

The Partnership for a Healthy Delaware County 2019-2022 CHIP Planning Meeting #3



August 7, 2018

10:00AM – 2:00PM

Ohio Health Grady Memorial Hospital

561 W. Central Avenue, Delaware, Ohio 43015

MEETING MINUTES

PRESENT:

- **Benishek, Tony** – *Preservation Parks of Delaware County*
- **Berendts, Allisha** – *Olentangy Local School District*
- **Blayney, Pat** – *Delaware General Health District Board of Health*
- **Bonnette, Josie** – *Delaware General Health District*
- **Bournique, Randy** – *People In Need, Inc.*
- **Briant, Mitchell** – *Big Brothers Big Sisters*
- **Codispoti, Connie** – *Delaware General Health District*
- **Cooksey, Kim** – *Southeast, Inc.*
- **Crisp, Abby** - *Delaware General Health District*
- **Elliott, Tessa** – *The Hospital Council of Northwest Ohio*
- **Feller, Brandon** – *United Way of Delaware County*
- **Fink, Christopher** – *Ohio Wesleyan University*
- **Hanson, Susan** – *HelpLine*
- **Harper, Jamica** – *Drug-Free Delaware*
- **Hatcher, Officer Robert** – *Delaware Police Department*
- **Hiddleston, Shelia** – *Delaware General Health District*
- **Hill, Amy** - *Delaware-Morrow Mental Health Recovery Services Board*
- **Howard, Adam** - *Delaware General Health District*
- **Kannally, Lori** - *Delaware General Health District*
- **Keagy, Jen** - *Delaware General Health District*
- **Kegley, Heidi** – *Delaware City Schools*

- **Krupp, Julie** – *Delaware County Sheriff's Office*
- **Laughlin, Kathy** - *Delaware Area Transit Agency*
- **McGarity, Nicole** - *Mount Carmel Lewis Center*
- **Neff, Kassie** - *Delaware County Sheriff's Office*
- **Norris, Andrea** – *Liberty Twp / Powell YMCA*
- **Overturf, Tina** – *Delaware County Board of Developmental Disabilities*
- **Pickelheimer, Melissa** - *OhioHealth*
- **Sanders, Scott** - *Regional Planning Commission*
- **Santangelo, Angie** – *Cancer Support Community*
- **Stearns, Emily** - *Hospital Council of Northwest Ohio*
- **Stults, Sandra** - *Scioto Township*
- **Sturtevant, Penny** – *Big Walnut Local Schools*
- **Sutherland, Susan** - *Delaware General Health District*
- **Sword, Amee** – *Wornstaff Memorial Public Library*
- **Trimble, Abbey** - *Delaware General Health District*
- **Waugh, Fara** – *SourcePoint*
- **Williamson, Lisa** – *Delaware County Juvenile Intake Services*
- **Winbigler, Laurie** – *Delaware County Adult Court Services*
- **Wing, Monica** – *Delaware General Health District*

ABSENT:

- **Coy, Sgt. Jennifer** – *Delaware County Jail*
- **Herrell, Vance** – *One People*
- **Wiest, Lily** – *Willis Family Resource Center*

WELCOME – Susan Hanson, HelpLine welcomed everyone to the CHIP Planning Meeting #3 and thanked everyone for taking the time to attend and participate. Lori Kannally, Delaware General Health District

INDIVIDUAL INTRODUCTIONS – All Present

Handouts provided by Hospital Council of Northwest Ohio:

- *2018 Delaware County CHIP Forces of Change Assessment*
- *Overall Scores for Each Essential Public Health Service*
- *2018 Delaware County CHIP Ranking Key Issues*
- *Community Themes and Strengths: Open-Ended Questions to Committee*
- *State Health Improvement Plan (SHIP) Overview*
- *Priority: Mental Health & Addiction (adult and youth depression, adult and youth suicide, youth and child bullying, adult and youth alcohol consumption, adult and youth tobacco, adult and youth opiate use)*
- *Cross-cutting Strategies*

Emily Stearns, Health Improvement Coordinator of Hospital Council of Northwest Ohio (HCNO) – Emily is leading The Partnership through all of the CHIP meetings. We will have the draft plan after today’s meeting. We will heavily be focusing on strategies that we will be working on for the next four years. We will be getting into three groups: Mental Health & Addiction, Chronic Disease and Cross-cutting. We will also be looking at action steps from our previous CHIP.

In Meeting 4, we will have a draft report and will break out into groups by priority and discussion. Emily encouraged the team to review the Forces of Change Assessment.

Action item: Lori Kannally will send out the scoring for each essential service.

Note: For any of the documents that you see on the left hand side from our previous conversations, if you have any edits to those documents, please send them to Lori Kannally and she will send them to Emily to adjust in the draft report.

There is a list of strategies already developed. Will pass them out to the groups for a reference. May add other strategies at the end of it. More than 50% already aligned with the state. You do not need to align with everything that the state has.

QUESTION: Is it possible that a strategy was already identified that was in the last CHIP could be in the next CHIP?

ANSWER: Yes. We would love to keep a lot of the strategies. We are not trying to erase everything and start from scratch especially with all of the resources that are in your community.

QUESTION: For the PHAB accreditation, I am a site visitor and I am on my 4th team now, and one of the things that a lot of people seem to miss is the resource identification. We are going to talk about the gaps today but we also know that we have resources that are maybe addressing those. Are we going to do that later? I just don’t want us to lose sight of that because I know that a lot of documents missed that piece.

ANSWER: Absolutely. We usually spend a couple of hours going through what resources are in the county for their specific priority area. We can list them out by priority area. With all of the resources that are available through HelpLine we didn't feel that we are still able to pull it out from priority area, we didn't feel like we needed to go through all of those. If we want to spend some time at the next meeting, we can go over those.

QUESTION: Could I maybe just suggest that as we go through this and we're identifying the gaps that maybe whoever the note taker is if we know of a resource that kind of helps to fill that gap please write it down.

Note Taker: If you know of any resources, list those down. There will be a note taker for each group.

Susan Hanson – If you do identify any gaps or resources needed, get that information to HelpLine and we will check our database.

Second column Topic Area: These could affect many areas. To see what may be missing

If you are working in more than one area, give it to Lori Kannally, and she will send it to Emily.

CHIP CHRONIC DISEASE BREAKOUT SECTIONS NOTES

Attendees: Tony Benishek (Preservation Parks), Scott Sanders (Regional Planning), Andrea Norris (YMCA), Angie Santangelo (Cancer Support Community), Nicole McGarity (Mt. Caramel), Sandra Stults (Scioto Township), Abby Crisp (DGHD), Connie Codispoti (DGHD), Susan Sutherland (DGHD)

Completed previous CHIP strategies

- Implement policy and/or environmental changes in three Delaware County worksites to increase access to fruits and vegetables (3)
- Increase the number of food service operations participating in DGHD on the Menu from 8 to 13 (4)
 - No further progress to be made
- Four local school systems will implement shared use agreements to allow use of school property and equipment by all residents of Delaware County (5)

In-Progress CHIP strategies

- Implement a Complete Streets Policy to enhance physical activity (1)
 - **Gaps:**
 - Powell and/or Sunbury Townships expand Complete Streets

- **Potential Strategies**
 - Cities first
 - Incorporating healthy living strategies into new planning or development
- **Resources**
 - ODOT, MORPC, Regional Planning
- Implement one campaign to educate Delaware County residents on healthier eating and physical activity (2)
 - **Gaps:**
 - Measuring reach/outcomes (planned for 2019)
 - Emphasizing active living
 - **Potential strategies:**
 - 5321 Almost None
 - Make master trail plan more focused on educational awareness and public awareness around connectivity
 - Support parks through a coordinated campaign
 - Possibly use surveys
 - Choose a Fast 500
 - Prescription to go to a park
 - Use imagery of local parks in local doctors' offices
 - Community calendar of healthy eating/active living resources across community
 - Campaign App (Community Hub), Eventbrite, Facebook
 - Countywide branding to promote the many health resources in Delaware County
 - **Resources:**
 - 5321 Almost None, Preservation Parks, HIA surveys/Preservation Parks surveys, I Choose a Fast 500, Delaware County Friends of the Trail, Delaware County Trail Committee, YMCA, OWU/Cooking Matters
- Implement 2 evidence-based behavioral weight management programs for Delaware County families (6) [2 YMCA programs, Diabetes Prevention, Healthy Weight and Your Child]
 - **Gaps:**
 - Difficult to get enrollees for youth program
 - Only at YMCAs
 - Availability of individual level interventions
 - **Potential Strategies:**

- Engage school nurses to identify at-risk youth and connect to program
- Worksite wellness programs
- Peer-run community wellness curriculum (multiple chronic disease outcomes)
- Develop partnership based healthy life-style programming
 - Community Support Network/YMCA classes focused on healthy lifestyles
 - Exercise, stress management, cooking and nutrition, chronic pain management
 - Emphasize collaborations
 - Resource guide
- **Resources:**
 - YMCA, evidence-based studies, Cancer Support Network

Keep on the radar

- Helping people who already have chronic disease
- Chronic pain
 - Cancer Support Network Classes
 - YMCA
 - SourcePoint
 - Sharing information with doctors
 - Research more into what is needed/gaps in resources/individual experiences with chronic pain and how they navigate resources and choices
 - Where to find resources/who to connect to

CHIP CROSS-CUTTING BREAKOUT SECTIONS NOTES

Previous CHIP Strategies	Topic Area:	SHIP Alignment?	Gaps:	Potential Strategies:
1. Increase grades 6-8 students engaged in structured after-school activities	SDOH		Lack of programming for elementary school students	Increase grades 1-5 students engaged in structured after-school enrichment activities
2. Provide a program designed to build knowledge, skills, and capacity among families	SDOH		Lack of programming outside of Delaware City	Assist families in crisis at Strengthening Families Willis Center (Common Ground, food pantry, Syntero) Appoint liaison to the Housing Coalition (run by Salvation Army) – local & regional group
3. Provide the administration of the Devereux Early Child Assessment (DECA)	SDOH			
4. Establish readily-available resources to address mental health issues and make referrals to the appropriate supportive agencies	SDOH			Strengthening Families Health Committee – Grace Clinic Mini Clinic, dental, speech & hearing
5. Convene an afterschool programming subcommittee to decide upon and expand into comprehensive strategies and objectives amongst providers and school	SDOH			

6. Provide on-going engagement opportunities both long-term and intermittent which support experiential learning, mentorship, and self-confidence and pro-social activity	SDOH			
Previous CHIP Strategies	Topic Area:	SHIP Alignment?	Gaps:	Potential Strategies:
7. Increase the number of Delaware County residents using alternative transportation options for health-related trips by 20%	Access to Care		Lack of funding Schedule of bus routes Access to rural areas	Explore options for alternative transportation (Uber, Lyft, rideshare, bikes) Appoint representative to Transportation Advisory Committee
8. Implement a pilot project for a virtual or centralized one-stop shop for mobility coordination for Delaware County	Access to Care			
9. Implement coordinated public health messages related to prenatal care, diabetes care, and access to prescription medication among county service agencies and community partners	Access to Care		Residents lack of awareness to the available transportation options	Implement awareness/education campaign related to available transportation options in the county
10. Implement a pilot mobile Integrated Health Care/Community Paramedicine Program in Delaware County	Access to Care		Many agencies could be involved with one client but not necessarily know which services are being provided – possible duplication of services Communication barriers – inability to speak, foreign languages	Continue paramedicine program (EMS/social workers) Develop system for service coordination for referrals and follow-up (ex. patient navigator) Utilize FCFC – Interagency Youth Council

11. Staff of 10 community and public agencies will be trained in Trauma-Informed Care with 50% of agencies trained completing the pre- and post-test assessment.	Trauma	✓	Social Service agencies have been the majority of providers who have been training in TIC	Continue TIC Training – focus on big employers, not just Social Service agencies Address ACES in daycares – Early Intervention Workgroup at Strengthening Families
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CHIP MENTAL HEALTH AND ADDICTION BREAKOUT SECTIONS NOTES

Adam Howard (DGHD), Mitchell Briant (Big Brothers Big Sisters), Laurie Winbigler (Adult Courts), Sue Hanson (HelpLine), Jamica Harper (Drug-Free Delaware), Allisha Berendts (OLSD), Robert Hatcher (DCPD), Julie Krupp (Delaware County Sheriff’s Office), Kim Cooksey (Southeast), Kassie Neff (Delaware Co. Jail), Amy Hill (DMMHSB), Melissa Pickelheimer (Ohio Health), Lisa Williamson (Juvenile Court)

Handouts provided by Hospital Council of Northwest Ohio:

Current CHIP Action Progress Report

HCNO Example CHIP from other Counties

Review of Current CHIP Strategies:

Alcohol and Drug Use:

1. SBIRT:

The SBIRT strategy has been part of the CHIP over the last 4.5 years and is a major system change. We are beginning to now have some movement on this action item as the Prenatal & Newborn Home Visiting Program at DGHD will be implementing the SBIRT Tool; there is also coordination with Mount Carmel to pilot this tool at the Lewis Center location. DGHD has obtained ODH grant funding for SBIRT training for providers and would include a “train the trainer” piece so it could be taught going forward to other medical professionals.

Barrier: Not many private providers left in the area, many are larger systems which are harder to implement change.

Question: What were other challenges in implementing?

A: Had to do with inability to bill, and there is no universal screen being currently used. Some physicians have own screening tool. SBIRT is used only for alcohol and other drugs. Can take up to 30 minutes to complete the SBIRT tool, and providers don’t want to take the time.

A: You can now bill for SBIRT screening and enter into EMR.

Conclusion: We should continue this strategy as we are making progress, possibly to expand this strategy in phases over the next CHIP years.

2. Age Appropriate Alcohol and Other Drug Education for 3 Target Populations

We have had a lot of progress on this strategy regarding 2/3 populations. Older Adults: We have implemented the WISE Program and Home Visiting in Older Adults. Incarcerated Adults: Receive 50-60 hours of programming and education including alcohol and mental health, and there is a huge focus on Realistic Re-Entry Programming, including peer programs. Agencies currently providing these programs will be planning to continue these programs regardless of CHIP identification.

Gap Identified:

CHA identified a huge health concern of young adults and binge drinking. Our averages for binge drinking in Delaware County are above state and national averages.

Barriers:

Current CHIP strategy focused on OWU, and there has been consistent staff turnover over the past 4 years making it difficult to identify a point person to implement program with incoming freshmen & their parents.

Drug-Free Delaware currently focuses mostly on the youth, but they are considering an expansion.

Conclusion: Continue this strategy of alcohol and other drug education, but modify to be specific for binge drinking among young adults and adults 18-34. Remove the older adult & incarcerated adult target populations from this strategy.

Areas & Potential Strategies to Consider:

- Delaware City graduates are seemingly attending Columbus State Community College more often in recent years, and we should not limit the strategy to just the one college. Identify the contact person from these colleges.
- Reach out to young professionals groups--although these groups may often be meeting where alcohol is served.
- Create a parental component to educate on parental beliefs, expand the "Parents Who Host" campaign, potentially reaching parents during high school orientations, and educate on actual rates within Delaware County (even though parental arrest rarely happens). Discussed potentially targeting the southern part of the county.

3. Ensure Naloxone and Education are available

We have completed this strategy. It is currently addressed within the Delaware County Opiate Action Plan. Health District is not allowed to provide kits to EMS or LEO with a pharmaceutical budget. Mary Haven is providing training and kits. DGHD will continue their Project DAWN program in providing training and kits through clinic.

Conclusion: We will remove from CHIP as a priority strategy, as this strategy remains in the Opiate Action Plan.

4. One Health Care System Adopt System Change to Reduce Prescriptions Dispensed

Conclusion: Remove as CHIP Strategy as the law change in ability to prescribe opioid medications, as reported in progress report. No more than 7 days of opiates prescribed for adults, and no more than 5 days prescribed for minors--effective 8/31/2017.

5. Family focused multi-faceted educational campaign...

Drug-Free Delaware often takes the lead on this. They incorporate education for youth but also parents for importance of disposal of old medications. HB 357 requires opiate education to be provided in schools.

Barrier/Gap:

- Olentangy School District not currently providing the same comprehensive prevention program across all schools in the district.
- Not one consistent prevention program being used in different school districts through county.
- Only targets heroin and prescription drug abuse. Leads to time constraints with being able to get into schools.

Conclusion: Using an action item from the current CHIP to guide this strategy for new CHIP. Create multi-faceted age appropriate prevention plan targeting schools, parents, and youth to use consistent messaging about alcohol and all other drug use.

6. Implement one comprehensive educational program on marijuana use

We have not had progress on this item. Sub-committee will be meeting this week to address this strategy in the current CHIP. Due to legalization of medicinal marijuana in the State of Ohio, progress had been halted.

Conclusion: Continue this strategy but make it focus on medical marijuana as the other strategy will address recreational in the schools. This strategy should cover all age ranges, and be sure to cover normative perceptions and misconceptions held by older adults, the impact on driving under the influence and the effects that the medical marijuana may have for employers and employees.

7. Implement at least 10 Mental Health First Aid/NAMI presentations

There have been some barriers in completing this strategy. There has not been any interest in training facilitators for the Mental Health First Aid course. The course is 8 hours and poses a time restriction for training teachers and other first line employees.

8. Increase by two the number of Signs of Distress trainings offered to the community...

Conclusion: Discontinue this strategy as written; combine this strategy and the signs of distress strategy into one overall strategy. Identify the other programs similar to mental health first aid courses. Better identify the gaps in the existing services and determine who all is providing similar trainings.

9. Implement community wide campaign to promote positive mental health

Conclusion: This strategy as written has been completed for current CHIP. However, this strategy should be continued but modified, specific to a program or plan that is specific to reducing stigma in mental health.

10. Increase the number of PCP offices that screen for depression

The discussion for this strategy talked about some of the barriers such as lack of integration into electronic health records and limiting the adherence to one screening tool to be used can be difficult.

Conclusion: This strategy should be continued but modified to include all healthcare offices, and schools (a combination of current CHIP strategies 10 & 11 to broadly cover screening) and to research depression screening tools such as the PHQ-9 (which can be billed). However, getting the healthcare offices to offer even a modified depression screening tool should be promoted.

11. Evaluate feasibility of implementing age appropriate mental health screenings within the local school districts.

Olentangy schools are looking into an RTI (Response to Intervention) type strategy to create a universal mental health type screening. Syntero is currently within all the schools in Delaware County, but nothing is universally implemented. Need to research the appropriate screening tools.

Conclusion: Combine items 10 & 11 to address mental health screening in general and make screening in preschools and elementary schools an action step.

12. Refer minimum of 50% of clients annual who receive screenings...

13. Increase annual number of referred suicidal clients to treatment services...

These have been completed in some capacity but should remain an on-going strategy in the new CHIP as there have been changes among the major hospital providers which changed the referral process.

Conclusion: Keeping the language similar but expand the process of screening and then referral. Evaluate the current referral systems in place and identify gaps and areas for improvement with the changes that have taken place. Goal to increase people using Helpline, increase referrals to treatment, and to create messaging specifically targeting most at risk (i.e.: adult white, middle-aged men at risk of obtaining lethal means), also to track clients who actually enroll in the referred treatment. Highlight and improve process for Helpline being first line of defense instead of Emergency Departments.

14. Maintain the number of school buildings implementing anti-bullying curriculums

15. Implement community-wide anti-bullying curriculums

16. Implement community-wide anti-bullying social media campaign

Conclusion: Combine these strategies into one strategy to address bullying overall and have emphasis on cyber bullying and social media. Expand the Too-Good Programs into high school, or another age appropriate program as an action item. Use the PEACE prevention matrix to identify current programs being used in schools and any gaps in these programs. There needs to be an action item directly related to healthy and appropriate use of social media across all age groups, including adults and parents as well as youth, and highlight with positive messaging more than negative outcomes. Evaluate if there are any programs that focus on the relationship between social media and mental health.

Proposed areas for new CHIP strategies

- Cyber Bullying and Social Media
- Parenting Education on depression and suicide and signs of suicide
- Housing issues (if not identified in Cross-Cutting strategies)
- Stigma Reduction regarding mental health services and care
- Tobacco use (This was discussed after the planning meeting as adult and youth tobacco use had been identified as a health issue under this priority area.)

Next Steps

Action item: All partners should send out the Quality of Life survey to their community partners to take. Please make them aware that the average time to take the survey is three minutes.

The next meeting will be held on Thursday, August 30, 2018 from 10:00AM-2:00PM at OhioHealth Grady Memorial Hospital, MOB Room 1.

Lori Kannally thanked everyone for attending and giving their time and for participating in all of the exercises. If you need anything, please reach out to Lori.

The meeting ended at 1:50PM.

Respectfully Submitted by: Monica Wing, Administrative Assistant III, Delaware General Health District