

Strong Families Safe Communities Grant - Lake and Geauga Counties

FY18 and FY19

Strategy/Intervention

- ▶ Both counties identified the need for a high risk intervention team to include a care coordinator, a licensed professional clinical counselor, case manager and developmental disabilities specialist
- ▶ The Community Based Family Treatment (CBFT) program utilized at one of Lake County's local mental health agencies (Crossroads) is a treatment model designed to prevent children and adolescents from psychiatric hospitalization or institutionalization or to support discharge from inpatient or residential levels of care. The addition of the DD specialist to the team has been instrumental to providing services to children dually diagnosed. The DD specialist is an employee of Lake County Board of DD and embedded into the mental health system daily. The DD specialist receives continuing support and consultation from the SSA Director and Mental Illness and Developmental Disabilities (MIDD) Coordinator currently employed by the Lake County Board of Developmental Disabilities
- ▶ The Geauga County Board of Developmental Disabilities has also provided a DD specialist to the Intensive Home Based Treatment (IHBT) team at Ravenwood (local mental health agency) using these grant funds. With the addition of a DD specialist, individuals are assured a full continuum of care regardless of whether they have a single diagnosis or are dually diagnosed

Strategy/Intervention continued...

- ▶ The DD specialist will assess the child's natural environment and provide recommendations to alleviate barriers to treatment (*eg: noise levels at acceptable levels, distractions to a minimum, information presented with graphic instructions, clarifications and reminders given regularly, expectations clearly understood, consequences for inappropriate behavior clearly understood, activities provided to the child that are multi-sensory, etc.*)

Strategy/Intervention continued...

- ▶ A portion of grant funding has also been used to support Lake and Geauga County's Care Coordinators
- ▶ The demand for Care Coordination is increasing and resources to address complex needs are scarce
- ▶ As the provision of care increasingly moves closer to home there is a need for greater understanding of the nature and composition of the interaction between care coordinators and families to determine the extent to which appropriate services are being offered (Hillis, Brenner, Larkin, Cawley, Connolly, 2016)
- ▶ Jackson and Vessey (2000) describe 11 care coordinator abilities; identify quality outcome measures, develop alliances, assess needs comprehensively, plan and refer, coordinate services and personnel, collect and evaluate outcome data, measure and monitor child/family progress, manage changes as necessary, communicate across systems, and serve as an advocate
- ▶ The need for this level of support is being requested from families impacted by mental illness, substance abuse and/or developmental disability

Strategy/Intervention continued...

- ▶ In addition to attending to the child within the context of the family system, the high risk intervention teams consider other variables including *peers, schools, the physical environment, social support networks, and community agencies and institutions*. *The family, teachers, agency personnel, and other significant involved persons become the client for the interventions and are viewed as potential change agents by providers of the high risk intervention teams*

Community Collaboration

- ▶ This grant funding has enhanced community collaboration between systems (specifically FCFC, JFS, Behavioral Health and Board of DD)
- ▶ We have also enhanced collaboration between counties with the creation of our Strong Families Safe Communities Advisory Council
- ▶ The Advisory Council includes core members of Lake County and Geauga County FCFC and each county's Care Coordinator as well as caregivers of an individual with mental illness and developmental disabilities
- ▶ The cross-county Council identifies gaps in services between counties (particularly from those caregivers with lived experience) as well as an opportunity to share clinical expertise between counties
- ▶ Joint training opportunity between counties being explored at this time

Marketing/Communication

- ▶ Marketing and communication regarding the community based programs have occurred through the local ADAMHS Boards, Cross County Advisory Council, and each county's FCFC which includes permanent and elected members (representing around 65 different agencies between counties)

Numbers Served

- ▶ 137 total clients were served between counties in SFY18 with a portion of this funding
- ▶ As mentioned previously, SFSC funds were also used to support a portion of the CBFT program, care coordination and the DD specialist positions

Local Impact/Integration within the Community*

- ▶ Successes of the program include improved family engagement, crisis planning and stabilization, and decreased instances of unsafe behavior
- ▶ Reduction in the need for out of home placement and stays in Juvenile Detention
- ▶ Expedited family engagement and relationship building, especially for relative or kinship caregivers
- ▶ Increased numbers of families benefitting from the program
- ▶ Alternate local, state and federal funding opportunities are being explored to sustain availability of services for multi-system youth

Data Collection and Reporting

- ▶ Lake County: Family Self-Report and the Parenting Stress Index
- ▶ Geauga County: Several mechanisms were used for data collection and reporting (Ohio Scales, PHQ - A Depression Inventory, Standardized Resiliency Pre and Post test) while transitioning to the CANS assessment tool at the end of SFY18
- ▶ Overall, clients reported improved functioning, increased positive family experiences and decreased family crisis and negative consequences

FY19

- ▶ Lake and Geauga Counties look forward to continuing this work into FY19
- ▶ Focus remains meeting the needs of children in crisis who present a risk to themselves, their families or others because of mental illness and/or an intellectual or developmental disability
- ▶ Increased support for relative and kinship caregivers, continuation of community collaborations to best assist clients

References

Hillis, R., Brenner, M., Larkin, P. J., Cawley, D., Connolly, M. The role of care coordinator for children with complex care needs: A systemic review. *International Journal of Integrated Care*. 2016; 16 (2): 12.

Jackson, P., Vessey, J. (2000). Primary care of the child with a chronic condition (3rd ed.). St. Louis: Mosby.

Thank you!