



March 13, 2018
8:30 – 10:30 am
Delaware County Board of
Developmental Disabilities
7991 Columbus Pike
Lewis Center, Ohio 43035

MEETING MINUTES

Present:

Jean Bednar	Recovery & Prevention Services of Delaware & Morrow Counties / Drug Free Delaware	Kristi Tumblison	Resident, City of Powell
Tony Benishek	Preservation Parks	Karen Waltermeyer	SourcePoint
Allisha Berendts	Olentangy Local SD	Larry Walters	Lewis Center Resident
Krista Bistline	American Heart Association	Fara Waugh	SourcePoint
Deanna Brant	DMMHRSB?	Traci Whittaker	DGHD
Connie Codispoti	DGHD	Laurie Winbigler	Delaware County Adult Court Services
Kevin Crowley	PIN	Monica Wing	DGHD
Daniel Cuciak	Southeast Inc.	Lory Winland	American Heart Association
Chris Fink	Ohio Wesleyan University		
Kelsey Fox	United Way of Delaware County		
Shelia Hiddleson	DGHD		
David Hudler	Recreation Unlimited		
Adam Howard	DGHD		
Lori Kannally	DGHD		
Jen Keagy	DGHD		
Julie Krupp	Delaware County Sheriff's Office		
Kelsey Kuhlman	DGHD		
Kathy Laughlin	Delaware Area Transit Agency/Mobility Management		
Kassandra Neff	Delaware County Sheriff's Office		
Erin Nieset	OhioHealth Grady Memorial Hospital		
Michelle Price	Suicide Prevention/ HelpLine		
Susan Sutherland	DGHD		

Chris Fink welcomed everyone to the Partnership meeting. Chris reminded everyone of the vision of The Partnership. Achieving “complete health and well-being of our community” is very important.

Shelia Hiddleson made a motion to approve the November 2, 2017 minutes, and Michelle Price seconded the motion. The minutes were approved.

Community Health Assessment / Community Health Improvement Plan Process Updates / Next Steps – Lori Kannally

We use the MAPP (Mobilizing for Action through Planning & Partnerships) Process for Delaware County. This evidenced-based practice was developed through NACCHO (National Association of County and City Health Officials). A total of four different assessments are administered to develop the CHIP. As part of the MAPP process, we identify strategic issues, formulate goals and strategies, and plan, implement and evaluate the action plan. We are getting ready to wrap up year five of the current 2014-2018 CHIP action plan.

CHA

All of the 2017 assessments are complete; we have collected self-reported data for all three different age groups. During the development of the CHA, we had three meetings: the first to review the process, methods and timelines, an all-day question selection meeting, and a third meeting to review the rough draft of the report and to plan for the community event. We will be releasing the data at this community event which will be held in the spring of 2018. We will soon be prioritizing and moving on to the next stage in the CHIP process.

CHIP Planning

This coming summer, we will be developing an action plan which will occur over a series of four (4) meetings. During those meetings, we will:

1. Choose priorities
2. Complete resource assessments
3. Do a GAP analysis to identify what is missing and identify strengths and weaknesses
4. Identify best practices & review strategies.

As part of the planning process, we will complete three additional MAPP assessments:

1. The Community Themes and Strengths Assessment which will be an open-ended assessment administered to the Partnership.
2. A Local Public Health System Assessment used to determine how public health is being provided throughout the community
3. The Forces of Change Assessment which will identify trends, factors, and events that influence the health and quality of life in the community.

These meetings will be held throughout the summer months. It will be very important for people to attend and participate.

Next Steps

We are asking everyone to identify an agency representative who can cast a vote on behalf of each agency for the prioritization process. We also will need to identify which key stakeholders are missing from the Partnership. Partnership members will be developing the plan. Members also will have homework – documents to read and research to complete. It is very important that we have the right folks present to make decisions.

Once the skeleton plan is developed, we will develop action steps. Agency representatives who can commit resources will need to be present. The process may require different staff members from your agency at various points in the process.

Coalition survey: We recently surveyed all of the coalitions coordinated by DGHD staff for feedback on how we may better serve you. We will be doing a supplemental survey specific to the Partnership only on which role you would like to play in The Partnership as we move forward with the CHIP planning process.

Question: Will the monthly meetings be for the entire Partnership or for subgroups?

Answer: The entire Partnership will be asked to come together and attend the meetings to plan the CHIP. Instead of having only two meetings throughout the year, we will be having an additional four meetings over the summer specifically to develop the new CHIP.

2017 CHIP Annual Progress Report Highlights – Jen Keagy, DGHD

Jen shared the 2017 Annual CHIP progress by presenting an overall dashboard. She highlighted the progress of the current 40+ paged plan detailing 43 strategies and over 200 action steps. The plan is 85% complete or on target. A few steps are behind. See attached Partnership PowerPoint Slides for the highlights.

Review and Approval of updated 2018 CHIP Action Plan – Lori Kannally, DGHD

There are only a few suggested changes for this upcoming year. There are no suggested changes for Access to Healthcare & Food Insecurity. The 2018 CHIP action plan will be voted on at this meeting.

Page 12 – Alcohol Abuse & Drug Abuse

Baseline information (for Strategy #2: Increase physician screens of adult patients) was missing. Plan to obtain baseline info was added. Mount Carmel has taken the lead on this strategy.

SourcePoint is considering implementing the PEARLS program, but have not determined that PEARLS is what will be used. SourcePoint has talked with Syntero on implementation.

Activity 3: It was suggested that another entity would champion this activity. DGHD will be the lead.

Page 28: We are behind on the marijuana education strategy. The State of Ohio medicinal marijuana program is scheduled to be operational on September 8, 2018. We plan to do some education across various sectors. Julie Krupp from the DCSO will be leading this initiative. If you are interested in helping with this, please let Julie know.

Per Larry Walters, there was an article in the Columbus Dispatch regarding companies now planning to do less drug testing for hiring. Per Deanna Brant, there is a conflict between state law and federal law on legal marijuana use. The companies' decision not to drug test may be their easy out. A lot is unknown about how this is going to play out.

Shelia Hiddleston, DGHD Health Commissioner, shared that vaping concerns have been raised by the Buckeye Valley School District Superintendent. Students are using what looks like a USB flash drive, but in reality, it is a charger for their vaping device that they can plug into the computer. The Health District is very concerned about this; she stated that we don't want to lose sight of the fact that students are still putting a foreign substance into their bodies.

Drug-Free Delaware Camp – Kelsey Kuhlman reported that even the kids who are not using e-Cigarettes, are noticing that their peers are using them. Youth can easily buy the devices on Amazon.

Environmental Health

Page 39 - Asthma program – No major changes were made to the Asthma 1-2-3 program. Delaware City School nurses said that they had everything under control. They would prefer that we go out into the community and work with the parents instead of the schools.

Family Support

Strengthening Families Program / United Way – Many of the strategies were revised to mirror the Strengthening Families strategic plan and goals.

Regarding Strengthening Families access to mental health services – A learning environment is being created for children and parents at the Willis Educational Center. This after-school program will be available for children to try new and diverse opportunities.

Food Insecurity

Question: When I go to Kroger and they ask me to contribute to the Mid-Ohio Food Bank, does this help us?

Answer: Yes, per Kelsey Fox at United Way. We have a relationship with them and it comes back to Delaware County. It was suggested to do outreach such as a Facebook posting to let people know that the money stays here in Delaware.

Mental Health

We will not be able to measure one of the outcomes because the agency that submitted the baseline info is no longer in existence and thus there is no data. One of the MH objectives was deleted and additional trainings were added for objective #2.

Strategy objective #4 was eliminated by the mental health workgroup. There had been no movement on this objective. Health care providers did not want to touch this strategy right now and have other ways that they're trying to address mental health issues. This strategy may be something that we may want to pursue in the next CHIP.

It was mentioned that PHQ9 is the depression screening tool which assesses risk. Question #9 deals specifically with suicide risk. If someone indicates "yes" on question #9, something needs to be done. However, a tool was never identified for this strategy. Moving forward, workgroups will need to make sure that each is on the same page, working together. The SBIRT is alcohol & drug abuse related and it not appropriate for MH screening.

Also, for Strategy #4, Action step #2 is being completed through Strengthening Families.

Overweight/Obesity

Timeline adjustments were made on some action steps. The evidence-based behavior Weight Management Youth Program and the Healthy Weight and Your Child Program will be implemented.

Fara Waugh made a motion to accept the updated Action Plan and Kassie Neff seconded the motion. The motion carried and the 2018 CHIP Action Plan was approved. The finalized Delaware County 2018 CHIP can be found on the DGHD website at <https://delawarehealth.org/wp-content/uploads/2018/04/2018-CHIP-Action-Plans.pdf>

Lori also shared where Partnership updates are posted for your reference. The Partnership Website page can be found on the DGHD website at Delawarehealth.org. Click on the following tabs to navigate to the Partnership page:

- "About Us"
- "Coalitions"
- "Partnership for Healthy Delaware"
- There are toggles for the following:
 - Community Health Assessment - all of the reports are listed there. Old assessments will be archived.
 - Community Health Improvement Plan - current progress reports, CHIP description and action plans
 - CHIP Annual Reports - yearly progress reports are available
 - CHIP Fact Sheets - an overview for each health priority
 - CHIP Toolkit for Partners – explains how to use the CHIP
 - The Partnership Fact Sheet – explains the Partnership

Question: Is there any way to track the traffic that comes to your website?

Answer: Yes, we can.

Action item: Traci Whittaker of the DGHD will retrieve the Google analytics profile for website hits and have it distributed to the Partnership Members.

CHIP Priority: Alcohol Abuse & Drug Abuse

Delaware County Addiction System Update – Deanna Brant, Executive Director, Delaware-Morrow Mental Health & Recovery Services Board

Deanna distributed copies of her PowerPoint presentation, “Addiction Services System Update – Delaware County.” The presentation was very informative, and it will be attached to the minutes.

Deanna discussed some very clear messages that she wanted us to take away from her presentation.

They are:

1. Rock Bottom – Stop waiting for “Rock Bottom”—engage now
2. Resistant
3. Traditional
4. Office-based

The Board has a contract with 8 primary providers. They provide services that cover the following timeframes:

Urgent – 1 hour

Emergent – 24 hours

Routine – 1 week

House Bill 49 Section 340.3

This is a County Hub program to combat opioid addiction. The purposes of the program are to strengthen county and community efforts to prevent and treat opioid addiction, to educate youth and adults about the dangers of opioid addiction and the negative effects it has on society, to promote family building and workforce development and to encourage community engagement. The program will be administered by each board of alcohol, drug addiction and mental health services.

“Week of Appreciation” is April 9-13, 2018. The goal of this week is to shine a light on the tremendous work going on in communities throughout Ohio to address the opiate epidemic and specifically to show appreciation to frontline workers.

Addiction is a brain disease. Salience networks are brain circuits that interpret our homeostatic condition. Salience is a major determinant of whether we consider a situation dangerous or not. This is found in addicts and hoarders. There is no rock bottom if your brain cannot recognize “risk.”

From 2000-2015 more than 500,000 people died from drug overdoses. There were 58,820 U.S. soldiers who were killed in the Vietnam War. This puts into perspective the huge problem that we are dealing with.

Contamination is the key. No substance is pure. Marijuana has 60 separate components. Opiates and other substances are frequently cut with fentanyl or other toxins. Fentanyl can be 50-100 times more powerful than morphine.

Opiates are all natural. Opioids are created in a lab. Doctors were quoted that there was less than a 1% addiction rate for those that use opioids; opioid use was marketed to doctors as “safe.”

OARRS tracks scripts of payments on opioids and monitors the doses dispensed and written.

Back injury study – One of the strong symptoms from withdrawal is back pain.

The faith community should be involved in everything we do. It will improve our outcomes.

Deanna then highlighted a few of the available services:

- Del-Mor Dwellings will get external funding for a permanent housing project for 40 people. This is not locally funded. If you have any questions, see Deanna.
- Call Julie Krupp from the Delaware County Sheriff’s Office who is available during the day for assistance. After hours, call Helpline.
- Stable Cradle is a project run by Maryhaven for babies born with drug issues.

Lastly, we all have to be involved. There is no “One Size Fits All” solution.

Closing:

Chris Fink thanked everyone for attending and Deanna for speaking.

The meeting ended at 10:40AM.

Respectfully Submitted by: Monica Wing, Administrative Assistant III, DGHD