Substance Use and Mental Health (SUMH) Community Health Improvement Plan (CHIP) Connections Subcommittee
Date: 3.13.2023
**Time**: 9-10 am
Location: Zoom
Facilitators: Melanie Vehslage and Ody Ekwonwa
Notes: Melanie Vehslage

1. Welcome and Introductions
2. Review CHIP Timeline and projects
   a. [SUMH Connections subgroup Timeline](#)
      i. Would like to have an initial plan drafted by June 2023 for MCHD to draft public report
      ii. Timeline can be living document, but need a starting draft to move CHIP groups through December 2024 (with time to wrap up during first quarter 2025)
      iii. **To Do:** Review the above linked timeline. Do the goals make sense? Are they in line with the work that you envisioned participating in with this CHIP group? Are they in line with the projects we've talked about in previous meetings?
      iv. **To Do:** Annotate/comment on the timeline if there is something unclear, if you would like to define a goal/outcome more specifically or if you think a strategy should be broken down even further.
   b. Helping Bloomington Monroe additions
      https://docs.google.com/spreadsheets/d/1HiMrRd1aqr8jYgPxDfeRfNFFPYqbeWKX/edit?usp=sharing&ouid=104921433098158791415&rtpof=true&sd=true
      i. **To Do**: Add to the above linked document if there is an organization that provides Medicaid/Medicare billable services to people in Monroe County that is not currently listed on https://helpingbloomingtonmonroe.findhelp.com/ . This will be reviewed by Community and Family Resources Department to send to Helping Bloomington Monroe to update their website.
3. TASC
   a. Introduction to ROSC mapping Model
      i. ROSCs (Recovery Oriented Systems of Care) are supported by SAMHSA (Substance Abuse and Mental Health Services Administration). For folks who are interested in learning more about ROSCs:
         1. [Guiding Principles and Elements of Recovery Oriented Systems of Care](#)
         2. [SAMHSA's ROSC Resource Guide](#)
      ii. This project (TASC – Taking Action against Substance use in Communities) focuses on the more flexible complex adaptive system ROSC model versus a hub and spoke model

Moving Through the System
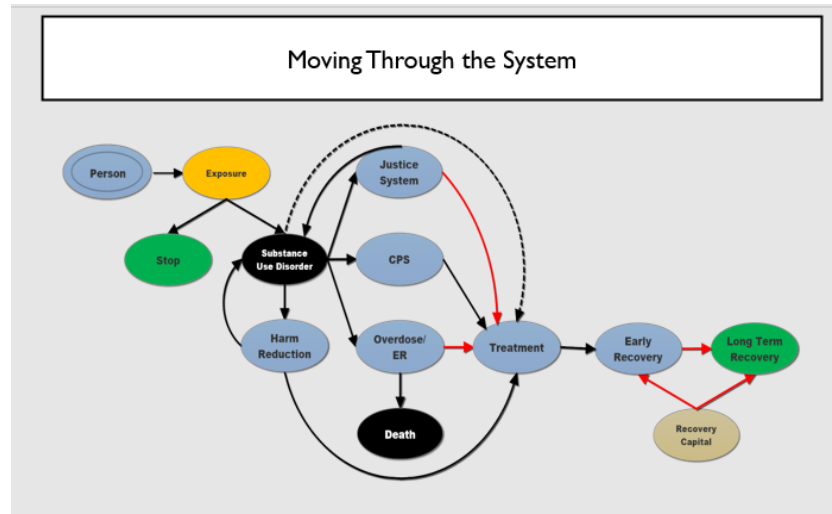
     iii.

1. This is an oversimplified example map to show what a community member might experience when moving through systems in the community related to their substance use
2. Red arrows indicate no connection between resources
3. Black arrows indicate pathways that exist
4. Dotted lines indicate pathways that exist but have significant barriers

     iv. Existing coalitions can and should be a part of the Monroe County ROSC. We should be able to get information from other service providers to add to the ROSC even if they are not able to participate in these CHIP meetings

b. Who We Are

     i. This Connections Sub-Committee is a part of the larger Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

     ii. This is the third Monroe County CHIP workgroups and is a collaboration between leaders from Monroe County Health Department, IU Health Bloomington, City of Bloomington Parks and Recreation Department.

     iii. The 2021 CHA is the guiding document for this round of CHIP workgroups.

     iv. Following the data collection and drafting of the CHA, community members were invited to use the data from the CHA and vote on the top three areas to focus on improving before the next CHA (the next assessment will take place in 2025).

     v. The top 3 priority areas that community members selected to work on through the CHIP process were Substance Use and Mental Health (SUMH), Poverty and Navigating Health and Social Services (PNHSS) and Inequity Discrimination and Bias (as well as housing, though folks interested in participating in improving housing in Monroe County were encouraged to connect with Heading Home through United Way instead of making a CHIP group focused on housing)

     vi. Attendees of the SUMH CHIP group used the CHA and the information gathered from community conversations facilitated by Community Voices for Health in Monroe County to suggest projects or themes of ways to address SUMH in Monroe County

      vii. These projects/themes were then refined in a 2x2 table to identify high/low control and high/low knowledge about the project/topic.

      viii. The two areas that were identified as both high control and high knowledge for the SUMH group were focused on improving Helping Bloomington Monroe/FindHelp.org and improving Connections (both relative to substance use and mental health in Monroe County)

      ix. There is currently a main SUMH CHIP group that meets 4th Wednesday of the month from 12-1 via Teams or in person at IUH Community Health that is evolving more towards updates (both community and Sub-Committee specific) and this Connections Sub-Committee is more of a task oriented group that will meet the week before the main SUMH CHIP group at a recurring time TBD

c. [Recovery Capital](#) and Growing the Coalition [handout](#)

      i. Recovery capitals are resources and assets that support an individual on their recovery journey (recovery being however the person defines it for themselves, and includes harm reduction strategies, not just abstinence based modalities).

      ii. Recovery capitals may overlap

      iii. **To Do:** Please fill out the [Growing the Coalition handout](#), or send Melanie which categories of recovery capital you occupy in your roles as a community member/professional on Table 1

Growing a coalition using recovery capitals

Recovery Capital Categories			Personal	Family/Social	Community	Cultural
Specific Recovery Capitals			healthcare, education, housing, food, money, transportation, employment	sober activities, institutions of faith, networks	advocacy, treatment, peer support meetings, recovery community organizations, law enforcement, elected leaders, justice system, SUD tx providers, justice system, health department, people in recovery, law enforcement	Locally based, community festivals, gathering spaces, cultural competence
Who can help someone build these capitals?			Business Leaders / Healthcare providers / Social Service Providers / Educators	Community Members / Religious Leaders	Law Enforcement / Justice System / People in recovery / SUD treatment providers / Elected Officials / Health Department	Community leaders
Name	Affiliation	Email/Phone				

      iv. Definitions for [Recovery Capital](#) for reference

      v. **To Do:** After reviewing the information filled out by folks about their own areas of recovery capital that they offer the community, identify any people/areas that are missing, scroll down to Table 2 on the [Growing the Coalition handout](#) and note any individuals or general roles that are missing from Table 1 so that we know what people/sectors we will need to reach out to in order to gain a fuller picture of the Monroe County ROSC

      vi. **To Do**: Invite a friend! Below table 2 is a sample invitation if you plan to invite a friend/colleague/community member to participate in the mapping process and would like additional language to describe the process.

d. Questions throughout conversation:

      i. What has guided this work?

1. Reference notes under Who We Are on page 2 of this set of notes. Also see [CHIP Kickoff](#) page on MCHD website under 'What is a CHIP?'

ii. Will this process include people who might not be using substances but are still engaged in the system?
1. Yes, both the process of developing the model (ie people who have have lived experience with substance use in Monroe County) and the map itself (for example, the criminal justice system/drug court, abstinence focused peer supports, recovery houses etc. represented on the map) should include people who have used substances, regardless of whether they currently use substances or not

iii. Are there any gaps in the system that are more pressing than another?
1. This will be evaluated after the map is constructed (estimated at 4-6 months from now depending on how quickly we capture information for the map)

iv. Will there be any effort to collect information from outside this group about what the needs are?
1. Yes, after we identify the recovery capital for folks specifically in the Zoom room at this meeting, and folks add to the list of who needs to be represented (Table 2 on [Growing a Coalition](#) handout) we can reach out to those folks either to join this meeting, or to be a person/agency willing to be interviewed to provide information relevant to creating this map

v. How will this group know if we're success in the work that we do?
1. Creating the map and identifying gaps/areas of improvement between agencies/sectors will show success for this project. Furthermore, after those gaps are identified we can make 30-90 day targeted projects to try to break down barriers or strengthen relationships between areas of the community.
2. Regarding the Helping Bloomington Monroe, we will be successful if we add more SUMH providers to the Helping Bloomington Monroe online tool.
3. A big part of drafting the Community Health Improvement Plan is having SMART goals to be reflected in the [timeline](#)
4. If you'd like to add some specific suggestions for metrics for success, please add on the timeline so that we can compare as a group or send a message to Melanie to add in the draft. So far Melanie has been attempting to consolidate what is discussed in the meetings and fit them into the timeline in a way that reflects the interests of the group.
5. It is intended to be a document with direct input from the community in a way that serves the community, so please let Melanie know if it is not functioning that way.

vi. How will the work we are doing impact the Health Department's 2024 Budget requests, to the County Council, if at all?

1. The findings of this group could make a case for County Council to allocate money in a way that is different than how it is currently spent. Budget season will be starting soon and budget approval happening later in the summer. If suggestions or leveraging opportunities arise from this group, they could be suggested to Council.

vii. How will this subcommittee leverage relationships/skillset across other subcommittees? (For example: People who use substances often face discrimination -- individually and institutionally)

1. Making a concerted effort to identify gatekeepers or people who have relationships with folks who use substances without tokenizing will be important. The next steps of mapping will involve interviewing both professionals across the community (treatment providers, non-profit providers, government officials, first responders etc.) as well as people with experience with SUD and recovery. This could look like interviewing people who use[d] drugs directly about their experience moving through the community (harm reduction supports, community support, substance use treatment, coercive/non-coercive interventions with addressing substance use etc.) as well as talking with family members/friends/loved ones who have experience with recovery supports in the community through their relationship with the individual using substances.

viii. As a new service provider who serves clients with substance use disorders, will the map we create generate either a resource list for us to use to help better connect our clients with help or that we can provide directly to clients?

1. It's Melanie's understanding that Helping Bloomington Monroe will dovetail with this map in terms of a resource list for clients. Certainly utilizing services like Helping Bloomington Monre/FindHelp, LookUpIndiana and 211 will help identify some of the resources that need to be on the map. By speaking with service providers they might be able to identify someone not listed on FindHelp, for example, which will allow us to both make the map more robust, as well as the digital resource list.

4. Meeting moving forward

a. **Summary of To Dos:**

i. If you were forwarded this from someone and you'd like to be added to the email list, please drop your email in the chat or email me at mvehslage@co.monroe.in.us

1. For more background on where this group came from check out the Substance Use and Mental Health CHIP landing page on the Monroe County Health Department website

ii. Review Strategies Timeline –

1. Do the goals make sense? Are they in line with the work that you envisioned participating in with this CHIP group?

> 2. Annotate/comment on the timeline if there is something unclear, if you would like to define a goal/outcome more specifically or if you think a strategy should be broken down even further.
> 3. **Draft due for MCHD report in June 2023.**

iii. Indicate on the second page [of Growing the Coalition](#) handout at least one person to invite to April Connections Subcommittee meeting (and then invite them 😊)

> 1. **Due by next meeting**

iv. Fill out poll to indicate preference on regular meeting time (as of end of meeting 3.13 top choice was 3rd Wednesdays from 12-1 pm https://forms.gle/5XPkUaAn91PSqg4z6

> 1. **Due by 8 am Monday March 20th**
> 2. If you cannot access the Google form, email Melanie and she will capture your preferences.
> 3. If no consensus, doodle poll will be sent for April meeting
> 4. If you are unable to meet during a standing meeting time, reach out to Melanie – she will catch you up and facilitate participation if you are willing/able