Minutes

CHIP Mental Health Priority Team
July 15, 2020, 9 am – 11 am

Virtual by GoToMeeting – 25 participants total
Known participants: Pam Waite, Chad Grude, Judy Maldondo, David A. Kish, Jo Anne Ferritto, Rosemary Miles, Moira Erwine, Samantha Blackwell, Neil Hamilton LOSS, Tony Coder, Collen O'Malley, Cynthia Crawford, Jose Flores, Nicole Holt, Mark Johnson, Christine Robinson, Don Schiffbauer, Brooke Sherman, Amber Smith, Kat Solove, Elizabeth Wolanski, Clare Rosser (if you were in attendance and missing from this list, please alert crosser@mharslc.org)

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.

COVID-19 update:
There was a general discussion of safe ways to discuss suicide, to avoid "normalizing" what is a rare but serious health event. In support of that, Clare noted the work of the Mental Health & Suicide Prevention National Response to COVID-19 (more about this public-private partnership here: https://theactionalliance.org/covid19), which just published key messages related to talking about suicide during a pandemic.

These key messages were developed by the Action Alliance's Media Messaging Workgroup (MMWG)—a collaboration of nearly 20 mental health and suicide prevention partners and federal agencies—in response to the current pandemic. Available at: https://theactionalliance.org/covid-19/messaging/key_messages

Key Message #1:
Acting now can help to prevent negative mental health impacts of the pandemic.

Key Message #2:
Social connectedness is key, and all Americans can play a role in supporting others.

Key Message #3:
While there is no conclusive data to indicate that suicide rates have risen as a result of COVID-19, we do know many Americans are experiencing impacts on their mental and emotional well-being, and issues such as job loss, financial strain, and social isolation are all risks factors for suicide.

Key Message #4:
Help is available for those who may be experiencing a mental health or suicidal crisis.

Key Message #5:

When discussing data, especially data related to call and text volumes for crisis services, include the appropriate timeframe and context.

Key Message #6:
Virtual health care support services, like telehealth, are available for those looking to access behavioral health care.

Key Message #7:
Even in normal circumstances, those working in health care delivery experience stress, anxiety, and burnout; but the COVID-19 pandemic is exacerbating these issues with many also experiencing compassion fatigue, fear for their own physical health, and trauma.

Updates on other suicide prevention efforts:

Community Readiness Assessment based on CDC strategies:

- Interviews underway using the Tri-Ethnic Community Readiness model; will be completed and scored by end of August
- To gauge Lorain County's readiness to approach suicide prevention using these CDC strategies:
    - Strengthen economic supports
    - Strengthen access and delivery of suicide care
    - Create protective environments
    - Promote connectedness
    - Teach coping and problem-solving skills
    - Identify and support people at risk
    - Lessen harms and prevent future risk
- Process will result in a plan that can help guide all suicide-prevention efforts in Lorain County

July's Minority Mental Health Month: collaboration to address Black youth suicide

- Ring the Alarm report and local discussion available at mharslc.org/ringthealarm

"Suicide in Ohio: Facts, Figures, and the Future"

- Report: https://mhaadvocacy.org/suicide-in-ohio/

September is Suicide Prevention Month

State-level preparation for Behavioral Health Surge

- Washington report to be included with minutes

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, and trainer capacity to switch to a new mode of delivery.
    - QPR: The Ohio Suicide Prevention Foundation is going to help by offering QPR virtually. Contact Austin Lucas at austin.lucas@ohiospf.org.
    - Mental Health First Aid will be offered virtually: https://mhaohio.org/get-help/mhfa/

- The MHARS Board received approval to sponsor digital trainings through the QPR Institute to 70 school personnel (5 from each of the 14 public school districts).

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

This subcommittee met in May, in connection with the SUD CHIP Priority team, and discussed the following:

Inventory of Screening Types among CHIP Partners:

Partners have been providing this. This is the list so far:

Depression: PHQ-9 (and PHQA), BSAD (Brief Screen for Adolescent Depression)
Suicide: CSSR-S, Columbia Suicide Rating Scale
Substance risk: SBIRT
Anxiety: GAD7
GDS for the most part in primary care/behavioral health
Scale of social influencers of health like CYW-ACEQ
General: Consider Basis-24 (for general screening for broad MH issues); broad self-screening option of MindWise online screening, ex: https://screening.mentalhealthscreening.org/lorain

Additional thoughts from Rosemary Miles' team at the Cleveland Clinic:

- HAM-A (Hamilton) is not validated for kids and is somewhat complex to use (needs experienced clinician to complete)
- GAD-7 (anxiety) is easier for screening, validated in adults only but making its way to youth
- S-BIRT is helpful for substance abuse. Some teams use E-BASIS from McLean for screeners—pros and cons with that software. https://www.ebasis.org/basis24
- Mostly, the feedback regarding screeners is that nothing replaces some simple, authentic screening questions incorporated into a clinical exam (in person or virtually) that then better direct care. Helpful to work with staff on the frontlines for professional development in inquiry of mental health issues in addition to basic screeners (like PHQ, SBIRT).

SBIRT and the Brief Intervention
Christine Robinson led a more in-depth discussion on SBIRT and its use locally. Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated, public

health approach for early identification and intervention with patients whose patterns of alcohol or drug use put their health at risk. Its components include universal, annual screening to identify unhealthy substance use; brief intervention about unhealthy substance use and can include motivational interviewing, and referral to treatment.

Mental Health Month Promotion (A Million in May)
Clare Rosser led a discussion on mental health month promotions, with COVID precautions. Mental Health America is emphasizing practical tips to manage stress, and pointing all promotions toward online, broad-based mental health screenings. The goal nationally is "A Million in May" for voluntary online screenings. Online screenings are also an adaptation for reaching people during the physical isolation caused by COVID.

The materials are available through facebook.com/mharslc

Additional Resources:
Availability of support groups for essential workers. Details are here:
https://mharslc.org/blog/virtual-support-groups-free-for-essential-workers-in-lorain-county/

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

This subcommittee met in May and discussed the following:

Strengthening & Sustaining Ohio's Suicide Prevention Coalitions Initiative (SSOSPC) Update

Liz Wolanski and Clare Rosser were selected from the MHARS team to participate in a statewide learning community about suicide prevention for all ages.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has partnered with the Ohio Suicide Prevention Foundation (OSPF) and Ohio University's Voinovich School of Leadership and Public Affairs (OU-GVS) to enhance the work of suicide prevention coalitions across the state to align with the Suicide Prevention Plan for Ohio and the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide. Seventeen suicide prevention coalitions covering 23 counties were funded in the spring of 2020 to engage in an eight-month learning community with peers and receive wraparound support services in order to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. Through participation in the learning community, coalitions will be:

- Conducting a Community Readiness Assessment to better understand local conditions that guide appropriate suicide prevention strategies
- Developing the knowledge and skills needed to increase the infrastructure and sustainability support group/coalition sustainability

- Enhancing strategic planning efforts through data-driven decision-making and
- Professional development and leadership skill-building opportunities

Liz and Clare have also been connecting to a wider network of suicide prevention coalitions across the state, through the Ohio Suicide Prevention Foundation (OSPF). Their hope is to reconfigure the local Suicide Prevention Coalition (SPC) for greater reach and community involvement, plus strategies informed by statewide work and the State's Suicide Prevention Plan (https://www.ohiospf.org/download/suicide-prevention-report/), after the completion of the learning opportunities in September 2020.

Suicide Prevention Education Adaptations due to COVID:

Family Toolkit
Liz Wolanski and Christine Robinson worked with local child-serving providers to create an online toolkit for families, now available at mharslc.org/familytoolkit.

QPR Suicide Prevention Training
Typically, the MHARS Board trains hundreds of people each year in suicide prevention, including within schools and at family-friendly events. Due to the pandemic, these in-person gatherings are no longer possible. The MHARS Board is seeking/re-allotting training funding to provide suicide prevention training online for school personnel who may have summer contact with families.

Handle with Care Update:
Liz Wolanski led a discussion on the Handle with Care model, that local partners recently learned about in more detail. HWC is a model that has been proposed to implement as part of this CHIP strategy.

Handle with Care is a trauma-informed program that allows first responders and schools to work together to help students overcome traumatic experiences and reach their full potential. The day after an adverse event, such as a parent's arrest or foster care placement, a student will likely be tired, irritable, and unprepared for learning. Consequences can intensify the impact of the event(s) but a Handle with Care notice gives teachers the ability to provide care instead of consequence. Handle with Care asks first responders to note when a school-aged child is present during an arrest, overdose, domestic violence incident, car accident, or other possible traumatic event. The first responder obtains the child's name and school, then sends a notice stating "Handle with Care" and the student's name to the appropriate school/district. No specific information about the event is shared. The Handle with Care protocol allows school staff to provide additional support to students in the days following adverse/traumatic experiences and monitor for any ongoing needs. The second tier of the program, first responder visits, allow first responders to regularly visit schools to connect with all students.

Liz encouraged members to watch the video about HWC:
https://www.youtube.com/watch?v=vdkvhm6NNRo

Next meeting: October 7, 2020, 9 am to 11 am