

Meeting Highlights and Action Plan

Topic	Key Points	Action Items <i>Including Responsible Party/Timeline if applicable</i>
Welcome	<ul style="list-style-type: none"> • Members welcomed by Sandy Miller, CCCHD Nursing Supervisor 	
School Services	<ol style="list-style-type: none"> 1. Botvin is in its third year: 2. Most local school districts are involved. Leslie is still trying to bring Northwestern and Shawnee onboard and will reach out to them again this school year. 3. The Dome After School Program is interested in implementing Botvin with their student attendees. 4. Project Woman is interested in utilizing Botvin in some capacity with the youth they have contact with through their services. 5. Botvin is growing and nearing capacity. If capacity is reached then Well Spring will need to look into adding staff. 6. Bev Dixon is organizing Botvin training at the Dome on September 9, 2019. She will be bringing in a National presenter. Currently, there are 20 participants registered. 7. "Signs of Suicide" is in place in Madison County Schools as a prevention program. The program has a screening piece; however the students can opt out. The screening is not currently done on a yearly basis: 8. Can we bring this program to Clark County? It would be in addition to Botvin. 9. This program has been around for a long time and is an evidence based program 10. The Nationwide contact info for Signs of Suicide is needed for the school Resource Officers. 11. If the Resource Officer can express need there is a better chance of implementing. 12. Can representatives go to Madison and observe the program? Can we ask Madison if they will share data with us to help convince our local schools to initiate this program? 13. If Signs of Suicide is implemented there needs to be services in place for follow up care. 14. Champaign County does Signs of Suicide at athletic screenings but follow up procedure is unknown. 15. Need to build in capacity to expand past 1 or 2 grade levels. Maybe start a pilot program in one school and expand from there. Check with Roosevelt Middle School Administration to see if they would be interested in piloting in the city school system and Sue Fralick to reach out to Tecumseh to see if they would be willing to pilot in county school system. 16. Other school based therapy programs run 12 months. Local – 9 months or 12 months? 17. Salaries for school based therapist are a potential issue. 18. Schools have a different salary scale and could offer higher wages than Mental 	

	<p>Health. Possible \$50,000 to \$60,000 per year. Therapist would be independent.</p> <p>19. Conversation about sharing one therapist between two schools but that is not productive; they would be spread too thin to adequately provide needed services.</p> <p>20. If the therapist is hired by school then only IEP counseling can be billed to Medicaid, but if employed by Mental Health then all Medicaid sessions can be billed. Therapist would be dependent and require supervision.</p>	
<p>QPR and other Trainings</p>	<ul style="list-style-type: none"> • Save the date for The Center For Disaster Mental Health (CDMH) training on Friday, October 25, 2019, 8:00 AM to 5:00 PM: “Suicide: Impact, Prevalence, and Prevention. The Keynote speaker will be Tony Coder with the Ohio Suicide Prevention Foundation. Greta Mayer, MHRB Director will be speaking on “Youth, Adult, and Geriatrics. Will include self-care, therapy dogs, meditation and free massages for attendees. Please see attachment for additional information. • QPR needs to be brought to the school superintendent’s meeting. They are aware but not intentional in addressing. There needs to be a push for all schools to be training in QPR. Leslie Crew will bring the training up at both the superintendents and school counselors meetings. Approximately 40 individuals are trained to be trainer but coordination is needed. • Staff from Springfield High School, Greenon, Tecumseh, and Shawnee were trained on QPR last year and there was also school staff in attendance at Social Services 101 where QPR training was also provided. • QPR Trainers are to report data and numbers back to MHRB after providing QPR training. • CIT will be provided for Law Enforcement in September. 	
<p>Depression Screening Tool Mental Health Services</p>	<ul style="list-style-type: none"> • New Mental Health Staff: <ol style="list-style-type: none"> 1. Full time Adult and Child Therapist is coming from New Jersey. Just waiting on credentialing. 2. Adult Out Patient Therapist 3. Nurse Practitioner for Adult and Children • Need more youth therapists. • Some physicians are now referring patients directly to the Mental Health Psychiatrist who then sends them for assessment. • Mental Health is planning on offering two package options to the schools for mental health services: <ol style="list-style-type: none"> 1. Option A: 50% of individual’s time would be spent on direct patient therapy and 50% on administrative tasks such as sitting in on IEP meetings and participating in planning actives. 2. Option B: 100% direct patient therapy. 	
<p>Physician Referrals/MH Resources</p>	<ul style="list-style-type: none"> • Surveys regarding accessing patients for depression and referrals for treatment were sent to area physicians 2 years ago and only 2 responded. There is still a need to determine how physicians are handling these areas of patient care. • Pediatric Associate does little to address mental health needs of their patients. Tara, NP, left Pediatric Associates and is now with Mental Health and sees the value in counseling in addition to medications. Many children are diagnosed with ADD or ADHD when in fact their behavioral issues are trauma related. She has ideas for getting in to educate and develop a referral system tools and resources for schools and pediatricians. Ohio Minds Matter website has screening tools to evaluate/access children, however, they need updated. The site is adding trauma screening tools. 	

Continuum of Care	<ul style="list-style-type: none"> • No crisis services will be available after funding runs out • Funding guidelines for future monies are still to be determined 	
Discussion/Other	<ul style="list-style-type: none"> • Discussions regarding the number of meetings the task force members and others in the community are attending and is there a way to combine groups? There appears to be a lot of overlap between Mental Health and Substance Abuse, is there a need to look at a more combined effort? • Would mapping of all current initiatives alleviate overlap of efforts? • Attendance has dropped off due to so many conflicts and we need to find ways to bring the focus back. Could we send out the agenda soon for member planning purposes and to reduce duplication of efforts? • Mental Health needs to be in the schools to support children who are struggling with mental health concerns/issues. • Kent Youngman of Rocking Horse Center indicated that the task force needs representation from their facility. Also, representation is needed from NAMI and Suicide Prevention Coalition. In addition to input at the meeting they would be able to provide updates that would be beneficial to the LOSS Team. School presence on the task force is vital in order to put plans and interventions into place in the schools. • Suicide Prevention Coalition has a Youth Focus Subcommittee but what they are doing or discussing is not working its way back to the main group. More feedback is needed for planning and any implementation or initiatives. • It was requested that the upcoming CHA and YRBS results be brought to the task force so that goals and agendas can be realigned. Sandy explained that the CHA process was delayed in order to bring our timeframe into alignment with the state CHNA. • Tony Coder, Suicide Prevention Coalition, provided Working Minds regional training at Masonic Home. This training is geared to the work place and approximately 25 individuals were trained. • Center for Disaster Mental Health is in need of more members from the mental health community. 	
Next Meeting Topics	<ul style="list-style-type: none"> • Review original 2016-2019 CHA/CHIP goals to determine where we are and which goals have been completed. Discuss potential future goals • Call of needs from task force members and mental health community partners 	
Submitted by:	<ul style="list-style-type: none"> • Tina Fisher 	
<p align="center">Next Meeting: Tuesday, October 29, 2019 at 7:30 AM. Location: Clark County Combined Health District, 529 East Home Road, Small Conference Room. Please use Entrance A.</p>		