

Lorain County Board of Mental Health Strategic Plan Updates

GOAL I: Enhance the quality of Mental Health Services: Overall, the plan is progressing.

Generally, target dates have been met with regard to testing the initial stages of a funding model that incentivizes outcomes. Since the last report and beginning in July Beech Brook, Applewood and Bellefaire have begun utilizing a program wherein incentives are tied to outcomes within The Intensive Home Based Treatment (IHBT) Programs. Rick Shepler continues to provide consultation and training for IHBT clinicians and works with clinicians to ensure the outcomes are completed in a consistent and reliable manner. In terms of expanding the incentive funding The Nord Center, Firelands and Far West Center are now eligible for incentive funding tied to the completion of Community Psychiatric Support Treatment (CPST) outcomes. The agencies will be submitting proposals related to how earned incentive funds will be used to promote retention or recruitment efforts. The first report on the impact of this funding for increasing the completion of CPST outcomes will be due on 1/31/2016.

The plan to increase uniformity of outcome data is on track with one challenge. Regarding the progress, since the last report, The Nord Center and OhioGuidestone have agreed to submit data related to their intensive treatment programs (Dialectical Behavior Therapy and Functional Family Therapy respectively), using the same Ohio Scale reporting format currently utilized for tracking outcomes in IHBT. 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. In terms of a challenge, as you may recall, the Board included questions about symptoms and functioning on the satisfaction surveys that are given to clients of all the clinical and some of the granted agencies each year. This was intended to allow for comparison across agencies once sufficient data was obtained. This year, there were an insufficient number of informants included in the data set for a few of the agencies, making this comparison less meaningful. The reason for the smaller sample sizes is that Medicaid expansion has decreased the number of Board-funded clients who could be invited to participate in the survey. The clinical team will speak with agency directors about opening the survey up to clients with other payer sources to address this challenge.

Plans to increase the diversity and cultural competency of Network Staff and Board Members are progressing, slightly behind schedule. Since the last report The Diversity Quick Hit Team Meeting was held and the participants are working on establishing goals and methods for increasing diversity within clinical and management staff within the network.

In terms of increasing training opportunities for clinical staff, plans are progressing. Since the last report, the Board sponsored Trauma Focused Cognitive Behavioral Therapy as well as Parent Management Training for youth-serving staff. Selected school based staff also participated in Signs of Suicide Training (SOS) through a collaboration between the United Way, the General Health District and the Board. Scheduled trainings for the fall include: include

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Medication Management for Youth, Lifelines Suicide Postvention Training, and Motivational Interviewing. Additionally, seven clinicians from five agencies are being funded to participate in an Eye Movement Desensitization and Reprocessing Therapy (EMDR) workshop in Cleveland. This intervention has demonstrated impact for reducing symptoms of PTSD. Clinicians eligible for this training opportunity had to have been in the network for no less than 1.5 years and had to commit that they had no plans to leave the system for two years. The same expectations were tied to a training opportunity in Dayton to become a “PAX Partner”, a clinician equipped to provide consultation to teachers working to implement the PAX Good Behavior Game. Two OhioGuidestone clinicians will be attending this training in late October.

Plans for creating a pathway to train new professional to enter the mental health field through a collaboration with LCCC are on hold. Since the last report, an obstacle has developed with regard to implementation of an Associates Level Training program for CPST workers to be housed at Lorain County Community College. Changes to existing LCCC tracks and course content, have made it impossible for two new courses developed by the Quick Hit Team to be integrated into the current educational offerings. The Quick Hit Team agreed to integrate the information from the two classes into one class, but challenges remain about some of the content in the class that would be a prerequisite for the CPST course and practicum. The Quick Hit Team is awaiting additional information from LCCC to determine if the CPST Training program will be feasible at LCCC.

Plans for development of the fellowship program are progressing. Since the last report, there have been two meetings of network interns. Five interns have participated in quarterly meetings although only one of these is accepting the Board Stipend since the other interns have been assigned to work that is not community based. Board staff may work with clinical agencies to re-define parameters for stipend eligibility so that more interns can benefit from this program. Quarterly Meetings to date have focused on community resources and professional boundaries. The internships will end in December. It is anticipated that four of the interns will apply for positions within the Network. Board Staff will begin recruiting for next year’s class at John Carroll University, Cleveland State University, Case Western Reserve at The University and University of Akron.

Plans to improve staff retention are progressing. You may recall that 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 the clinicians working within the network. Since the last report, two appreciation breakfasts were held and the Directors Award was established, with one clinician receiving the honor to date. Adult-serving agencies that are eligible for CPST incentive funds have agreed to utilize these funds for workforce recruitment, retention and staff development. The Board has also begun funding

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professionally-facilitated support groups, which are intended to allow clinicians to pursue individualized interests. As of September 18, 2015, support groups have been developed to address the needs of the following populations: Obese youth, those who loved someone who died by suicide, parents who have adopted or are fostering, and Lesbian, Gay, Bisexual and Transgender (LGBT) adults. A support group for LGBT youth has also been proposed but has not yet begun.

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. Since the last report, the Eliminate Youth Suicide Quick Hit Team determined that there is a need for youth-led prevention activities within schools. The Board is awaiting a proposal from a contractor who would help to establish teams focused on improving school climate and reducing the number of youth who experience alienation (a risk factor for youth suicide) at up to six schools this fiscal year. If the proposal is accepted, it is expected that the contractor will begin outreach to schools to October to identify students and a staff member who are willing to promote positive change, and reduce alienation within their respective schools. Once the students and school sponsors are identified, they will attend a kick off forum November or December to learn about how they can be change agents within their respective schools. The outcomes of this initiative will not be available until June of 2016. The plan to increase support groups is also progressing as discussed above. Additionally, since the last report the Board took the unusual step of providing training for teachers, rather than clinicians, so that they may learn a behavioral strategy that has been proven to reduce suicide in subsequent years. First grade teachers from thirteen Lorain County Schools were trained in the PAX Good Behavior Game. In October, two network clinicians will be trained to provide consultation on this model and a Booster session will be offered to the teachers.

There are mixed results on the objective of enhancing community awareness. Since the last report there has not been progress on the task of creating an electronic newsletter. It is anticipated that, once hired, the Manager of Communications and Marketing will begin the newsletter and work to enhance the Speakers Bureau no later than Jan of 2016. Efforts to outreach to medical offices continue (see outcomes below). The outreach group (responsible for helping non-mental health entities with early identification and appropriate referrals to mental health services) has been pleased by the number of medical practitioners who have begun screening and referring (see outcomes below). The group has determined that while outreach to medical practices should continue, there is a need to shift gears and to create a tool kit for schools, to encourage early identification and appropriate referral in this venue. It is anticipated that this tool kit will be ready for dissemination no later than December of 2015.

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There has been progress on the goal to increase depression screenings. Since the last report, data has become available that indicates that the number of screenings completed between January and July of 2015 jumped to 349 people screened. This is considered significant progress because there had only been sixty screenings completed between July and December of 2014. Regarding community trainings, in addition to the PAX training (referenced above), since the last report the Board has coordinated one Applied Suicide Prevention Skills Training (ASIST). Additionally, the Board sponsored clinicians to become trained in Mental Health First Aid for Youth. Two Mental Health First Aid for Youth Trainings have been provided since the last report; one for Lorain City School Safety Officers and another for community partners including Lorain County Juvenile Court and Children Services Staff. Finally, since last report, Speakers Bureau Members have presented two individualized trainings regarding mental health and suicide prevention: one for Lorain County Community College Staff and one for a faith assembly in Lorain.

Some progress has been made on the objective relating to integrating physical and mental health services. Since the last report, Jo Ann Simmons from the Elyria City Health Department provided year end data for the initiative focused on outreach to medical practices, specifically those treating children and pregnant women. Per Ms. Simmons, by the end of the last fiscal year outreach efforts yielded 5100 youth screenings (Mental Health or Substance Abuse) resulting in approximately 440 referrals to behavioral health services. Additionally, through this project, approximately 850 pregnant women have been screened, of which 51 have been referred for Maternal Depression or Substance Abuse services. Jo Ann plans to continue to provide follow up and the Board continues to provide resources upon request. There is not yet a method for Jo Ann to track which agencies are providing feedback regarding kept or missed appointments following a referral from a medical practice. To reduce administrative burden, this responsibility may be incorporated in the role of a Care Navigator, if this position is approved by the Board. Over the summer Board Staff met with the Lake County Recovery Board Staff who developed the Compass Line to connect Lake County Residents with behavioral health needs to the most appropriate service. Planning documents and implementation timelines were also reviewed. The next steps include making a determination about whether or not this position could be part time in Lorain, with the staff person having shared responsibilities for connecting Lorain County Residents to services, coordinating between referral sources and agencies and coordinating transportation. Once the concept is developed, it will be shared with the Full Board. Regarding facilitating of partnerships with medical and mental health agencies, there has not been additional progress since the last report.

As referenced in the last report, Board staff continue to 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 access

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to psychiatrists, difficulty hiring clinical staff, etc.) that must be balanced with the emphasis that can be placed on identification and referral.

The plan for developing/expanding client supports is progressing with one challenge. New Sunrise Properties applied for funding to support a fifteen unit building for chronically homeless persons with severe and persistent mental illnesses. The Director of New Sunrise Property reportedly secured funding from OMHAS but two other funding sources were not an option this Fiscal Year, but are expected to be available in 2017. Regarding funding for those with Serious Mental Illness who are homeless, progress continues with agencies using Mental Health Wrap to assist with security deposits. Additionally, the housing retention specialist and peer specialist continue to work to proactively address challenges that would otherwise cause those with Serious Mental Illness to risk losing their homes. The PATH housing assistance that the Board funded in Spring 2015 resulted in fourteen persons with serious mental illness being housed in the last fiscal year.

Some progress has been made on the plan to develop respite options for youth. Blessing House continues to be funded for short term respite of youth under twelve who are referred by youth serving mental health agencies. Additionally, a Quick Hit Team has developed the outlines of a program for utilizing specialized foster parents to provide emergency respite in place of psychiatric hospitalization or to assist clients in stepping down after a hospitalization. The next meeting of the Quick Hit Team will be in October and the details of the proposal will be concretized for review by our Board and the Integrated Services Board by December of 2015.

The goal of decreasing geographic barriers to services was deferred but some progress is now being made. Board Staff met with the Job and Family Services staff responsible for coordinating transportation. The Director has disseminated information regarding the availability of transportation services to network providers, allowing for misconceptions about transportation limits to be dispelled. Board staff have collected information from Lake County regarding their Board's system for coordinating transportation to behavioral health appointments. Since that meeting there has been discussion about whether or not the Board could hire one person to coordinate both transportation and linkage to services. The next step will be to clarify potential responsibilities for this position and then to discuss this with the Board.

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. Since the last report, Firelands has shared year end data indicating how many patients from the behavioral health unit at Mercy Hospital, who did not have a mental health

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provider at the time of hospitalization, were connected as a result of the engagement specialist. Based on the data received, Mercy referred 122 patients. The engagement specialist connected 57 of these patients to Firelands and 44 to other providers. Of the patients referred to Firelands, 34 were opened for treatment.

Plans for the implementation of a Loss team to provide outreach and support to the loved ones a person who has completed suicide has been modified. Since the last report, the Loss coordinator provided advanced Loss Team training for volunteers (at the end of May). While it was anticipated that Loss Team would be piloted with one of the police departments, it was subsequently decided that the Loss Team would begin in collaboration with the Coroner's Office. The Loss Team has been prepared to respond to calls from the coroner's office since 9/14/15. The impact of the Loss Team will be evaluated in June of 2016.

The plans to provide support to those who loved someone who completed suicide are progressing. A Nord Center Clinician and a member of the Suicide Prevention Coalition have begun to facilitate a support group in Elyria twice per month. These support groups began in August of 2015, but did not have participants attend until September 2015.

Plans for providing a group for those who have attempted suicide are being explored. Since Nord and Firelands offer clinical groups targeting suicidal behaviors and the symptoms that often correspond with these behaviors, it is not clear if the proposed group would be additive. A decision will be made by March of 2016.

The plan to provide education and increased awareness about Suicide to the Public is on track. Mental Health First Aide (MHFA), Mental Health First Aide for Youth (MHFA-Y) and Applied Suicide Prevention Skills Training (ASIST) continue to be available at no cost to the community. Since the last report, there has been one MHFA Training, two MHFA-Y Trainings and one ASIST Training.

The plan to host a training for network clinicians on managing suicidal risk is progressing. The training has been approved for funding by the Ohio Suicide Prevention Foundation and will be scheduled in either November 2015 or March 2016. This training will require some coordination as the Foundation expects that our Board will open the opportunity to those from other counties and that the Board will charge for attendance at the training to cover the cost of meals. Further since the Foundation funds are a result of a SAMHSA grant, alcohol and drug counselors will also be invited. It is expected that the training will be scheduled by October 2015.

The plan to increase public awareness of suicide prevention through media coverage has progressed slowly. Local radio stations have aired messages aimed at reducing stigma and promoting the availability of mental health services in Lorain County, regardless of ability to

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pay. During the period between January and July of 2015, there have been five unpaid articles about Board-funded suicide prevention efforts. Additionally, an article about Nord's Suicide Survivor Support Group was published in the Elyria Chronicle on 9/7/2015. As referenced above there has been a large increase in the number of mental health screenings since January. Since the beginning of this year (Jan. 2015) there has also been a significant increase in depression-related messages that are targeted to Lorain County Residents via Facebook (reference below). The plan and the method to evaluate the effectiveness of media will be developed December of 2015 once a new Manager of Communications and Marketing is hired.

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 have re-created a task list related to levy preparation to ensure that the Board is prepared for future levy campaigns.

The objective of advocating with state and federal government to advance the mission of the Board is progressing. The Director continues to participate 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 January of 2016. A Facebook campaign targeting Lorain County Residents with anti-stigma, suicide prevention and mental health promotion messages continues. Since the last report, data has become available to indicate that the number of people who "liked" the Board Facebook has increased from 111 in March to 1,242 as of this report. Content focused on reducing stigma and encouraging recognition of mental health symptoms is now routinely reaching more than 6,000 residents of Lorain County. These and other grassroots efforts appear to be effective based upon the attendance at a community even (Keeping Our Children Safe) that occurred just before the submission of the last report. An estimated 300 community members attended this evening event. Finally, since the last report, an analysis of unpaid media coverage in the first half of the calendar year January to December of 2015 reflected ten unpaid articles promoting the Board or Board sponsored initiatives. This marks an increase from the preceding six months, wherein five unpaid articles were identified, including three related to the levy. The Director and Board Staff continue working with other partners on the Community Health Improvement Plan Team to ensure that the next community

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survey will provide the information needed to inform whether or not engagement strategies are effective.

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