

Minutes

CHIP Mental Health Priority Team

April 15, 2020, 9 am – 11 am

Virtual by GoToMeeting – 30 participants total

Known participants: Pam Waite; Rosemary Miles; Clare Rosser; Lisa C Lubowicki, Andrew Smith; Marilyn Zeidner; Candace Clark; Jolene Thomas; Kat Solove; Debbie Kelley; Brooke Sherman; Nicole Holt; Moira Erwine; Amy Szmania; Christine Robinson; Rebecca Jones; Tony Coder; Joanne Ferritto

CHIP Mental Health Goal: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.

Guest Discussion with Tony Coder, Director of Ohio Suicide Prevention Foundation

With recent changes due to COVID-19, our group took the opportunity to hear from a state-level advocate about current legislation, trends, and predictions regarding our work. Some key points from the discussion:

- While the # of calls to suicide prevention and mental health hotlines statewide is following a predictable “U” shape, with a dip in calls while people struggle with basic needs, calls to 2-1-1 are up 30-50% across the state. In some places, non-crisis calls to crisis lines are up, with people seeking stress management and relationship management resources.
- In Lorain County, we have been heavily promoting the Crisis Text Line (4hope to 741741) and the Disaster Distress Helpline (1-800-985-5990) to help people manage stress, anxiety, and mitigate the development of a crisis. *See charts on national usage at the end of this document.*
- Hospital Emergency Department visits are down, which might indicate conditions are going untreated.
- Children’s hospital behavioral health visits are down, with some evidence that parents are not recognizing the potential seriousness of signs of mental health conditions in children during the stay-at-home order.
- Respite is a challenge for families.
- We need to keep talking about and addressing child abuse, sexual assault and domestic violence.
- State-level behavioral health policy has a strong focus on kids, but not on some of the highest-risk demographics for suicide.
- Crisis services need to remain a priority. Major events can divert resources from critical systems, but they can also be a catalyst for new thinking and reinvestment, like Georgia’s overhauled crisis system after Hurricane Katrina.
- School social workers can be a conduit of information.

- Start thinking about summer opportunities for outreach and prevention for school-age children. Consider partnering with places like Boys and Girls Clubs for virtual summer camps. Also make sure older youth know where to reach out for help.
- The Statewide Teachers Union notes that some teachers have died, and school communities are changed by the loss, and by grief.
- The group overall acknowledge that there will be a “surge of grief, and a surge of trauma” on the heels of the surge of COVID-19 cases and deaths.
- A message that might need more attention is safe storage for firearms.
- Tony referenced these two articles:
 - o <https://www.forbes.com/sites/onemind/2020/03/30/flattening-the-mental-health-curve/>
 - o <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2764584>

New prevention efforts regarding COVID-19

Ohio’s Strive for 5 Challenge was issued on April 13 by the Governor and OhioMHAS. Our local MHARS Board took the lead on bringing this effort to Ohio from New York. Resources are available at OHStrive5.org.

Recent local suicide data

Recent data from the coroner’s office was shared, but there is not enough data currently to track trends or make meaningful comparisons to other timeframes.

State Suicide Prevention Plan

Members were encouraged to read the plan at <https://www.ohiospf.org/download/suicide-prevention-report/>.

Legislative/State updates

Both Ohio SB 126 and the FCC progress on 3-digit national hotline seem to be in a holding pattern due to COVID-19.

Behavioral health updates regarding the State’s COVID-19 response, from the MHAC:

- Expanded telehealth to include the use of phone calls/video conferencing
- Prohibited the use of prior authorizations for all services.
- Provided \$65,000 in funding to secure supplies for Adult Care Facilities
- Issued guidance to residential settings
- Started Monday evening programming on YouTube called Mental Health Monday
- OhioMHAS hosting 3 calls per week with stakeholders and providers
- Governor DeWine routinely notes the importance of behavioral health during his daily briefings.
- Following the lead of the federal government, providers can now, after clinical review, provide clients with up to 14 days - of methadone, thus limiting their need for daily visits to clinics.
- On Friday, OhioMHAS distributed a survey to providers to assess the state of care and the current health of the system. Responses were due COB April 13.

- The Ohio Department of Medicaid (ODM) is offering technical assistance to facilitate claims review between providers and Managed Care Organizations (MCOs) for claims dating back as far as July 2018 to resolve outstanding claim denials to help providers recoup funds during this critical time.

Strategy 1: Community-based education to promote positive mental health
Shorthand Objective: QPR basic suicide prevention in new settings

- The group discussed ways to continue offering QPR in remote settings. Moira Erwine from the ESC noted the opportunity to educate people who are now doing home check-ins with families, like teachers, but who are not trained in identifying risk factors. Pam Waite and an ESC staff member will be asked to evaluate the existing QPR web-based tools to see if they provide good prevention education during the extended school closure. Pam also noted that LCCC is doing online clinicals.

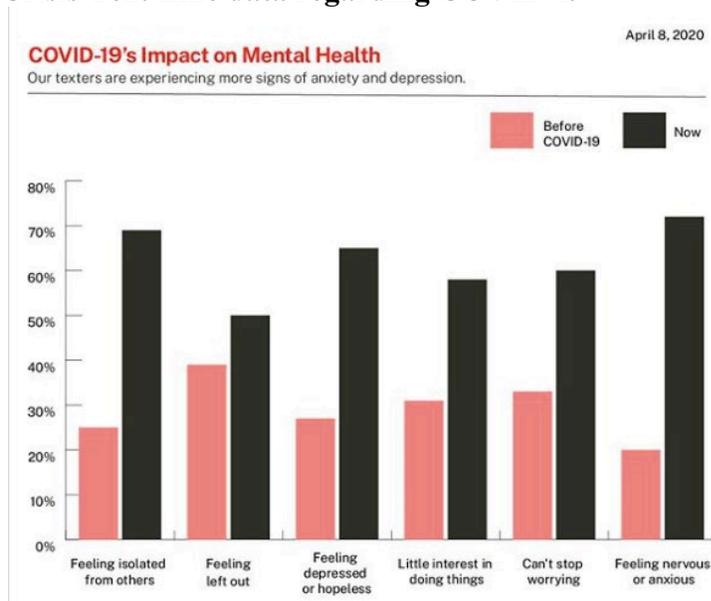
Strategy 2: Screen for clinical depression for all patients 12+ using a standardized tool
Shorthand Objective: Increase # of people screened using standard tool

Strategy 3: School-based prevention programs and policies
Shorthand Objective: Offer new or expanded youth programs that influence mental health outcomes for 8th to 12th graders

The meetings originally scheduled to inform these two strategies were canceled due to COVID-19 precautions. They will be rescheduled as virtual meetings.

After discussion of what is reasonable to ask of our hospital partners, for example, during this time of crisis, the group noted that while COVID-19 is making some immediate changes necessary, we shouldn't let it sidetrack us long-term from our strategies.

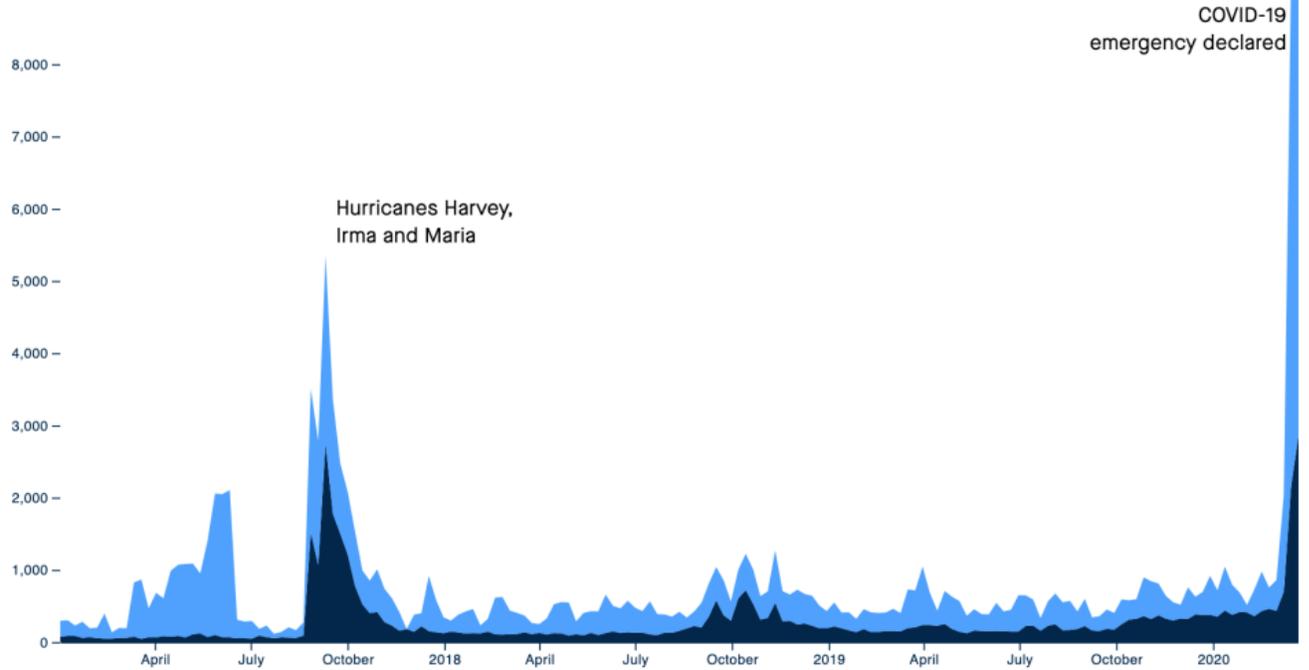
Crisis Text Line data regarding COVID-19



Disaster Distress Helpline data

As coronavirus spread worsens, calls and texts for help spike

The federal [Disaster Distress Helpline](#) offers counseling and emotional support to people after manmade or natural disasters. ■ Calls and ■ texts to the line (shown by week) surged after COVID-19 was declared a national emergency.



Source: Substance Abuse and Mental Health Services Administration, Vibrant Emotional Health | Credit: [Center for Public Integrity](#), Columbia Journalism Investigations

Next meeting: July 15, 2020, 9 am to 11 am