

**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 use of more expensive and less effective resources in those situations.

**SMART Objective:** By March 2019, the Mental Health Task Force will redirect EMS frequent uses to appropriate care and reduce all EMS overuse as evidenced by the development of pre-hospital treatment protocols and related collaborative multi-provider agreements supporting the implementation of Mobile Integrated Health Care or similar system management concepts.

**Evaluation:** Existence of specific protocols for treatment, referral or transport to a variety of mental health service providers. Agreements in place for the appropriate sharing of protected health information necessary to promote the patient’s best care pathway.

Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
	Create an outline of tasks that need to be completed to reach the goal. a. How do we complete these tasks?	Who is responsible for each activity?	What is our timeline?	How will we know we’ve completed each task?	Keep track of progress and any other notes here.
1.	Research and evaluation of frequent users of EMS with mental health concerns for trends and conditions. Combined effort to involve EMS, hospital and Mental Health Services for data and analysis.	Nick	By July 1	Repeat 2013 study & compare	Review with SRMC and MHS Report results to committee
2.	Develop protocols essential to meet identified trends. Personal care plans vs. situational need plans.	Nick Dr. John Casey	September 2017	Use of protocols Provider Feedback Track pts. For 12 mo	Gatekeeper training for referrals
3.	Establish approved documentation procedures and information sharing platforms. Managing Medical Professional contact information.	Nick Dr. John Casey	January 2017	Elec Health Record ESO & Epic	Track multiple care providers involved by high use or specialized protocol use patients
4.	Identify approved communications procedures with the various treatment providers.	TBD	January 2017	Direct referral capability expanded to multiple providers	Automated report Web portal Fax/Email
5.	Establish a medical direction quality control plan to include feedback from referral service providers.	Nick Dr. John Casey	September 2017	Regular feedback and randomized evaluation reports	

**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.

**Evaluation:** Data extracted from the survey tool will show an increase in overall participation and a broader distribution of participant demographic profiles.

Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
	Create an outline of tasks that need to be completed to reach the goal. a) How do we complete these tasks?	Who is responsible for each activity?	What is our timeline?	How will we know we've completed each task?	Keep track of progress and any other notes here.
	1. Update the Mental Health Recovery Board Suicide Warning Signs wallet card to include more information on local mental health contact information.	Greta Sue	9/1/2016	Updated cards are ready for distribution	
	2. Develop a GateKeeper assessment and referral resource. Simple wallet size design for ease of carry and reference.	Leslie Nick Greta Sue	July 19, 2016 Meeting	Resource cards are ready for distribution and use	VA resource PHQ9/PCL-5 sources
	3. Complete a retrospective evaluation of demographic and general data trends from the MHS Hands Depression Tool for past 12 months.	Sue	November 1, 2016	12 months of baseline data will be available prior to implementation of the referral program.	
	4. Conduct referral program orientation to identified trainers: GateKeepers, First Responders, Law Enforcement and LOSS Team.	Nick	Develop list of ID Trainers by October Meeting	Identified agencies will be aware of the referral tool and instructed on use.	Question, Persuade, Refer Train Trainer available in October - Evidence based

5. Revise MHS intake procedures to include identification of referral source.	Sue	September 2016	MHS intake documentation regularly notes the referral source.	DeCode "Gatekeeper" for reporting implementation.  Modify existing MHS database and develop query/report tool.
6. Begin regular evaluation and reporting of MHS Hands data and trends	Committee	January 2017	Demographic data changes	
7. Begin regular evaluation and reporting of MHS intake referral source data.	Committee	January 2017	MHS data report showing incidence	
8. Identify additional Gatekeeper agency opportunities	Committee	March 2017	Additional trainers trained	

<b>Impact Objective:</b> To improve coordination of efforts between individual treating physicians and the community of mental health service providers					
<b>SMART Objective:</b> 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 local physicians.					
<b>Evaluation:</b> Data from survey respondents will be compared to CCCHD information on universe of local physicians for indication of saturation. Data from a survey of local mental health service providers including type of services provided, referral requirements, public or private agency status, type of payment accepted, etc. is available in each local physician’s practice location.					
Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
Create an outline of tasks that need to be completed to reach the goal. a) How do we complete these tasks?		Who is responsible for each activity?	What is our timeline?	How will we know we’ve completed each task?	Keep track of progress and any other notes here.
1. Develop a general physician survey tool for distribution. <ul style="list-style-type: none"> <li>Provide the survey to the CCCHD for distribution to known physician contacts.</li> <li>Evaluate and report survey results.</li> </ul>		Committee  Sandy  Committee	October 2016  November 2016  January 2017	Survey is ready to distribute.  Survey being distributed.  Survey results received.	Use Rocking Horse medical staff as resource guide for mental health referral elements
2. Develop a mental health service provider survey tool for distribution. <ul style="list-style-type: none"> <li>Establish a distribution list.</li> <li>Evaluate and compile the survey results.</li> <li>Print the resulting referral guide.</li> <li>Distribute the guide to all local physicians and referring agencies.</li> </ul>		Sue Nick Greta	November 2016  November 2016  December 2016  January 2017  February 2017	Survey ready to distribute  Known list  % Survey responses per identified list Electronic resource prepared	Contact United Way 211 for initial listing of providers  Continue to share additional findings with UW 211  Resource requires regular update capability  Listed by service type, age group served, program/payment eligibility

<b>Impact Objective:</b> Reduce the incidence of reported suicidal ideation among school-age children in Clark County.					
<b>SMART Objective:</b> By March 2017, the Mental Health Task Force will implement an evidence-based suicide prevention program in select Springfield and Clark County Schools at the 6 <sup>th</sup> grade level.					
<b>Evaluation:</b> Of initial implementation will include the number of trainers prepared, the number of schools involved, the number of 6 <sup>th</sup> grade teachers and grade sections participating as a percentage of all Springfield and Clark County Schools. It will also include a selected pre and post survey of the participating students utilizing a selected portion of the CCCHD YRBS survey tool related to suicidal ideation and mental health issues. Additional outcome measures as established by the Botvin program. Full evaluation will occur once benchmarks have been set and future sessions involved in the training are incorporated into the master CCCHD YRBS survey beginning with all 7 <sup>th</sup> grade and above students.					
Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
<p>Create an outline of tasks that need to be completed to reach the goal.</p> <p>a) How do we complete these tasks?</p>		Who is responsible for each activity?	What is our timeline?	How will we know we've completed each task?	Keep track of progress and any other notes here.
<p><b>Invite key personnel from city and county school districts, RHC and SRMC to participate in the task force.</b></p> <ul style="list-style-type: none"> <li>Contact school-based personnel who work with children in crisis.</li> <li>Contact personnel from the RHC who work with children in crisis.</li> <li>Contact the ED manager of SRMC.</li> </ul>		Ken Sandy Sandy	4/2016 – 5/2016	Personnel will attend task force meetings.	a and b accomplished. c received invitation.
<p><b>Research evidence-based programs.</b></p> <ul style="list-style-type: none"> <li>Utilize the CCCHD evidence-based practices repository for resources.</li> <li>Research program currently in use in Urbana schools – Botvin Life Skills.</li> </ul>		All members	4/2016 - 8/2016	Research findings  Cost analysis	

<ul style="list-style-type: none"> <li>• Determine appropriate program based on student needs and level of success.</li> <li>• Determine cost of program.</li> <li>• Introduce program and plan at the next superintendent's meeting to obtain approval.</li> <li>• Once chosen, acquire all documents/tools necessary to implement program.</li> <li>• Continue PAX-GBG and plans to expand the program and add schools and grades up to grade 6.</li> </ul>	<p>Sue</p> <p>Leslie</p> <p>Dawn</p>	<p>8/2016</p> <p>8/2016 – 3/2017</p>	<p>Necessary document/tools</p>	<p>Estimate for Botvin program cost of \$5000 per trainer. This covers the curriculum as well.</p>
<p><b>Prepare schools for implementation.</b></p> <ul style="list-style-type: none"> <li>• Secure funding for curriculum and training personnel.</li> <li>• Secure trainer(s) to teach school personnel.</li> <li>• If necessary, develop and complete Memorandum of Understanding with schools.</li> <li>• Determine which middle school(s) and personnel needed for implementation.</li> <li>• Discuss implementation process with school administration.</li> <li>• Select dates and times to begin implementation.</li> <li>• Implement training of personnel</li> </ul>	<p>Leslie</p>	<p>7/2016 – 12/2016</p> <p>9/2016 – 12/2016</p>	<p>Submission of application / Notice of Award</p> <p>Signed MOU</p> <p>Written implementation process</p> <p>Written timeline</p> <p>Training documentation</p>	<p>Will submit grant request to Ohio Suicide Prevention Foundation. Will pursue other grant option as well.</p>

<p><b>Implement program</b></p> <ul style="list-style-type: none"> <li>• Implement programming</li> <li>• Document the process</li> </ul>		8/2017 – 9/2017	Materials/documents used in implementation	
<p><b>Evaluate program</b></p> <ul style="list-style-type: none"> <li>• Obtain documentation from participating schools</li> <li>• Analyze data</li> <li>• Compile results and share with schools</li> </ul>		4/2018 – 6/2018	Summarized data	
<p><b>Share results with community and CHIP Group</b></p> <ul style="list-style-type: none"> <li>• Summarize results of program</li> <li>• Present results to community via press release, social media, etc.</li> <li>• Share results with CHIP Group at next meeting.</li> </ul>	Ken	6/2018	Any outreach materials  Summarized data  Copy of written policy  Programming utilized	