:30PM
221 Hospital Drive Fort Walton Beach, FL 32548
Florida Department of Health in Okaloosa
Florida Healthy Babies - Community Action Planning Team Meeting
Florida Department of Health in Okaloosa County
<table>
<thead>
<tr>
<th>Phone</th>
<th>Email</th>
<th>Representative of Organization or Community</th>
<th>Name</th>
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</thead>
</table>

**Purpose:** Engage the community on the Florida Healthy Babies Project and disparities in infant mortality through open, two-way dialogue.

**Sign In Sheet**

August 2, 2018, 3:00 PM - 4:30 PM
221 Hospital Drive, Walton Beach, FL 32548
Florida Department of Health in Okaloosa
Florida Healthy Babies - Community Action Planning Team Meeting
Florida Department of Health in Okaloosa County
Florida Department of Health in Okaloosa County
Florida Healthy Babies – Community Action Planning Team Meeting
221 Hospital Drive Fort Walton Beach, Fl. 32548
October 4, 2018 3:00PM – 4:30PM

AGENDA

Purpose: Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

Welcome & Introductions

Review of Previous Minutes

Status Updates of Previous Actions
- Recipe for a Healthy Baby presentations
- Healthy Start App
- Safe Sleep Models
- Charlie’s Kids Foundation
- Safe Sleep messaging
- Community outreach events

Recipe for a Healthy Baby Objectives
- Increase messaging to the target population
- Increase social and print media
- Increase awareness around health disparities

Next Steps

Meeting Evaluation
MINUTES

Purpose:
Engage the Florida Healthy Babies CHIP team about infant mortality through an open two-way dialogue.

Present: Taela Cintron, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Jordyn Autry, Healthy Start Coalition; Rhonda Riess, Healthy Start; Ardelle Bush, Healthy Start Coalition; Shannon Gaudern, Eglin Air Force Base; Beth Norton, Northwest Florida State College

Absent: Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Amanda Colwell, DOH-Okaloosa; Carrie Ziegler, DOH-Okaloosa; Henry Fair, Catholic Charities; Morgan Schaut, Healthy Start; Felisha Floyd, Florida Breastfeeding Coalition; Kathy Newby, DOH-Okaloosa; Donna Burns, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Lisa Lydston, Bridgeway, Grace Russell, Catholic Charities, Jasmine Selph, Healthy Start; Alicia Booker, North Okaloosa Medical Center (NOMC); Teresa Ryan, Northwest Florida State College (NWFSC); Peggy Gill, Florida Department of Health-Walton; Miriam Lavandier, West Florida Area Health Education Center (WFAHEC); Nicole Larson, WFAHEC; Leslie Kinzey, Eglin AFB; Solange Jones, Florida Department of Children and Families (DCF); Teresa Gomez, DCF; Tricia Hock, Early Learning Coalition of Okaloosa and Walton Counties; Yvette Torry, S4P Synergy; Gina Baker, Healthy Start Okaloosa; Shannon Brunson, Bridgeway Center, Inc.; Gina Romans, 90 Works; Naomi Brown, West Florida Area Health Education Center (WFAHEC); Deborah Lord, Catholic Charities; Justice Mbizo, University of West Florida (UWF), MPH Program; Tiffany Donley; Wendy Mahany, Eglin Air Force Base (AFB); Natasha Hall, Okaloosa County Sheriff’s Office

Welcome
- Ardelle Bush opened the meeting and welcomed attendees.
- Participants introduced themselves.

Review Previous Minutes
- Taela Cintron reviewed the previous minutes.
- Team approved with no changes.

Objective 1: Increase “Recipe for a Healthy Baby” messaging to communities that experience the largest racial and geographical disparities.
- Safe sleep models are up at both health department locations in WIC and Immunizations.
  - It was suggested to do a survey for feedback on the models. Lynn will look into doing this.
- Healthy Start ordered enough board books for one year, from the Charlie’s Kids Foundation. The books are given to new moms at Eglin AFB Hospital, North Okaloosa Medical Center, Fort Walton Beach Medical Center, and Sacred Heart of the Emerald Coast. Jordyn has maintained communication with North Okaloosa Medical Center and they are actively giving new moms the books and they have been returning surveys. She does not have enough yet to present data. FWBMC, Eglin AFB, and Sacred Heart have been out of communication with Jordyn and have not started distributing the books to their new moms. Shannon will follow up with Eglin AFB.
- Healthy Start is planning on partnering with FreshStart and doing more outreach to the HUD Housing. They are also partnering with Career Source to do presentations to SNAP/EBT benefit recipients.
MINUTES

- Taela received interest from Winn Dixie for the Safe Sleep Floor Talkers to go into their baby isle. They are needing final approval from their district manager. If approved they will go into all the Winn Dixies in Okaloosa County. Sydney is drafting up a sample floor talker and will bring it to the next group meeting.
- Taela received approval to place Recipe for a Healthy Baby rack cards in the Holt, Baker, and Laurel Hill Post offices. She will check every month to see how many people are taking. The Holt post office was interested in the Safe Sleep Floor Talker.
- It was suggested that we start reaching out to the public libraries, Salons, and Pic N Save stores in the targeted areas to place Recipe for a Health Baby messaging.
- Taela is partnering with DJJ to present to staff who teach the Anger Management course and the Life Skill course by doing a Train the Trainer for the Recipe for a Healthy Baby presentation and Shaken Baby presentation. It was suggested to also partner with the Okaloosa Academy.
- Taela and Sydney are partnering with Catholic Charities to promote Recipe for a Healthy Baby messaging during their pantry days.
- There will be an open house for the CALM Crisis Assistance shelter in Niceville on October 16, 2018. It was suggested to partner with them with the Charlie’s Foundation books.

Objective 2: Increase the “Recipe for a Healthy Baby” media presence.
- The Healthy Start app will not be completed this fiscal year.
- Healthy Start all month long will be posting to their facebook page about SIDS awareness month.
- The Florida Department of Health have been posting tweets at least once a week.
- The Okaloosa County Sheriff’s office has a NextDoor app that can target certain zip codes and communities to send messaging to (similar to a facebook feed). Ashley Bailey is the person who posts for OCSO. It was suggested that we partner with them to get out Recipe for a Healthy Baby messaging out at least once a week.

Objective 3: Increase community-wide awareness about infant mortality and the health disparities in infant mortality.
- Taela attended the Striving 4 Perfection 3-in-1 Community Festival event in August and had a lot of interaction from families.
- Lynn presented the Recipe for a Healthy Baby presentation to 40 LPN students at the Okaloosa County Technical College. She will possibly return in the future to do a more in-depth Safe Sleep presentation.
- Taela and Sydney presented the Recipe for a Healthy Baby presentation to the Hurlburt Field CDC and youth center staff in August. There were about 15 attendees.
- Healthy Start will be hosting the World’s Greatest Baby Shower on February 28, 2019. They will have sponsorship packets out in the next month.
- Jennifer Pittman just started at the Florida Department of Health and will be focusing on faith-based community outreach for health messages. It was suggested that we should start trying to spread the Florida Health Baby messaging to the church populations.
- Striving 4 Perfection is hosting a Veterans Stand Down for Homelessness event on October 26. Dennis Karbs is the contact person for this event.
Florida Department of Health in Okaloosa County
Florida Healthy Babies – CHIP Team Meeting
Auditorium, Fort Walton Beach Office
October 4, 2018 3:00 p.m. – 4:30 p.m.

MINUTES

- Taela is reaching out to the Crestview Chamber to have a table to provide information to businesses and to create by in for placing messaging in businesses that are not just baby related.
- Contact Taela or Sydney for Recipe for a Health Baby rack card or posters.

Actions

- Crestview Chamber has agreed to a FHB presentation, date TBA. Alicia and Taela will follow-up about a presentation or a table.
- Physician Assistant school based in Crestview is another avenue to present FHB message, Alicia will follow up by the next meeting with a date.
- Shannon from Eglin will follow up with the Eglin Labor and Delivery on status of Charlie’s Kid Foundation books.
- Taela will follow up with new avenues to display more Recipe for a Healthy Baby messaging in targeted community.

Meeting Evaluation

- The team was asked to complete the meeting evaluation. Team members that attended via GoToMeeting can complete the survey online at: https://www.surveymonkey.com/r/QWJ6FRH
- DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 3:45 p.m.

Next meeting December 6, 2018, 3:00 p.m., DOH-Okaloosa Auditorium, Fort Walton Beach. If members can’t attend in person, Go To Meeting will be available:

Florida Healthy Babies Action Planning Team Meeting
Thu, Dec 6, 2018 3:00 PM - 4:30 PM CST

Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/759188005

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
United States: +1 (571) 317-3117

Access Code: 759-188-005

Joining from a video-conferencing room or system?
Dial: 67.217.95.2##759188005
Cisco devices: 759188005@67.217.95.2

First GoToMeeting? Let’s do a quick system check:
https://link.gotomeeting.com/system-check
Welcome to the Webinar

**Recipe for a Healthy Baby**

- Please press *6 to mute your line.

- Press *6 to unmute your line and speak. Then press *6 again to mute your line again.

- Feel free to also use the GoToWebinar Control Panel to type questions for the presenter to address during the webinar.

- Q&A time will be provided at the end of the call. “Raise your hand” to be unmuted for the Q&A.

- To raise your hand select the hand icon in the mini control panel.
Welcome & Introductions

Review of Previous Minutes

Status Updates of Previous Actions
Recipe for a Healthy Baby presentations
Healthy Start App
Safe Sleep Models
Charlie’s Kids Foundation
Safe Sleep Messaging
Community outreach events

Recipe for a Healthy Baby Objectives
Increase messaging to the target population
Increase social and print media
Increase awareness around health disparities

Next Steps

Meeting Evaluation
Questions
Attendees who used GotoWebinar, please complete the survey by going to https://www.surveymonkey.com/r/QWJ6FRH
AGENDA

**Purpose:** Engage the community on the Florida Healthy Babies project and disparities in infant mortality through an open two-way dialogue.

**Welcome & Introductions**

**Review of Previous Minutes**

**Recipe for a Healthy Baby - Objectives and Updates**
- Community Presentations (Fresh Start, Shelter House, Department of Juvenile Justice, Crestview Chamber, Physician Assistant)
- Distribution of Printed Materials
  - Community Events
  - ObGyn and Pediatrician’s Offices
  - Healthy Start’s Annual Newsletter – NWFL Daily News
- Social Media
  - Facebook
  - Future Nextdoor Posts, Okaloosa County Sherriff’s Office – Increase messaging to target populations

**Safe Sleep Projects – Objectives and Updates**
- Update on Local Statistics – Dept. of Children and Families
- Safe Sleep Messaging
  - Floor Talkers
  - Nextdoor Post
- Safe Sleep Nursery Models
- Charlie’s Kids Foundation – *Sleep Baby Safe and Snug* booklet distribution
- Cribs for Kids Certification

**Next Steps and Future Projects**
- Open discussion – Thoughts and ideas
- Future Nextdoor Posts (Car Seat Safety, Immunization Information, Pool Safety, Hot Car Warnings, Smoking Cessation Class Information, Shaken Baby, Breastfeeding, etc.)

**Meeting Evaluation**

**Next Meeting Date**
MINUTES

Purpose:
Engage the Florida Healthy Babies CHIP team about infant mortality through an open, two-way dialogue.

Present: Karen Chapman, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Amanda Colwell, DOH-Okaloosa; Carrie Ziegler, DOH-Okaloosa; Taela Cintron, DOH-Okaloosa; Sydney Harper, DOH-Okaloosa; Lynn Wadsworth, DOH-Okaloosa; Angie McWilliams, DOH-Okaloosa; Jordyn Autry, Healthy Start Coalition; Rhonda Riess, Healthy Start; Ardelle Bush, Healthy Start Coalition; Shannon Gaudern, Eglin Air Force Base; Annette Jordan, Health Origin Studios

Absent: Beth Norton, Northwest Florida State College; Henry Fair, Catholic Charities; Felisha Floyd, Florida Breastfeeding Coalition; Kathy Newby, DOH-Okaloosa; Donna Burns, DOH-Okaloosa; Lisa Lydston, Bridgeway, Grace Russell, Catholic Charities, Jasmine Selph, Healthy Start; Alicia Booker, Eglin Air Force Base (AFB); Teresa Ryan, Northwest Florida State College (NWFSC); Peggy Gill, Florida Department of Health-Walton; Miriam Lavandier, West Florida Area Health Education Center (WFAHEC); Nicole Larson, WFAHEC; Leslie Kinzey, Eglin AFB; Solange Jones, Florida Department of Children and Families (DCF); Teresa Gomez, DCF; Tricia Hock, Early Learning Coalition of Okaloosa and Walton Counties; Yvette Torry, S4P Synergy; Gina Baker, Healthy Start Okaloosa; Shannon Brunson, Bridgeway Center, Inc.; Gina Romans, 90 Works; Naomi Brown, West Florida Area Health Education Center (WFAHEC); Deborah Lord, Catholic Charities; Justice Mbizo, University of West Florida (UWF), MPH Program; Tiffany Donley; Wendy Mahany, Eglin AFB; Natasha Hall, Okaloosa County Sheriff’s Office

Welcome
- Ardelle Bush opened the meeting and welcomed attendees.
- Participants introduced themselves.

Review Previous Minutes
- Taela Cintron reviewed the previous minutes.
- Team approved the minutes with no changes.

Recipe for a Healthy Baby - Objectives and Updates
- Community Presentations (Fresh Start, Shelter House, Department of Juvenile Justice, Crestview Chamber, Physician Assistant)
  - Healthy Start has been in contact with Fresh Start. They are meeting with the Executive Director next week to discuss the possibility of hosting a presentation.
  - Healthy Start has reached out to Shelter House. They have not received a response yet.
  - Taela Cintron will be presenting the Recipe for a Healthy Baby and the Shaken Baby Train the Trainer to the DJJ Anger Management and Life Skill instructor on Monday, December 10. They plan to incorporate this in their curriculum for the youth.
MINUTES

- Taela has contacted Tim from the Crestview Chamber of Commerce and they are allowing DOH-Okaloosa to have a table during the Crestview Chamber Networking Breakfast to promote Recipe for a Healthy Baby. They will know a date soon.
- Taela has been tabling at the Crestview Library this week before their 0-3 year old Early Steps library class and will be tabling tomorrow at their 0-2 year old library class. They have these classes twice a month. They are open to having more tabling in the future and they will have Recipe for a Healthy Baby rack cards left at this site for parents to see.
- During the month of December there will be a Florida Healthy Babies table at the Catholic Charities food pantry. Taela will be stopping by throughout December to do Shaken Baby Syndrome demonstrations.
- Jordyn Autry is currently working on partnering with CareerSource as a possible place to do Recipe for a Healthy Baby presentations.

- Distribution of Printed Materials
  - Community Events
    - Jordyn will be dropping off materials to the Okaloosa County School District.
    - The World’s Greatest Baby Shower is scheduled for February 28, 2019.
      - Jordyn is the contact person for sponsorships and tables.
      - DOH-Okaloosa plans to have 6 tables (Family Planning, Immunizations, School Health, Tobacco, Florida Healthy Babies, WIC).
      - Lynn requested that the Family Planning and Immunization tables be placed together.
  - OB/GYN and Pediatrician’s Offices
    - North Okaloosa Medical Center displays Recipe for a Healthy Baby messaging on his TV marketing. Jordyn suggested reaching out to other hospitals to do something similar and to add messaging to the waiting rooms to target other family members (e.g. grandparents).
  - Healthy Start’s Annual Newsletter – NWFL Daily News
    - They will be printing 1000 overruns of the Healthy Start insert to distribute to OBGYNs to place in new patient bags.
    - The insert will feature Recipe for a Healthy Baby messaging throughout and on the back.

- Increase messaging to target populations/ Social Media
  - Facebook
    - Jordyn oversees posting on the Healthy Start Facebook page. She will send a log of her scheduled posts and the number of people those post reach.
    - It was suggested to pay extra for Facebook boosts which can target a population (sponsored ad).
  - Nextdoor Posts, Okaloosa County Sheriff’s Office
MINUTES

- There were two posts so far on the app related to Florida Healthy Babies. One in October and one in early December. The post featured the local sleep related deaths statistics and the ABCs of Safe Sleep.
- Ashley Bailey is the contact person for posting from the Sheriff’s office profile.
- There is no charge for downloading the app or for posting.
- Ardelle shared that she plans to collaborate with Ashley on future posts on various topics related to child health.

Safe Sleep Projects – Objectives and Updates

- Update on Local Statistics – Dept. of Children and Families
  - Most of the deaths this year in our county have been sleep related. Visit the [Department of Children and Families website](#) to view the latest data.

- Safe Sleep Messaging
  - Floor talkers (Winn Dixie, Eglin Commissary, Holt, Baker and Laurel Hill Post Offices)
    - 15 floor talkers have been ordered. Should be in by the end of December.
  - Nextdoor Posts in October and December were sleep related.

- Safe Sleep Nursery Models
  - Angie shared that the safe-sleep crib models are still in the WIC offices at DOH-Okaloosa. Clients have made few comments about the models, but she believes the message is getting across.
  - Healthy Start ordered another crib set. They will be looking for a host for the crib. They will be using this crib at one of the tables at the World’s Greatest Baby Shower.

- Charlie’s Kids Foundation
  - Sleep Baby Safe and Snug booklet distribution
    - All the Labor and Delivery hospitals are passing them out.
      - North Okaloosa Medical Center is having success giving out the books and getting surveys returned from patients.
      - Eglin is having trouble getting surveys back. The contact person works during the night shift, so it is hard for Jordyn to keep in contact with her. They provide the book in a pre-made gift basket, so this may be why the surveys are not being returned.
      - Jordyn will be starting to record data from the surveys.
      - It was suggested to look up the number of births vs the number of patients receiving the books.
      - Can we ask NOMC what their system is and pass that on to other hospitals having trouble? Could this be a part of the discharge checklist to help staff remember to do it? Can this be coupled with the birth certificate process.
    - Jordyn has been handing out books to the pediatrician offices with a label on the bar code with the Healthy Start website.
MINUTES

- Angie requested *Sleep Baby, Safe and Snug* books for the WIC office to place in the waiting room.

- Crib for Kids Certification
  - Taela provided an overview of the Cribs for Kids Certification program (see attachment).
  - Taela will contact local birthing facilities to gauge interest in participating in the program. Hospitals who are interested in the program can visit [www.cribsforkids.org](http://www.cribsforkids.org) to learn more.

Next Steps and Future Projects

- Open discussion – Thoughts and ideas
  - Department of Children and Families may be a good partner to reach out to for Train the Trainer courses.
    - Foster parents
    - Guardian ad Litem
  - The Women’s Center would be a good place to distribute the *Sleep Baby Safe and Snug* books. They have 17 beds.

- Future Nextdoor posts to include: Car Seat Safety, Immunization Information, Pool Safety, Hot Car Warnings, Smoking Cessation Class Information, Shaken Baby, and Breastfeeding.

- Dr. Chapman shared that she is developing a research paper to be published mid-2019.

- A discussion took place on the importance of incorporating the concepts of the social determinants of health and health equity in our efforts in every step we take as a group.

Actions

- Recipe for a Healthy Babies table event at Crestview Chamber of Commerce Monthly Breakfast Meeting – Taela by March 2019
- Connect with NOMC to research their book distribution process to pass that information on to other hospitals taking part in the program to increase survey responses – Jordyn by February 2019
- Follow up with new avenues to display Recipe for a Healthy Baby messaging in targeted community. – Taela, on-going
- Share log for Healthy Start’s scheduled Facebook posts and the number of people those post reach. – Jordyn by February 2019
- Reach out to possible partners for Recipe for a Healthy Baby and Shaken Baby presentations. -Healthy Start & DOH-Okaloosa, on-going
- Distribute Safe Sleep Books to the Chautauqua Women’s Center and DOH-Okaloosa WIC Office. - Healthy Start & DOH-Okaloosa by February 2019
- Reach out to hospitals to see if any would be interested in the Cribs for Kids Certification. - Taela by June 2019

Meeting Evaluation

- The team was asked to complete the meeting evaluation. Team members that attended via GoToMeeting can complete the survey online at: [https://www.surveymonkey.com/r/QWJ6FRH](https://www.surveymonkey.com/r/QWJ6FRH)
Florida Department of Health in Okaloosa County
Florida Healthy Babies – CHIP Team Meeting
Auditorium, Fort Walton Beach Office
December 6, 2018 3:00 p.m. – 4:30 p.m.

MINUTES

• DOH-Okaloosa staff will review feedback and share at the next meeting.

Meeting adjourned at 3:50 p.m.

Next meeting February 7, 2019, 3:00 p.m., DOH-Okaloosa Auditorium, Fort Walton Beach. If members can’t attend in person, Go To Meeting will be available:

Florida Healthy Babies CHIP Team Meeting
Thu, Feb 7, 2019 3:00 PM - 4:30 PM CST

Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/807429029

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
United States: +1 (571) 317-3116

Access Code: 807-429-029

Joining from a video-conferencing room or system?
Dial: 67.217.95.2##807429029
Cisco devices: 807429029@67.217.95.2

First GoToMeeting? Let’s do a quick system check:
https://link.gotomeeting.com/system-check
Objectives Updates

Recipe for a Healthy Baby Objectives

- By December 31, 2018, increase “Recipe for a Healthy Baby” messaging to the target population by distributing 300 print materials to the target population and participate in/host 24 events.
  - We are currently pending 20 events (4 in the next 2 weeks) that DOH-Okaloosa has attended/attending. Any others we can add before the end of the year?
- By December 31, 2018, increase the “Recipe for a Healthy Baby” media presence from 24 tweets and 30 facebook posts to 36 tweets and 45 facebook posts.
  - As of 12/1 we are at 40 tweets with 4 more pending for December. As of 10/1 we are at 46 facebook posts.
- By December 31, 2018, increase community-wide awareness about infant mortality and the health disparities in infant mortality by hosting 19 Recipe for a Healthy Baby presentations (250 attendees) and 9 Shaken Baby presentations (60 attendees).
  - We are currently at 14 Recipe for a Healthy Baby Presentations as of 10/1. One scheduled for 12/10 at DJJ (making it 15). Any others before the end of the year?
  - We are currently at 7 Shaken Baby Presentations as of 10/1. Two are scheduled in this month (making it 9). Any others before the end of the year?
- By June 30, 2019, research Cribs for Kids Certification and reach out to birthing hospitals.
  - Cribsforkids.org
Starting A Hospital-Based Infant Safe Sleep Program: a step by step guide.

In order to reduce sleep-related infant deaths in a community, it is critical to provide a consistent and repetitive message about infant sleep safety. A hospital-based program will achieve this goal of reducing the risk of injury and death to infants while sleeping, through multiple processes including: 1) providing accurate and consistent infant safe sleep information to hospital personnel including medical, nursing, breastfeeding, child birth education, and nutritional staff; 2) enabling the hospital to implement and model infant safe sleep practices throughout their facility; 3) providing direction to health care professionals so that safe sleep education for parents is consistent and repetitive.

Developing a hospital-based infant safe sleep program requires two components: program acceptance and curriculum development. Program acceptance must occur at multiple levels of the organization including hospital administration, physicians, and nursing staff. Initial program support will most easily be found at the physician level. Focus on the staff who are already knowledgeable about accidental, infant, sleep-related deaths. Pediatricians, neonatologists and emergency room physicians all have first-hand experience with these tragedies, so they have a vital interest in eliminating these events in their communities. Additional support can be obtained by working with public healthcare advocacy groups such as local health bureaus, Safe Kids Coalitions, Cribs for Kids programs, and Child Death Review teams.

A presentation of the need for an infant sleep safety program can be provided to hospital administrators with the support of the chairmen of the departments of pediatrics and/or emergency medicine. The presentation should: 1) explain the scope of the problem, including both national and local statistics; 2) describe the logistics of the program, focusing on the fact that the program is based on a successful model that has produced excellent public health care results; 3) discuss cost-effectiveness.

Sample Outline:

A. Definitions: SUID, SIDS
B. Scope of Problem: include graph of causes of death 1 month to 1 year
   3,600 deaths per year
C. Causation: triple risk model, brain-stem abnormalities, serotonin receptors...focus on modifiable risk-factors
D. AAP statements and evolution of The Safe to Sleep Campaign
E. Provide statistics on increasing risk of SIDS with different unsafe sleep
   environments.
F. Discuss fall in SIDS rates with rise in supine sleeping (graph)...focus
   on simple, inexpensive intervention results in 50% decrease in mortality!!
G. Discuss most recent data- stagnant SIDS rates, coding shift,
   identification of bed-sharing risk and new AAP recommendations
H. Show data on percent of SIDS cases with unsafe sleep environment (Allegheny County, N. Carolina- 90%). Include local data!!! Show pictures of sample unsafe sleep environments.

I. Provide current recommendations on Safe Sleep. Include picture.

J. Explain the need for hospital-based program:
   
   Only way to capture 100% of birthing population
   
   Nurses as role models- parents will do what they see the nurse do

K. Discuss the program model- based on Shaken Baby Program- which resulted in 50% reduction in shaken baby injuries in Upstate NY.

L. Discuss program components: family views DVD, one-to-one re-enforcement of information with nursing staff, signing voluntary commitment statement of understanding

M. Anticipated results- 50% reduction in local infant sleep-related deaths

N. Inexpensive program- cost of DVD, minimal paper work, can use free brochures from the National Institute of Health (NIH), volunteerism

The other critical component to program acceptance is achieving “buy-in” at the nursing level. Just as pediatricians have an understanding of the tragedy of SIDS, most newborn and pediatric nurses are knowledgeable on the topic, making them quick allies to the concept of a program designed to reduce local infant mortality rates. In a hospital-wide program, initial discussions should include head nurses of the newborn nursery, intensive care nursery, labor hall, and the pediatric floor (can also consider the emergency department). Discussions should be held at the staff organizational level, including multidisciplinary committees (i.e., newborn or neonatal care committees, nursing counsels such as education and practice committees). These committees contain nurses who are leaders and can support the dissemination of the program concept to the general staff. A more complete discussion of the program can than be presented at nurse staff meetings and reinforced by e-mail.

The next step in program development is to provide intensive infant sleep safety education to all staff involved in infant care. Staff need to develop a level of expertise to become comfortable discussing safe sleep issues with families. Studies show that nurses are reluctant to be safe sleep advocates for multiple reasons including: a lack of formal training, a lack of time to review research, a lack of understanding of statistics, and a disbelief that changing their behavior will make a difference (1. survey Franklin County Birthing Hospitals, 2. Stasny 2004). Furthermore, there are still many nurses who are uncomfortable with the back to sleep recommendation, even though it has been the standard of care recommended by the American Academy of Pediatrics for 19 years. However, nurses are crucial role models for parents. Parents who see their baby place supine in the nursery are almost twice as likely to continue this practice at home.

There are some potential pitfalls in the nursing component of the education. Recognizing and dealing with these concerns at the outset, will result in better program compliance. One important issue to deal with is breastfeeding- some individuals will claim that an infant sleep safety program is anti-breastfeeding because the baby is not sleeping in the mother’s bed. This is a completely untrue statement. It needs to be emphasized that the
program fully supports the AAP recommendation that all infants be breastfed through one year of age. A related concern is that the program is anti-bonding. Again, this is untrue. It should be emphasized that mothers can spend time in bed with the infant whether to breastfeed or to bond, as long as mother is fully awake. Once the mother is feeling drowsy, the baby should be returned to the safety of the crib. Finally, there is a small minority of healthcare providers who are advocates of bedsharing or even a family bed. They will reference the writings of Dr. Sears or the research of Dr. McKenna (who is an anthropologist, not a medical doctor). In response, it should be emphasized that even Dr. McKenna’s research shows that mothers respond differently to the infant in bed compared to the father and other children. This suggests that the family bed is an inherently dangerous setting for the infant. Furthermore, it should be stressed that even these advocates warn that bedsharing not occur in cases where the caregiver is excessively tired. This term is not defined, but it is very concerning that it most likely describes the vast majority of new parents.

Once nursing education is complete, the program is ready for introduction to the public. The next portion of this discussion will focus on curriculum development. The overall curriculum was created by combining the best materials developed by numerous infant sleep safety groups and merging them into a comprehensive program that allows for a consistent and repetitive message about infant sleep safety throughout the community. The curriculum can be divided into two components: healthcare provider education and public education.

Provider education focuses on the nursing staff because they have the greatest amount of interaction and educational opportunities with families. However, physicians and their office staff should not be excluded from the educational process. (Physicians can also be educated through grand rounds.) When physicians talk to new mothers about infant sleep safety, babies are 3 times more likely to be kept supine at home! Staff should have guidelines in place for infant sleep safety in the hospital. Most hospitals do not have an infant sleep safety policy, so one should be developed to set the standard of care at the institution. A sample policy can be found on the Allegheny County Department of Health website. The York Hospital policy was developed by modifying elements of the Allegheny County sample, merging it with existing policy, and then finalizing it through newborn and pediatric hospital committees.

Multiple components were developed for staff education and the maintenance of proficiency in infant sleep safety. Nurse education on infant sleep safety can be implemented by direct contact with in-service lectures or by computer-based training. Other programs have reported better compliance of distributing the information by the computer-based route, however, they have also reported better compliance of program implementation when the teaching is done face-to-face. Our hospital chose live inservices so questions could be addressed directly. This route will require a significant number of man-hours. However, anyone who has been involved in resuscitation attempts of a SIDS infant or an apparent life-threatening event (ALTE) should provide an excellent pool of volunteers to support these educational efforts. At our hospital we made extensive use of the Cribs for Kids Program staff, which mostly consists of nurses
from our neonatal intensive care unit (NICU), the newborn nursery (NBN), and the pediatric floor.

The in-service curriculum was developed by our local Cribs for Kids staff. A power point presentation was developed from the AAP SIDS policy statement, NIH materials, and Cribs for Kids lecture materials. This was supplemented by informational poster boards made available in infant care areas. The presentation is similar in format to that described above for administrators. However, the nursing presentation focuses more on some of the pitfalls noted above. Additional time is also spent on the concern of aspiration events. It includes a demonstration of the anatomic and physical factors in the relationship between the trachea and the esophagus to smash the enduring misconception of a relationship between supine (back) sleeping and aspiration events.

Multiple in-service sessions were held on varying days and times to obtain compliance from all staff on all work shifts. The sessions were made mandatory. In addition to the power point presentation, staff watched the parent teaching video to reinforce the lecture material as well as make them familiar with what the parents will be learning. Our research, as well as others, shows that the information is well-received and results in sustained knowledge and behaviors. Continuing education credits of one hour were awarded for attending the in-service.

To help staff maintain their expertise on infant sleep safety, we have prepared additional materials that are available at every nursing station. This consists of a safe sleep toolkit developed by the Allegheny County Department of Health (a modifiable sample is on this web page, the original document is available on their website) and modified for our local use. The toolkit includes the hospital policy on infant sleep safety, a review of appropriate safe sleep practices, and discussion points to review with families, focusing on dialogue to educate families who offer resistance to following the safe sleep guidelines being taught in the hospital. To further assist nurses at the bedside, we developed an informational flip chart with specific prompts for the staff on one side, and easy to understand pictures on the other side to show the family. Finally, in order to maintain long-term retention of safe sleep information, we have developed a computer-based review course. The information was modified from a combination of sources including a SIDS risk reduction program developed by the NIH. This has been made part of yearly nursing competencies and nurses must demonstrate adequate understanding of the materials by passing a post-test at the end of the review session. The NIH materials can also be used (Continuing Education Program on SIDS Risk Reduction).

As mentioned earlier, the public education component of this program is based on the Shaken Baby Or Abusive Head Trauma Education model. The reasons for choosing this model include: it is easy to assemble, it is not time-consuming for nursing staff, it is inexpensive, but most importantly, it works! The Shaken Baby education model was developed by Dr. Mark Dias, a neurosurgeon who had the idea that extensive parental education on this “taboo” subject could result in a decrease in shaken baby injuries. The program consists of: having the family watch an educational video, followed by one-to-one reinforcement with the nursing staff, and then having the family sign a voluntary
acknowledgement statement stating that they have received information on Shaken Baby Syndrome and understand that shaking a baby can result in brain-injury or death. Dr. Dias studied the Upstate New York area after implementing this program and reported a 50% reduction in Shaken Baby injuries (Peds, April 2005).

We have replicated the elements of the Shaken Baby Program for our Infant Safe Sleep Initiative. After delivery, when mothers are comfortably recovering on the maternity ward, they watch a video on infant sleep safety (English version developed by Dr. Tyrall, medical director of Cribs for Kids, Spanish version developed by the NIH.) The video discusses all the essential points for reducing the risk of SIDS, including: having the baby sleep alone on a firm mattress in an uncluttered crib, always placing the infant on the back for sleep, not over-bundling, providing a smoke-free environment, offering a pacifier at sleep times, and providing supervised tummy time. After the family has viewed the video, the nurse reviews the essential safe sleep elements with direct dialogue with the family, making use of a safe sleep brochure, which can be downloaded from The Cribs for Kids webpage, or use a sleep flip chart. This is an excellent time to use “teach back” technique to make sure that families understand the key components to infant sleep safety. After the family has completed the education process, we ask them to sign a voluntary acknowledgement statement. This statement confirms that the parents have received information on infant sleep safety and that they understand that the safest position for an infant to sleep is on the back and that sleeping with an infant increases the risk that the baby can die of a sleep-related death. It also makes families focus on how important we feel this information is for them. (One issue that came up with nursing staff was a concern that public authorities might try to use this documentation in prosecuting a family if they sleep with an infant and he/she subsequently dies. We had to reassure staff that in general, families are not prosecuted in such cases, that there are no “sleep police,” and that the contract does not bind them to follow our recommendations- it only asks them to acknowledge receiving and understanding the information. We also have emphasized that this documentation protects the hospital from a potential lawsuit if a family tries to claim that they were not given safe sleep information.)

In addition to the basic replication of the elements of the Shaken Baby Program, we have supplemented our program with additional features to enhance the safe sleep message. We have posters with the Back to Sleep message in English and Spanish placed prominently in every maternity room, and we have offered them to every pediatric, obstetrical, and family practice group in our community. We offer sleep sacks for purchase on the maternity ward and we have made them available at discount as baby gifts in the hospital gift shop. Some hospitals give them to new families as a gift at discharge. We have developed a sample nursery on the maternity floor to reinforce safe sleep habits to the general population. We also have additional safe sleep information on our hospital web site. To further extend education into the community, we have included the safe sleep teaching at grandparent classes. Another area where education can be offered is at child care centers, which have a disproportionate number of SIDS deaths. Another technique we have used to disseminate information to the public has been through the hospital phone service. People on hold hear the basics of the safe sleep message.
Every new family is discharged from the hospital with a safe sleep brochure. We provided safe sleep in-services for all the home visiting nurse staff so they can properly assess what is happening in the home environment and reinforce the safe sleep message. Families who participate in the York County Cribs for Kids Program receive a follow-up phone call approximately 4 to 6 weeks after delivery to get program feedback through a survey that also reinforces the safe sleep information.

On the pediatric ward, we have developed an “against medical advice” (AMA)-type non-compliance form to deal with families who insist on sleeping with their sick infant in the hospital. On the maternity ward this is not a problem as babies can be returned to the nursery if a mother falls asleep with the baby in her bed. However, there is no such safe haven on the pediatric floor. The form was developed to minimize confrontation with families. When an infant is found sleeping with the parent, the staff provides education on safe sleep and informs them of the hospital policy against bedsharing due to the increased risk of a sleep-related death. If the family fails to comply with the request, then they are given the non-compliance form to sign. The form states that the family has been given education on infant sleep safety, they are aware of the hospital policy forbidding bedsharing due to the increased risk of a sleep-related death, and that by signing the form they absolve the hospital of responsibility if a suffocation event occurs.

We have monitored our program’s outcomes with IRB-approved research. We have shown that new mothers who have undergone our education program have a statistically significant increase in intention to follow through with supine sleep and the use of a crib. A more extensive review actual use of all safe sleep recommendations in the home is ongoing.
Learn the **ABC**’s of Safe Sleep! Babies should sleep **Alone**, on their **Backs**, in a **Crib**.

**Alone** - Babies should never sleep in the same bed as adults.

**Back** - Place your baby on their back, dressed in a one-piece sleeper.

**Crib** - Do not place toys, pillows, blankets, or bumper pads in the crib or bassinet.

Recipe for a Healthy Baby
www.healthyokaloosa.com
www.hsow.org
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<td>813-555-5678</td>
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Engage the community on the Florida Healthy Babies Project and disparities in infant mortality through open two-way dialogue.

**Purpose:**

**Sign in Sheet**

December 6, 2018: 9:00AM - 10:00AM
221 Hospital Drive, Walton Beach, FL 32548
Florida Department of Health in Okaloosa
Florida Healthy Babies - Community Action Planning Team Meeting
Florida Department of Health in Okaloosa County