



Mental Health Services

for Clark and Madison Counties, Inc.

(MHS)

CHNA Implementation Plan 2018-2020 Report

Implementation Plan - Progress Report

(This section taken directly from http://www.ccchd.com/ccchd/n_he/comhealthas.html)

The following is an update on the progress the Mental Health Task Force has made toward meeting the goals and objectives created to address the mental health needs of the community as of June 30, 2018.

Mental Health Task Force: Depression Screening			
Impact Objective: To improve the awareness and use of a locally available on-line self-assessment tool for adolescents through adults to identify depression and risk of suicide. Use of the tool also connects the participant directly to information about local mental health services availability, location and service hours.			
SMART Objective: For 2017 - increase raw participation by 20% in the Mental Health Services HANDS Depression Screening Tool through promotion and direct referral; to improve the demographic breadth and balance of participants as identified by gender, age and other pertinent demographic discriminants. To provide an immediate referral guidance tool for gatekeepers that promotes the screening tool or more direct referral as deemed necessary. To regularly identify the source of referrals as an indication of program impact and efficacy.			
Process Objectives	Related Activities	Specific Dates	Performance Management
Update the Mental Health Recovery Board Suicide Warning Signs wallet card to include more information on local mental health contact information		9/1/2016	Completed
Develop a Gatekeeper assessment and referral resource, simple wallet size design for ease of carry and reference		7/19/2016	Completed
Complete a retrospective evaluation of demographic and general trends from the MHS HANDS Depression Tool for past 12 months		11/1/2016	Completed
Conduct referral program orientation to identified trainers: Gatekeepers, First Responders, Law Enforcement, and LOSS Team		Ongoing	Initial work completed
Revise MHS intake procedures to include the identification of referral source		Sept. 2016	Completed
Begin regular evaluation and reporting of MHS HANDS data and trends		Ongoing	Initial work completed
Begin regular evaluation and reporting of MHS intake and referral data		Ongoing	Slow progress/ behind schedule
Identify additional Gatekeeper agency opportunities		March 2017	Good progress/ on schedule

Mental Health Task Force: Physician Impact Plan

Impact Objective: To improve coordination of efforts between individual treating physicians and the community of mental health service providers

SMART Objective: By January 1, 2017 – a survey of local physicians will be conducted to identify referral practices when dealing with or prescribing medications for a mental health condition; a survey of local mental health service providers will be conducted to identify contact information, types of services and referral requirements; a complete and regularly updated referral list of mental health service providers will be available to all physicians.

Process Objectives	Related Activities	Specific Dates	Performance Management
<ul style="list-style-type: none"> a. Develop general physician survey tool for distribution b. (Amended objective) Committee sub-group develop a short survey tool for distribution to area GP's and Pediatricians c. Provide the survey to the CCCHD (Clark County Combined Health District) for distribution to known physician contacts d. Evaluate and report survey results 		Feb. 2018	Good progress/ on schedule
<ul style="list-style-type: none"> a. Develop a mental health service provider survey tool for distribution b. Establish a distribution list c. Evaluate and compile survey results d. Print the resulting referral guide e. Distribute the guide to all local physicians and referring agencies 		2/24/2019	Good progress/ on schedule

Mental Health Task Force: Youth Sub-committee

Impact Objective: Create a seamless continuum of care from the school through the various medical and social service agencies when dealing with school-age children in Clark County who present with suicidal ideation or other acute mental health issues

SMART Objective: By August 2017, the MH Task Force will implement a Parental Consent to Treat and Release Information form and protocol for use by all Springfield and Clark County School districts

Process Objectives	Related Activities	Specific Dates	Performance Management
Develop a county-wide policy for information sharing among Clark County schools, hospitals, physician offices, and any agency providing mental health services for school-aged children a. Obtain approval for a policy from all pertinent agencies and offices b. Create Consent for Release information form agreeable to all parties c. Create a tool for information sharing to be used among all agencies and offices		Jan. 2018	Completed
Prepare schools for implementation a. Obtain a Memorandum of Understanding with schools, agencies and offices county-wide		Oct. 2017 – April 2018	Good progress/ on schedule
Implement program a. Implement programming b. Document process		Nov. 2017 - May 2018	Good progress/ on schedule
Implement policy a. Educate schools, agencies and parents to expect this as part of the process when a child is referred for mental/behavioral health services		Ongoing	Good progress/ on schedule
Evaluate utilization		Ongoing	Good progress/ on schedule
Share results with community and CHIP Group a. Summarize results of program b. Present results to community via press release, social media, etc. c. Share results with CHIP Group next meeting		Sept. 2018	Good progress/ on schedule

Mental Health Task Force: Youth Sub-committee Suicidal Ideation

Impact Objective: Reduce the incidence of reported suicidal ideation among middle school-age children in Clark County.

SMART Objective: By March 2017, the MH Task Force will implement evidence-based programs/interventions in Springfield and Clark County School districts for middle school age students.

Process Objectives	Related Activities	Specific Dates	Performance Management
Invite key personnel from city and county school districts, RHC and SRMC. a. Contact school-based personnel who work with children in crisis b. Contact personnel for RHC (Rocking Horse Center) who work with children in crisis c. Contact the ED manager of SRMC (Springfield Regional Medical Center)		Ongoing	Completed
Research evidence-based programs. a. Utilize the CCHD evidence-based practices repository for resources b. Research Botvin Life Skills program currently in use in Urbana and Miami County schools c. Determine appropriate program based on student needs and level of success d. Determine cost of program e. Once chosen, acquire all documents/tools necessary to implement program		April 2016 - Aug. 2016	Completed
Prepare schools for implementation a. If necessary, develop and complete Memorandum of Understanding with schools b. Determine school personnel needed for implementation c. Discuss implementation process with school administration d. Select dates and times to begin implementation e. Implement training of personnel f. Continue meetings with superintendents and school officials		Aug. 2017 - July 2018	Good progress/ on schedule
Implement program a. Develop and document process steps b. Implement programming		Aug. 2017 - July. 2018	Good progress/ on schedule
Evaluate program a. Obtain documentation from participating schools b. Analyze data c. Compile results and share with schools		Sept. 2017 - June 2018	Good progress/ on schedule
Share results with community and CHIP Group a. Summarize results of program b. Present results to community via press release, social media, etc. c. Share results with CHIP Group at next meeting		June 2018	Good progress/ on schedule

Mental Health Task Force: Youth PAX Good Behavior Game (PAX GBG)

Impact Objective: To improve the efficacy of the elementary educational experience by implementing the validated PAX GBG curriculum programming for elementary school programs throughout Springfield and Clark County and through training and support of the elementary school teachers.

SMART Objective: 50% of all elementary school programs will support PAX GBG programming in selected classrooms by the beginning of the 2017/2018 academic year. At least one elementary school will support PAX GBG in every classroom grades 1 through 5 by the beginning of the 2017/2018 academic year. 75% of all elementary school programs will support PAX GBG by the beginning of the 2018/2019 academic year. To increase the number of PAX GBG trained teachers by at least 40 per year over the next 5 years.

Process Objectives	Related Activities	Specific Dates	Performance Management
Train teachers 1. 25 trained in 2016 2. 70 trained in 2017 3. 40 potential in 2018/2019 4. 40 potential in 2019/2020 5. 40 potential in 2020/2021		Annualized	Good progress/ on schedule
Move classrooms to fidelity standard 70 classrooms participating in 2017/18		2019/2020 academic yr	Good progress/ on schedule
Focus on Simon Kenton Elem. For full integration		June 2017	Completed
Integrate Lincoln Elem. Into Clark County program		Jan. 2017	Good progress/ on schedule
Create ongoing trained teacher support and infrastructure		Ongoing	Good progress/ on schedule
Legislative advocacy		Ongoing	Good progress/ on schedule

Mental Health Task Force: Mobile Integrated Health Care

Impact Objective: To improve the efficacy of interventions available to EMS first responders for mental health related situations thereby reducing the frequency of service requests and the need for more expensive and less effective resources in those situations

SMART Objective: To better match the services provided to the needs presented. To expand non-emergency treatment protocols, including transfer of patient care, and enhance the appropriate sharing of protected health information across multiple provider agencies involved.

Process Objective	NOTE: this initiative was discontinued in December 2017, when the Fire Chief retired. The new Chief is working on addressing the problem of non-emergent use of 911 calls through alternate pathways, which will accomplish the same objectives.	c	Performance Management
Research and evaluation concerns for trends and hospital and Mental Health			Completed
Develop protocols essential plans vs. situational need		7	Good progress/ on schedule
Establish approved documentation sharing platforms. Manage			No progress/ intervention needed
Identify approved communication procedures with the various treatment providers		1/24/2017	No progress/ intervention needed
Establish a medical direction quality control plan to include feedback from referral service providers		1/24/2017	No progress/ intervention needed

Appendix 2 –Patient Satisfaction Comparison

