Evidences of success ("What it would look like/What would be happening if successful") are written at bullet points. The top 2 first priority areas identified by the group should be highlighted.

Mental Health VICTORY CIRCLE

- Clients/pts carry w them their MH information to All carriers- Care Card
- Community educators in diverse locations and ethnic communities help everyone be on the same page of mental wellness, working on prevention strategies
- Stakeholder group continually assesses and make improvements in the system.

 Medical services Group (broad range of service providers) -Consensus on how we approach mental health that continually evaluates best

Access to preventative acuity and recovery (systems approach) je healing center

- Health <u>Practioners</u>, families and clients have access to resources and referrals for all clients,,, continuum of care WRAP around
- No Barriers to care (financial, geographic, cultural and informational)
- MH facility w/ Comprehensive Access to specialist, that work w dual diagnosis and a lot of comprehensive care

Decrease in suicide

practices.

- Reintegration of clients into the community, jobs and housing ...
- Proactive no shame view of MH issues- information to general public, Community resiliency project destignatization
- Housing for MH clients sw/ onsite support services & peer
- Input and control in local and diverse communities w/\$ MH system tribes choose to use money as they see the need

County wide MH consciousness is reflected in different communities, agencies and schools that take a comprehensive approach to care and case management, best practices.

Outreach to support patients growing from ostracized pts to full community members

Case management / care coordination individual clients

I. Strategy:

A. General Action:

- Identifying stakeholder group
- Map and ID existing resources \$\$ care, facilities, ect modalities medical records
- create communication system w providers, clients, consumers, families business schools
- gap analysis- what are we missing

II. Strategy: Proactive NO SHAME culture w county wide consciousness- Building Community resiliency

A. General Action:

- Building community Resiliency
- Proactive approach to education and skill building on mental health and wellness and prevention
- Asses needs from rural remote underserved communities
- Research / Developing education at other communities did successfully
- Consumer peer voice inclusion (vital to guide process)

90 Day Action Plan for Group's Issue: Mental Health

Using the 4 Quarter General Actions Table, transfer:

- The **Strategy** from the first column to **I.** below
- The A. General Action from the second column to A. General Action below

Then define:

- a) The **Specific Actions** that are needed to carry out this General Action
- b) The **Person(s)** that will do it
- c) The Completion Date of the Specific Action
- d) What will be the **Evidence of Success** with this is completed.

I. Strategy:

A. General Action:

- -Identifying stakeholder group
- -Map and ID existing resources \$\$ care, facilities, ect modalities medical records
- create communication system w providers, clients, consumers, families business schools
- -gap analysis- what are we missing

Specific Action:	Person:	Completion D	ate: Evidence of Success:
County mh to discuss telepyschatry	Ace Barash	6-9-16	set up meeting w contractor
2. Report to mhab about mtg partner stakeholder	kate gaston	6-15-16	bhabs commit to this initiative as

3. Get HHSA to buy in collaborative process Carol Mordhorst 6-30-16

B. General Action:

Specific Action: Person: Completion Date: Evidence of Success:

1.

2.

3.

4.

II. <u>Strategy:</u> Proactive NO SHAME culture w county wide consciousness- Building Community resiliency

A. General Action:

Building community Resiliency

Proactive approach to education and skill building on mental health and wellness and prevention Asses needs from rural remote underserved communities

Research / Developing education at other communities did successfully

Consumer peer voice inclusion (vital to guide process)

Strategies Community Health Improvement Plan Mental Health	A. General Actions	B. General Actions	C. General Actions	D. General Actions
Strategy 1)Position community proactive no shame culture with community wide consciousness	Assess needs and resources of rural remote underserved communities regarding education & skill building	Research develop appropriate education w/ consumer & peer inclusion	Education & skill building on mental health and wellness	
Strategy 2) diverse stakeholder group to build upon & create comprehensive continuum of care	Identify diverse stakeholder group	Map & id existing resources ie, cac, facilities modalities medical records	Create communication system w/ providers consumer & families business and schools	Gap analysis what's missing -create interagency agreements