

# Lorain County Board of Mental Health Strategic Plan Updates

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**GOAL I: Enhance the quality of Mental Health Services: Overall, the plan is progressing. There have been some modifications needed.**

Generally, target dates have been met with regard to testing the initial stages of a funding model that incentivizes outcomes. The Intensive Home Based Treatment (IHBT) Quick Hit Team decided to use the Ohio Scales to measure change and has developed thresholds for incentivizing the agencies for admitting youth with intensive service needs into the IHBT programs. The Quick Hit Team met at the end of April to discuss what magnitude of change should be the focus of an incentive. It was determined that two levels of funding should be offered; a smaller amount for clients who complete IHBT and have pre- and post-treatment data submitted, and a larger amount with for those clients whose outcomes suggest clinically reliable change on either functioning or symptoms. In terms of expanding the incentive funding model, pending Board approval, in July agencies serving adults with severe mental illness will become eligible for incentive funding tied to the completion of Community Psychiatric Support Treatment (CPST) outcomes. The first report on the impact of this funding for increasing the completion of CPST outcomes will be due on 1/31/2016. The dates in the initial CPST plan were modified, as the initial dates were not accurate.

The plan to increase uniformity of outcome data is on track. Fiscal and clinical audit questions have been standardized. Additionally, agencies have been given concrete definitions to operationalize terms related to client progress on a form used by all agencies to track client movement. Specifically, terms like “met treatment goals” have been more clearly defined to allow for standardization of reporting across agencies. Additionally, there has been some progress toward standardization of outcome measures for adults and youth with more intensive service needs. Board-incentivized programs for youth with intensive service needs will be rated on the Ohio Scales while Board-incentivized programs for adults with intensive service needs will be rated on the CPST measure. There are still different outcome measures being used with counseling clients at the various agencies and it is not clear that these outcomes will be standardized in the near future. Finally, to standardize outcomes, two questions regarding symptoms and functioning were added to the Satisfaction Survey that the Board coordinates. These questions allow the Board to compare rates of functioning and symptoms in a uniform matter across the agencies. However, since these questions have been included in surveys for only the last two years, more time is needed to contextualize the meaning of these outcomes (i.e., to better understand the typical range for responses for youth vs. adult clients).

Plans to support a competent, well trained work force are progressing, with minor delays and challenges. The Diversity Quick Hit Teams were due to begin meeting in May. As Patrice is on a temporary leave, the initial meeting will be postponed until July. Unfortunately, the plan for

## Lorain County Board of Mental Health Strategic Plan Updates

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increasing bilingual staff via the Chicago Bilingual Recruitment Project has not been a success, as there have been no responses to the advertisement to date. Further recruitment efforts will be discussed within the context of the Diversity Quick Hit Team.

In terms of increasing training opportunities for clinical staff, plans are progressing. The Board has provided more training opportunities this year than in the past, focusing network trainings on areas of need within the network, or upon service gaps. Annual clinical audits conducted by Blanche and Kathleen are used to identify cross-agency training needs. Based upon recent audits, practices that were prioritized include evidence Based Practices for treating anxiety, Motivational Interviewing and Trauma Focused Cognitive Behavioral Therapy (TFCBT); all of which will have been provided by the end of this fiscal year. Additionally, it has been determined that the Board would support individual clinicians in receiving specialized training that meet the needs of the network. It is hoped that this will broaden the range of services available to the network while enhancing workforce retention. An application has been developed and is being modified currently.

Plans for enhancing recruiting are progressing with one challenge. Quick Hit Teams including agency, LCCC and Board staff have made progress toward the creation of content for a program to educate community college students to be well prepared to succeed in the provision of CPST services. Currently the plans for two new courses and practicum studies have been identified. Board and agency staff now have to work the LCCC staff to find a way to integrate this content into existing educational tracks at LCCC. The plan is for students to be admitted into a new CPST training program in either September of 2015 or in January of 2016.

Internship programs are progressing but the psychiatric residency plan has been discontinued. The fellowship program, wherein the Board provides stipends to interns who participate in home based services, has resulted in five Masters level clinicians interning within the clinical agencies. Quarterly meetings aimed at providing networking and education opportunities for the interns are on track. Unfortunately, a program for bringing psychiatry residents to Lorain County has been discontinued because the agency psychiatrist with connections to residency programs is no longer working in the network. Alternative plans for increasing access to psychiatry will be pursued.

Plans to improve staff retention are progressing. Based upon results of a network survey of clinicians, it was determined that salary, productivity-related stress and lack of opportunities for recognition were contributing factors to dissatisfaction of clinicians working within the network. Ultimately, the Board would like for incentive funding to be utilized to have some impact on salary and productivity concerns. Regarding opportunities for staff recognition, Board and agency staff agreed that the following actions by the Board may be of assistance: (1) re-instituting appreciation breakfasts, (2) developing a mechanism wherein strong clinical work

## Lorain County Board of Mental Health Strategic Plan Updates

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could be recognized by the Director at Board Meetings, and (3) increasing opportunities for clinical staff to provide training, or to facilitate support groups based upon an inherent interest. Progress has been made on all of these initiatives.

### **GOAL II: Improve Access to the Continuum of Care: Overall, the objective to enhance prevention, early awareness and intervention efforts is progressing, with challenges.**

The plan to enhance prevention activities is in progress, with minor delays. A Quick Hit Team focused on eliminating youth suicide has been meeting to determine what types of prevention activities could have maximum impact within the schools. A survey was developed and completed by over seventy school staff persons from all but three school districts. Results will be evaluated to determine a plan for piloting an alternative intervention within schools. It is anticipated that the actual provision of services will not begin until the next school year. The plan to increase support groups is also progressing as parameters have been established and agencies are working on identifying the logistics of service provision. One agency has already begun providing a support group for obese children in collaboration with the Cleveland Clinic. It is likely that it will not be possible to evaluate the impact of these support groups until December of 2015.

There are mixed results on the objective of enhancing community awareness of agency services. The plan for enhancing community awareness via an electronic newsletter has been delayed because the person responsible (Joan) retired in November. Charlie and Kathleen will complete this task by September. Charlie has determined that the service iContact holds promise as the most cost effective service for producing and distributing this newsletter. There has been progress on the goal to increase depression screenings. The first community event wherein depression screening was offered was in April. It was determined to be a valuable method to provide early identification and referral for those with mental health symptoms. Regarding community awareness, the Board has offered far more opportunities to educate community members in the last twelve months. Community training options now include Mental Health First Aid, Applied Suicide Prevention Skills Training (ASIST) and individualized training made available via the Speakers Bureau. The Board plans to have clinicians trained in Mental Health First Aide for Youth so that this can be made available to the community in Fiscal Year 2016. More needs to be done to promote the community opportunities for participating in training.

The plan for developing a warmline staffed by peer specialists was delayed because of the change in leadership at Emergency Stabilization Services. The new target date for determining if this is feasible is Jan of 2016.

## Lorain County Board of Mental Health Strategic Plan Updates

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There has been some progress toward the objective of increasing training and outreach to medical providers. Board staff have provided training and resources to Mercy Hospital, Parish Nurses and the Cleveland Clinic. Small groups have been trained and much remains to be done. There has been progress toward educating medical practitioners regarding the importance of screening and referral of depressed adolescents and new mothers. Thanks to a collaboration with Elyria City Health and the General Health District, this fiscal year a tool kit including screening and referral information regarding mental health and substance abuse has been personally shared with 38 offices, representing more than seventy practitioners. Feedback from medical staff suggests that the tool kit is very helpful and increases identification of depression symptoms as well as knowledge about available mental health services. Medical practitioners continues to suggest a need for a more seamless linkage to mental health services.

The plan for exploring the feasibility of a system navigator has been delayed. A determination of whether or not this may be a feasible solution will be made no later than September of 2015.

It should be noted that Board staff believe strongly that workforce related challenges must be incorporated into planning efforts regarding community awareness. It remains essential to educate the community about mental health and about available resources. However, there are currently many challenges to timely access to care (lack of clinical staff to provide IHBT, lack of psychiatrists, difficulty hiring, etc.) that will have to be addressed before greater emphasis can be placed on identification and referral.

The plan for developing/expanding client supports is progressing. New Sunrise Properties is in the process of securing startup costs and will apply for funding for a fifteen unit building. Regarding funding for those with Serious Mental Illness who are homeless the following programs/processes have been implemented: (1) mental health wrap funds have been allocated to agencies to assist with security deposits, (2) the housing retention specialist program at New Sunrise Properties has been expanded to include a peer specialist and (3) a residential housing subsidy has been made available to the PATH program at Catholic Charities. PATH staff members work in partnership with a Firelands Clinicians to determine eligibility for short-term housing.

The plan to develop respite options has experienced only partial success. An agreement has been developed with Blessing House for respite funding but no quick hit team meeting has been held with crisis staff to discuss the possible need for emergency foster care. The delay relates to both temporary and permanent staffing changes at the agencies involved in crisis services. The first quick hit team regarding this objective is now scheduled for May 28<sup>th</sup>. The new target date is September 15, 2015. Finally, the plan to provide additional supports to those who have Severe and Persistent Mental Illness has been completed as group home residents

## Lorain County Board of Mental Health Strategic Plan Updates

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have increased participation in Gathering Hope House and other structured daily activities with the addition of the residential peer specialist.

The goal of decreasing geographic barriers to service remains deferred. As referenced earlier, the issues related to work force must first be addressed.

**GOAL III: Decrease the incidence of suicide among youth and adults: Overall, the objectives related to decreasing suicide are mixed, with progress made on some tasks while others have been delayed.**

The plan to identify adult clients who have attempted suicide and connect them to service is progressing in a modified state. Rather than utilizing a peer specialist, a mental health clinician from Firelands is acting as an Engagement Specialist to connect anyone who is hospitalized but has no provider, to the appropriate mental health resource in the community. This project is being piloted at Mercy Hospital.

Plans for the implementation of a LOSS team to provide outreach and support to the loved ones a person who has completed suicide are delayed. While plans for initial LOSS Team training were complete, the staff person initially hired as the Loss Team Coordinator resigned within three months of starting and before the majority of the other tasks could be complete. A new Loss Team Coordinator was hired in March. The newly hired coordinator has scheduled advanced Loss Team training for the end of May. It is anticipated that the pilot of the Loss Team will begin in July of 2015.

The plans to provide support to those who loved someone who completed suicide and to those who have attempted suicide have also been delayed because of the disruption in employment of the Loss Team Coordinator. The target date for compiling information about survivor support groups and determining what would be needed to bolster support for survivors is now June of 2015. The target date for determining if a group for those who attempt suicide would be additive is now September of 2015.

The plan to provide education and increased awareness about Suicide to the Public is on track. Three Applied Suicide Intervention Skills (ASIST) trainings have occurred. One is scheduled for June. Participants have included those from schools, the faith community, the newspaper, mental health agencies, medical practices, and general community members. Six community wide Mental Health First Aid trainings have been offered in addition to targeted trainings for entities including: Job and Family Services and the Valor Home. Training for the community on the connection between suicide and substance abuse was provided in April of 2015. Mental Health First Aid Training will be made available in July of 2015.

# Lorain County Board of Mental Health Strategic Plan Updates

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The training for network clinicians on managing suicidal risk has been delayed due to scheduling challenges with the Suicide Prevention Foundation. The new target date is October of 2015.

There has also been a delay in objectives related to increasing public awareness of suicide prevention through media coverage due to Joan's retirement. However, Charlie and Kathleen are working on re-designing a media campaign which focuses its message on three groups: adult males, youth and parents. Messaging with local radio stations now includes messages aimed at reducing stigma and promoting the availability of mental health services in Lorain County, regardless of ability to pay. Youth specific messages have been created and will be shared with LCCC who has agreed to create posters for disseminating these messages. Since the beginning of this year (Jan. 2015) there has been an increase in the number of web-based depression screenings completed, and a significant increase in depression-related messages that are targeted to Lorain County Residents (reference below). The plan and the method to evaluate the effectiveness of media will be developed by December of 2015.

**Goal IV: Maintain adequate financial and public support for the system: Overall, objectives are complete or progressing.**

Objectives related to the November 2014 Levy Campaign are complete. Board staff are currently in the process of re-creating the task list for future levy campaigns to insure there is continuity for future levy campaigns.

The objective of advocating with state and federal government to advance the mission of the Board is on track. The director has participated in legislative advocacy efforts at both the federal and state levels and has acted as a conduit for sharing information related to mental health with local partners including institutions of higher education and law enforcement. Information about advocacy efforts is typically shared by the director during Board Meetings.

Objectives related to Implementing a Community Engagement Plan, including a social media strategy are progressing, with a minor delay. As referenced earlier, the target date for the electronic newsletter is now September of 2015. A Facebook Account has been created and efforts are underway to increase interest in this page. Initial results have been very encouraging. The number of residents who "like" the Board's Facebook page have more than tripled and the sponsored content is now routinely reaching more than 6,000 residents of Lorain County. The Board is actively advertising through Lorain County.com as well in an effort to reach a more diverse population in the county. The first event wherein online depression screening was facilitated by Board staff was in April, 2015. There has been an increase in the unpaid media coverage created by, or related to, the LCMHB. The Board Director and staff are working to disseminate targeted messages regarding mental health to a broader audience. To

## Lorain County Board of Mental Health Strategic Plan Updates

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this end, Board staff have coordinated a community event to promote mental wellness and child safety that promises to be larger than any community event in the Board's recent history.

Charlie and Kathleen are working with other partners on the Community Health Improvement Plan Team to ensure that the next community survey will provide the information needed to inform whether or not engagement strategies are effective.