



Partnership for a Health GEAUGA
Community Health Improvement Plan (CHIP) Planning Meeting
October 23, 2014
Geauga County Board of Mental Health & Recovery Services

Meeting Minutes

Attendees:

Brad Welch, Family First Council
Anne Anderson, Geauga County Board of DD
Jessica Boalt, Geauga County Department on Aging
Bob Weisdack, Geauga County Health District
Dan Mix, Geauga County Health District
Britney Ward, Hospital Council of NW Ohio
Kay Gurtz, Kent State University – Geauga Campus
Elaine Maro, Lake-Geauga Recovery Centers
Kathy Malobenski, Ledgemont Schools
Betsy Griffin, Starting Point
Lou Ann Marx, UH Geauga Medical Center
Joanne Randall, United Way Services of Geauga County
Erwin Leffel, Health District Advisory Council
Andrea Gutka, WomenSafe
Irene McMullen, Munson Township
Catherine Whitright, Geauga County Resident
Elbert Whitright, Geauga County Resident
Vicki Clark, Ravenwood
Dawn Farrell, Geauga Metro Housing
Neva Rodgers, Geauga Metropolitan Housing Authority
Suzi Kay, United Way of Geauga
Jim Clements, Catholic Charities
Mary Wynne-Peaspanen, Family Planning Association of NE Ohio
Angela Daugherty, Family Pride
Jim Adams, Geauga County Board of Mental Health & Recovery Services
Melanie Blasko, Lake-Geauga Recovery Services

Handouts:

- Results of Key Issues and Concerns from the 10/9/2014 meeting
- Copies of today's homework, Ranking Key Concerns

Britney Ward, Hospital Council of NW Ohio, chair, started the meeting at 10:35 AM

1. All members introduced themselves and their roles at their respective agencies.
2. Britney Ward reviewed the agenda for the next two meetings
3. Britney Ward reviewed the procedure for ranking the key health issues in Geauga County by magnitude, seriousness of consequences and feasibility
4. Each member reported their scores for the eleven (11) key health issues as follows:
 - a. Increase access to healthcare (all ages) - **22.9**
 - b. Increase healthcare coverage (all ages) - **21.8**
 - c. Reduce obesity (all age groups) - **21.6**
 - d. Increase access and awareness of mental health issues (all ages) - **23.3**
 - e. Increase awareness and treatment options for drug use (all ages) - **22.6**
 - f. Reduce chronic diseases among adults - **21.3**
 - g. Increase access to public transportation - **19.5**
 - h. Reduce alcohol use among youth - **19.9**
 - i. Reduce bullying among youth and children - **22.5**
 - j. Increase community support options for autistic and special needs children and youth - **18.5**
 - k. Increase access to adult preventive health screenings - **20**
5. Because of the very close scores, the committee agreed to combine several of the key issues and each member voted on their top two issues
 - a. Increase access and awareness of mental health issues (all ages) - **18**
 - b. Increase access to healthcare (all ages) - **8**
 - c. Increase awareness and treatment options for substance abuse [including all drugs, tobacco, and alcohol] (all ages) - **11**
 - d. Reduce bullying among youth and children - **5**
 - e. Increase healthcare coverage (all ages) - **2**
 - f. Reduce obesity (all age groups) - **1**
 - g. Reduce chronic diseases among adults and Increase access to adult preventive health screenings – **2**
 - h. Increase access to public transportation – **3**
 - i. Increase community support options for autistic and special needs children and youth - **1**
6. The group had a lengthy discussion on how many issues to address and determined to select the top three issues:

- a. Increase access and awareness of mental health issues (all ages)
 - b. Increase access to healthcare (all ages)
 - c. Increase awareness and treatment options for substance abuse [including all drugs, tobacco, and alcohol] (all ages)
7. A discussion on potential scenarios for actions steps that could be implemented without expensive interventions followed.
 - a. For example, implement mental health screenings in physician offices, much the same way smoking screenings were conducted a decade ago. This is free and is more about policy and advocacy.
 - b. There was also a discussion about how people are “falling through the cracks” when so many mental health services already exist. Most agreed that the stigma or embarrassment of mental health problems could contribute to these phenomena. Most members agreed that to address this problem there is a need for helping people navigate the system, not to lose the person expressing a need for help by giving them a phone number, but assisting them in obtaining the help they need. Jim Adams called this a “soft hand-off.” There was mention of a program called “no wrong door.”
8. All committee members will receive a worksheet by email to identify existing governmental, professional, school, church activities that currently address the top health issues in Geauga County. The information should include:
 - a. Agency responsible
 - b. Population served
 - c. Continuum of care (prevention, treatment)
 - d. Evidence of effectiveness (e.g. how do you know it is working?)
9. The remaining scheduled meetings include:
 - November 6, 2014 at 10:00 AM
 - November 20, 2014 at 10:30 AM
 - December 4, 2014 meeting at 10:30 AM
 - All meetings are at the Geauga County Board of Mental Health & Recovery Services