Strong Families – Safe Communities
FY 2015 - 2017 Report

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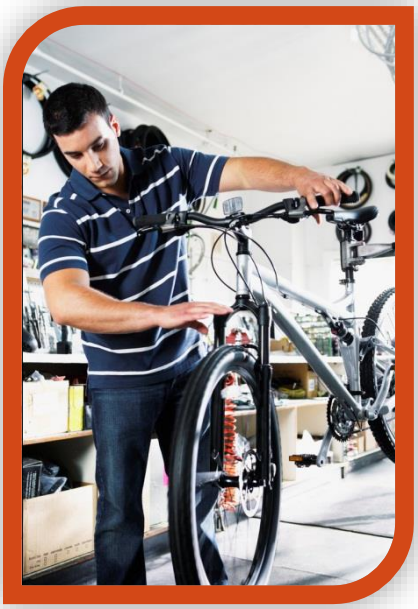
Executive Summary

Mental Health Recovery Services of Warren and Clinton Counties has been the fortunate recipient of an OhioMHAS/Ohio Department of Developmental Disabilities "Strong Families, Safe Communities" Grant for FY2015, 2016 and 2017 to fund services for high risk, violent/aggressive children and youth (ages 8-24) with developmental and/or behavioral health issues. Specifically the program incorporated the following components: (1) Intensive Care Coordination; (2) Early Identification of those who are not currently involved in the system; (3) Specialized treatment team; (4) Crisis services; and (5) Family Support Services. MHRS garnered participation and support from ten other community entities in the original development of this cross-systems proposal including both Warren and Clinton Counties. Analysis of each grant year has found that despite some staffing challenges, positive results have been demonstrated. In fact, 100% of youth terminated from the program displayed success on one or more indicator. Youth have demonstrated less problematic symptoms, increased functioning, better family engagement and the ability to live, got to school/work in the community, with reduced arrests and psychiatric hospitalizations.



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Program Design

The Strong Families-Safe Communities grant funds *early identification* of children, teenagers and young adults (ages 8-24) who meet the target population. This is important as often they are not known to the system. This service entails training of individuals who typically interact with youth on warning signs and how to make referrals. Consultation on and assessment of identified youth is also provided.

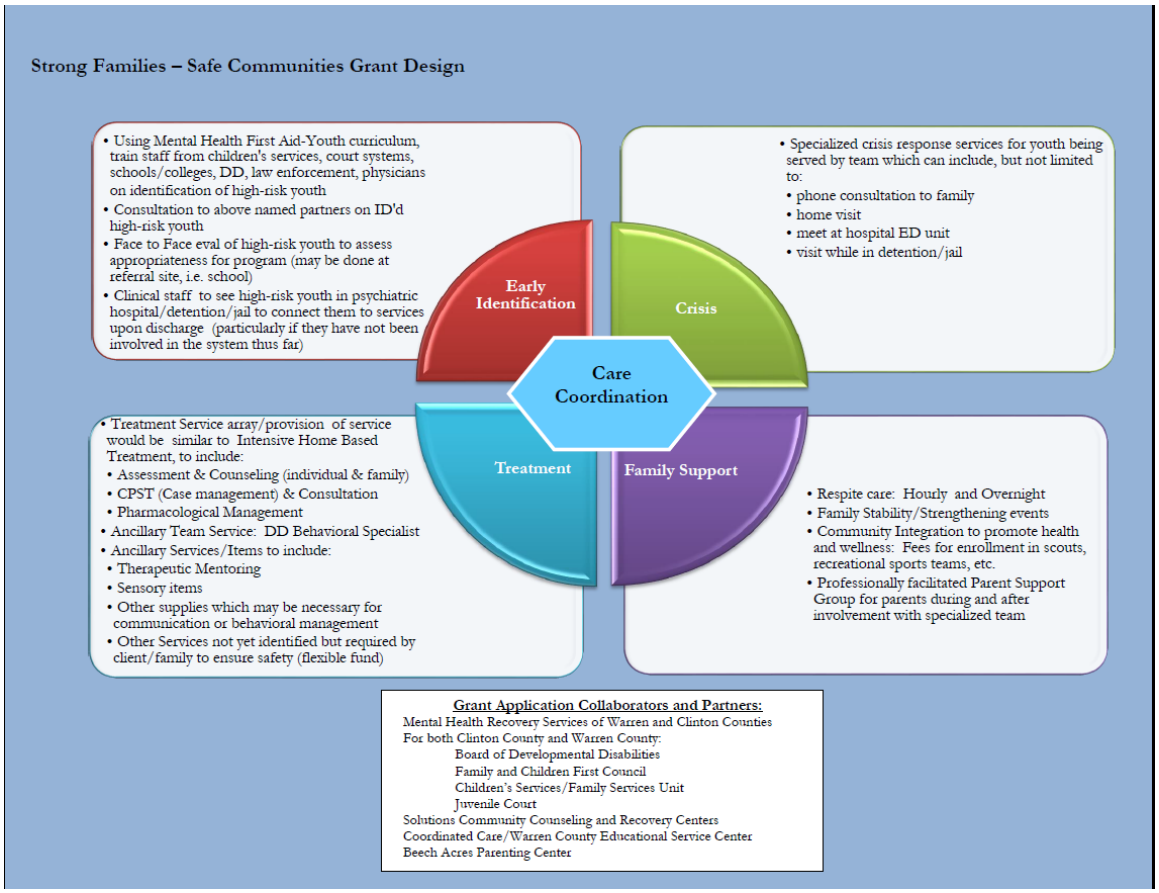
Additionally, this grant has funded the development and implementation of a *specialized team* to provide *care coordination and treatment* for individuals age 8-24 who are suffering from mental health issues and/or developmental disabilities, are at risk of residential placement, and are aggressive or violent. This team is similar in design to an Intensive Home Based Service (IHBT) team. This specialized team has expanded capabilities, resources, and ancillary services, with flexible funding, to ensure the success of the client as well as the *safety of family and the community*. The service components include enhanced crisis response, specialized and expanded treatment options, and family support. Care coordination flows throughout all these services.

The following entities participated in this project:

- Mental Health Recovery Services of Warren and Clinton Counties
- For both Clinton County and Warren County:
    - Board of Developmental Disabilities
    - Family and Children First Council
    - Children's Services/Family Services Unit
    - Juvenile Court
- Solutions Community Counseling and Recovery Centers
- Coordinated Care/Warren County Educational Service Center
- Beech Acres Parenting Center
- Camp Joy

The ultimate goals are to identify these high risk youth, provide treatment and services in the community setting, avoid psychiatric hospitalizations and residential treatment, increase family stability and bonding, and to maintain safety for all.

Figure 1: Project Design



Target Population

Soon after the initial grant was awarded, the Target Population was further defined in collaboration with the involved entities. This criteria was established as the following and continues:

- Age: 8-24 years old; Warren or Clinton County resident
- Presents as a risk to themselves, their families, or others due to mental illness or a developmental disability. This can include acts or threats of violence, self-mutilation, recurrent suicide threats, actual suicide attempts, as well as aggressive and disruptive behavior in the community or home. Police/court involvement may have occurred.
- Must have either a mental health diagnosis or a developmental disability diagnosis or both
- Treatment: May or may not be currently engaged in a behavioral health treatment program
- Substance abuse would NOT exclude an individual from eligibility for grant services
- Placement risk/needs should include at least one of the following:

- Is at risk for out-of-home placement due to his/her behavioral health condition/developmental disability (<18 y.o.)
- Has recently returned from an out-of-home placement (<18 y.o.)
- Requires a high intensity of behavioral health interventions to safely remain in or return home
- Is or has been incarcerated in detention or jail for acts or threats of violence
- Family involvement:
    - <18 years old: Family (or guardian/kinship caregiver) is seen as an integral part the treatment process and will be expected to be actively involved in the services
    - 18-24 years old: Family involvement will be as clinically indicated and as desired by the client (assuming no guardianship)

Funding

The initial grant was awarded in FY15 with subsequent awards in FY16 and FY17. The FY15 grant award was announced in June, 2014, however the funds were not received until Quarter 2, FY15. This, coupled with slow start-up due to staff recruitment issues, resulted in an impaired ability to fully expend the award amount. OhioMHAS authorized carryover of funds to the next fiscal year along with a new grant award. Unfortunately, staff recruitment issues persisted in FY16 which again resulted in an unexpended amount. However, a greater percentage of available funds had been utilized. These unexpended funds for FY16 were not drawn down from the state as MHRS was not allowed to carry them over to FY17. In FY17, we were fortunate to be awarded our full requested amount and were able to expend these funds completely.

Figure 2: Funding

Fiscal Year	Grant Award	Carryover from Prior FY	Grant Funds Expended	Unexpended/ Unable to Carryover
2015	$240,159	--	$136,599	--
2016	$ 99,571	$103,560	$179,180	$ 23,951
2017	$165,731	--	$165,731	--

Obstacles identified in fully expending funds and corrective actions taken:

- The initial grant application estimated that 50% of the enrolled individuals would be non-Medicaid and thus clinical services would be covered by this grant. We have found that the bulk of the clinical services have been

paid by a source other than the grant such as Medicaid or private insurance. Only non-billable clinical services are being covered by the grant.
    - Corrective Action: Subsequent grant applications have reduced the budgeted amount for clinical services
- Finding individuals who have the expertise to serve this specialized population in the client's home has proven to be a substantial obstacle. One therapist position has remained open the entire three year grant period. This has caused the necessity to seek alternative measures for staff recruitment as well as other opportunities to impact the target population with the budgeted funds not expended.
    - Corrective Actions:
        - Contract agency provides a signing bonus and a salary differential for specialized team positions.
        - A reduction in the staffing proposed for the FY18-19 grant period was also made.
        - Expanded early intervention services to youth who are placed at the detention center by Clinton County Juvenile Court. This allowed for a staff person to be on-site two days/week to address crises, facilitate linkages to services as well as continuity of care. (FY17)
    - Corrective Actions: In FY17, OhioMHAS allowed a budget revision and utilization of funds which were originally allocated for staff uncompensated care to be used for:
        - Recruitment costs to fill the vacant staff positions
        - Expanded training opportunities, particularly in the area of trauma as well as involvement in a National Council Trauma Informed Care Learning Community sponsored by the Tristate Trauma Network for two of our contract providers
        - Sensory room items for a specialized SED school which serves the target population. This will be particularly beneficial as the students of this school will be enrolled in the FY18 SFSC grant expansion.
        - Purchase "Resiliency" DVD (follow-up to "Paper Tigers") for use in Trauma Informed Care trainings to schools and other partner agencies
- Competition for Youth Mental Health First Aid Trainings to partners/ community due to Project Aware Grant which also provides this service (discussed later in this report)
    - Corrective Action: In FY16, we provided an expanded training opportunity to include a two-day Traumatic Crisis Event Intervention Process training for schools and behavioral health agencies (33 participants). This instruction included a protocol to follow when

there is a traumatic event which would impact the students/ facility/staff within a school setting.

Results

MHRS executed a Service Agreement with a provider agency who is responsible to establish and implement a specialized team for the target population. This agency is also responsible for community partner training, consultation, outreach and early identification efforts. Referrals to the program continue – both from partner agencies as well as internal referrals from the behavioral health provider when increased intensity is seen as clinically necessary.

Goal #1: Improve System Capacity

Since the inception of the Strong Families Safe Communities grant, the provision of Youth Mental Health First Aid (YMHFA) trainings has been a mechanism to expand system capacity in identifying at-risk youth. Two staff members at the provider agency were trained to provide this education during Year One. Since that time, one staff member has left the agency.

Offers have been made to schools and other entities for dedicated trainings. Additionally, community-wide training was scheduled and publicized. It should also be mentioned, that many individuals have been trained in Warren County using this curriculum outside of the SFSC grant. Specifically, in October, 2014, Project Aware grant (based out of Warren County Educational Service Center) received a large, multi-year federal grant to also provide YMHFA to Warren County agencies, schools and residents. This developed into a situation whereby the entities were targeting the same groups. Since Project Aware's inception, they have trained 547 individuals.

Because of the robust availability of the training in Warren County, the SFSC team has subsequently focused on providing the training in Clinton County. The following chart provides detail regarding the budgeted number of trainings and attendees compared to the actual provision. Several more trainings were scheduled for the community and promoted, particularly in FY17, however there were no registrants, thus the trainings were canceled. Outreach was also conducted to try to solicit agencies to schedule a dedicated training.

Figure 3: YMHFA Trainings

Fiscal Year	Projected		Actual	
	Trainings	Attendees	Trainings	Attendees
2015	3	Not specified	2	40
2016	4	60	3	26
2017	4	60	0	0

Beyond the multiple entities who are offering this training, another obstacle has been the length of training. The mandated eight hours has been difficult to "sell," particularly to schools, due to their contracted staff hours. Project Aware has worked with the developers to allow consolidation of some content which has reduced the training time and thus has impacted their success in providing this training.

We have been successful, however, in getting partners to embrace QPR Training (Question, Persuade, Refer) which is a suicide gatekeeper training. QPR educates lay persons in identifying at risk individuals and linking them to help. This can be provided in a shorter time frame (90 minutes vs. 8 hours) thus it is easier to provide on an early release day or during a staff meeting. In fact, since the inception of the SFSC grant, multiple trainings have been offered to various school districts/entities as well as the community at large.

Figure 4: QPR Trainings

Month, Year	School District/ Community/Entity	Population	Attendance
September, 2015	Community	General Population	10
September, 2015	Community	General Population	6
February, 2016	Springboro Schools	Teachers/Staff	400
June, 2016	Community	General Population	11
September, 2016	Clinton-Massie Schools	Teachers/Staff	60
September, 2016	Mason Schools	Parents	27
October, 2016	Mason Schools	Parents	28
October, 2016	Mason Schools	Teachers/Staff	354
October, 2016	Clinton County Jail	Staff	21
January, 2017	Fenwick High School	Teachers/Staff	40
February, 2017	Wayne Schools	Teachers/Staff	70
April, 2017	Mason Schools	Parents	38
March, 2017	Warren County Career Center	Teachers/Staff	60

Clinical Services:

It was anticipated that 20 clients would be served by the specialized team in each FY. Each FY, this goal has been exceeded. Despite obstacles with staffing, the team has been able to produce successful results while at the same time serving more youth than anticipated.

Figure 5: Client Enrollment

	Enrollment @ beginning of FY	Admissions	Terminations	Total Enrollment during FY
FY15	--	22	6	22
FY16	16	11	17	27
FY17	10	16	21	26
Unduplicated Client Count Across FYs				48*

*Due to acuity and cyclic nature of illness, one client has been involved in the program on 3 occasions

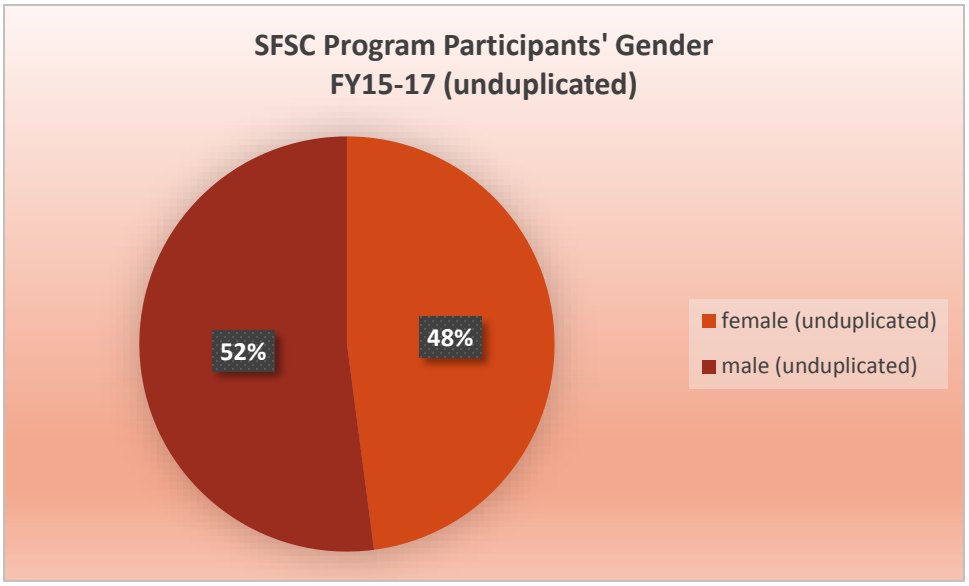
The age range of those enrolled in the program has been 8-19 during the course of the grant periods. However, it should be noted that a younger population on average was seen in FY17.

Figure 6: Client Age and Gender (duplicated count)

	Age Range	Average Age	Male	Female
FY15	9-19	14	9	13
FY16	8-19	14	14	13
FY17	8-18	13	15	11

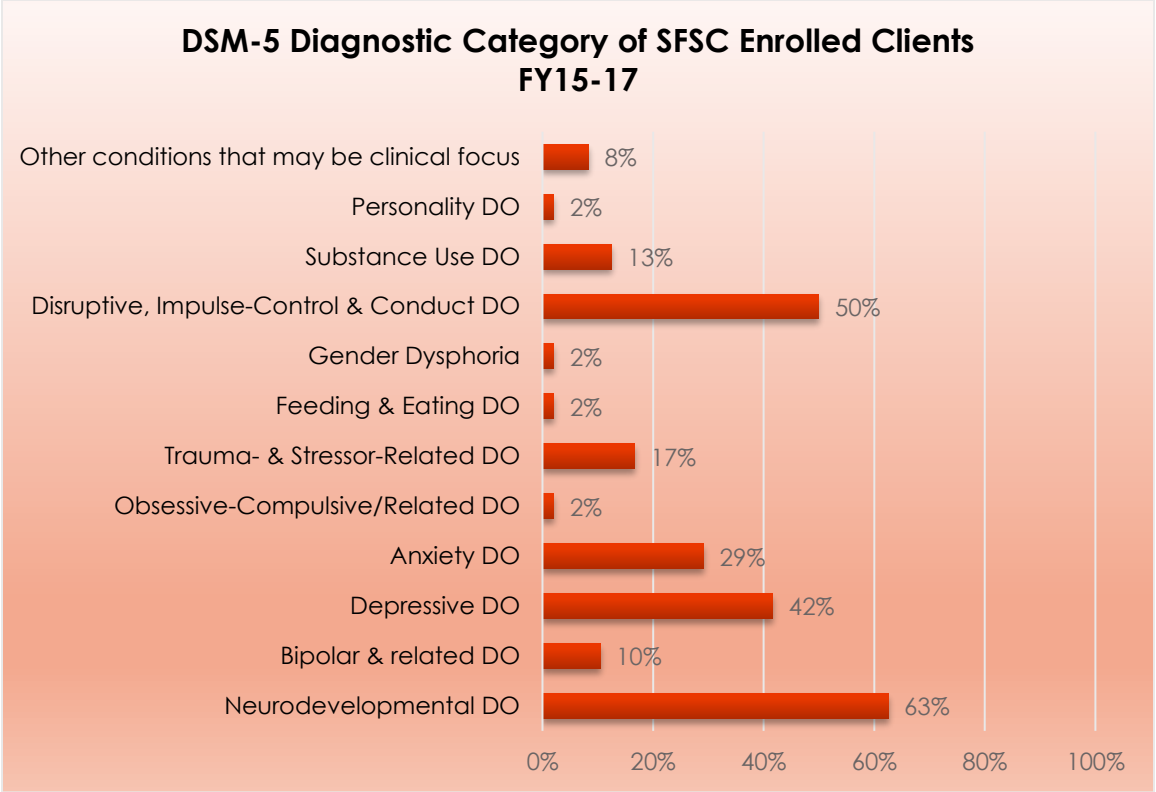
The unduplicated gender representation has been nearly equally split as whole with 52% male and 48% female.

Figure 7: Gender of Terminated clients (unduplicated count)



In an analysis of the clinical characteristics of all enrolled clients (unduplicated), their diagnoses were grouped using the DSM-5 categories. As these youth have intensive needs, most clients had multiple diagnoses (average 2.4, range 1-4), therefore all are included (i.e. the totals will not add to 100%). It is not surprising that the majority of clients had a diagnosis in the category of "Neurodevelopmental Disorders" as these are typically diagnosed during childhood. These include: Intellectual Disabilities, Developmental Disabilities, Attention Deficit Disorder, and Autistic Disorder. The next largest category was "Disruptive, Impulse Control & Conduct Disorder" which could be expected given a criterion for admission to this program can include aggression towards self or others which may have escalated to involvement with juvenile court. The third largest category is "Depressive Disorders." Categories which were not found include: Schizophrenia Spectrum/Other Psychotic Disorders, Dissociative Disorders, Somatic Symptoms & Related Disorders, Elimination Disorders, Sleep-Walk Disorders, Sexual Dysfunctions, Neurocognitive Disorders, Paraphilic Disorders, and Other Mental Disorders.

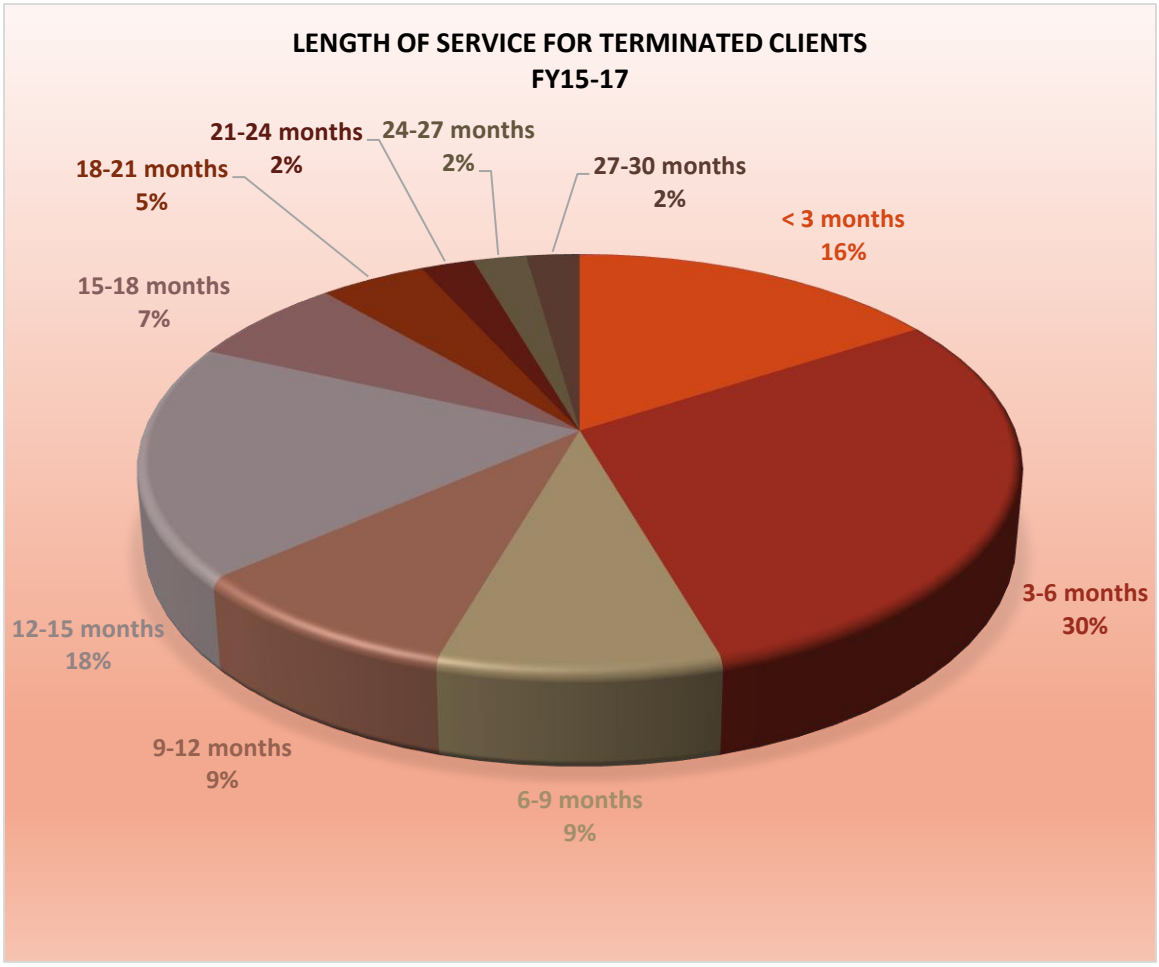
Figure 8: DSM Diagnostic Category



The average length of treatment for those terminated (n=44) from the SFSC program was 290 days (9.5 months) however the range was very wide: 11 days - 898 days (2 years 5.5 months). Thus, the median is a more representative statistic which was 229 days or 7.6 months. This is longer than what was projected in the grant application (6 months), however it is an indication of the acuity and multi-system involvement of the youth served. However, it should be noted that these are the most at risk youth in our system with multiple complex issues and needs. Thus, it would be expected that their stay would be longer. When looking closer at the youth who were in the program the longest (> 18 months), it was found that:

- 40% were diagnosed with autism
- 20% were victims of trauma (Childrens Services involved due to abuse and neglect; parental substance abuse)
- 20% presented with persistent suicidal ideation requiring frequent psychiatric hospitalization
- 40% were enrolled in the DD system for the first time as a function of the SFSC program
- All had 2-3 DSM diagnoses

Figure 9: DSM Diagnostic Category



Goal #2: Decrease Problem Severity and Improve or Maintain Functioning

For the purposes of these indicators, the population of youth who were terminated from the program was evaluated. There have been 44 clients closed during the grant period of FY15-17.

When looking at the baseline compared to termination results of these 44 clients, it was found that some families/clients were resistant to completing the outcomes tools. This has been a consistent theme throughout this project. This, in turn, impacts our ability to fully evaluate the effectiveness of the program using the established measures. It has also been reported that the collection of multiple data points has been burdensome on the clinical staff. Thus, the number of indicators were reduced.

The following provides detail on the success as measured by the various instruments when completed pre/post tools are available.

Figure 10: Ohio Scales Problem Severity and Functioning Results

Tool	FY15 Terminations		FY16 Terminations		FY17 Terminations		Summary FY15-17	
	Progress	**Same**	**Progress**	**Same**	**Progress**	**Same**	**Progress**	**Same**
Youth: Problem Severity	50%	25%	0%	0%	50%	8%	32%	8%
Parent: Problem Severity	60%	20%	69%	0%	69%	13%	66%	9%
Worker: Problem Severity	60%	20%	47%	6%	71%	6%	59%	6%
Youth: Functioning	25%	25%	43%	0%	67%	8%	52%	9%
Parent: Functioning	60%	20%	86%	0%	81%	6%	78%	6%
Worker: Functioning	60%	0%	59%	9%	65%	6%	62%	5%
Success on One or More Measures	100%		76%		94%		87%	

For the most part, the youth themselves felt as though they had made less progress than when evaluated by their parents or their behavioral health workers. However, it should be noted that due to the administration guidelines of the Ohio Scales Youth version, those under the age of 12 cannot complete the form. Thus, there are less Youth data to evaluate than Parent or Worker and likely skew the results. Parents rated the

outcomes highest of the three groups. Greater improvement was noted on the Functioning Scales than on the Problem Severity.

Figure 11: Ohio Scales Problem Severity Results by FY and Tool

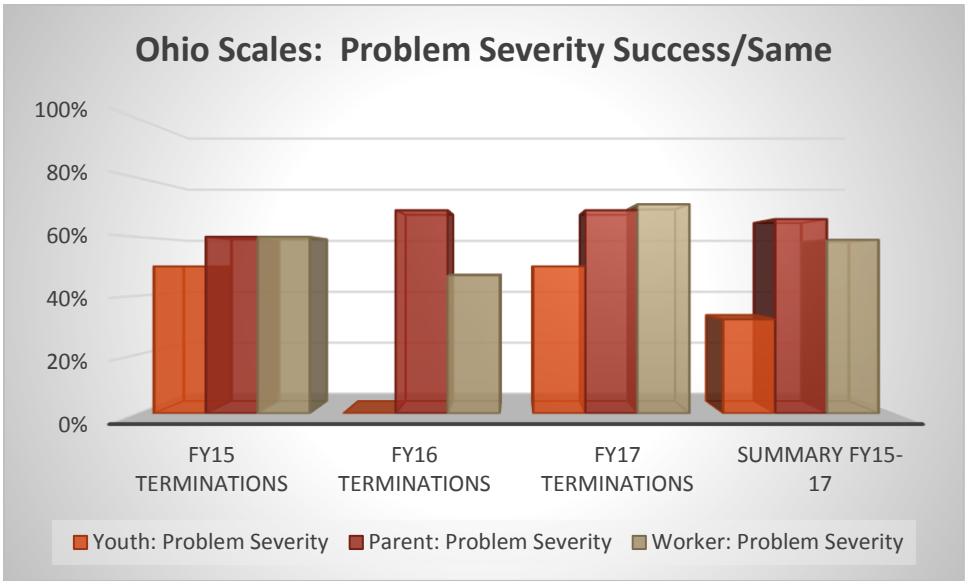
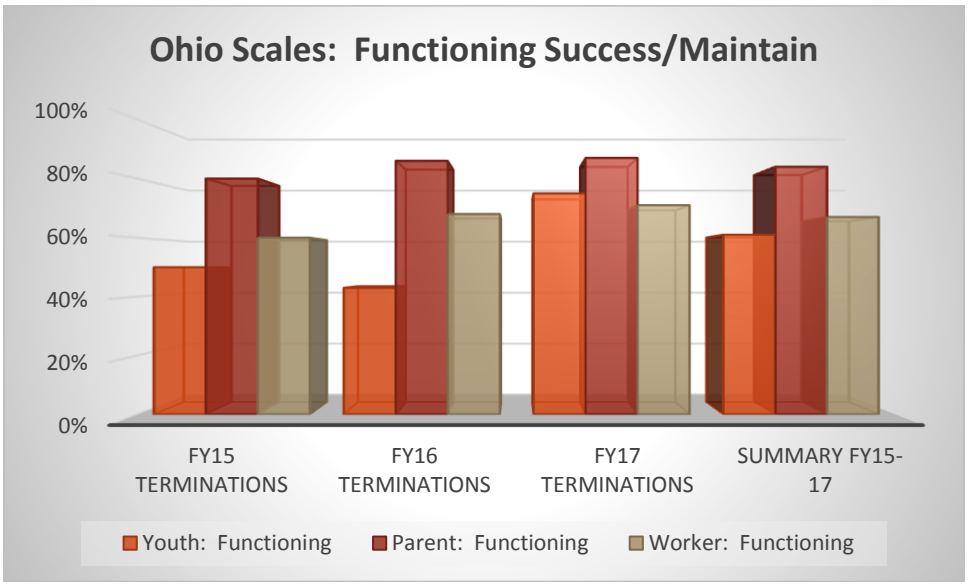
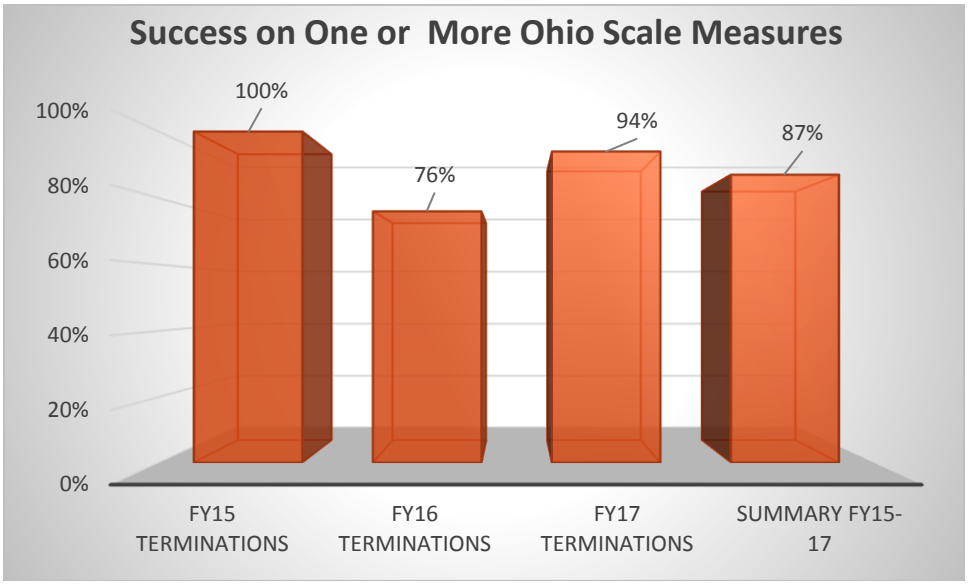


Figure 12: Ohio Scales Functioning Results by FY and Tool



In summary across all fiscal years, 87% of the participants displayed progress on at least one Ohio Scales measure.

Figure 13: Success on Ohio Scales Measures



With regard to the enhancement of family functioning, a tool called the Family Assessment Device (FAD) was used. This includes scale scores across 7 domains. Early in the grant history, family participation in the completion of this tool was inconsistent which impacted the data available for analysis. However, this has improved in subsequent fiscal years. In the cases where pre/post data was available, 75% showed progress on one or more of the sub-scales.

Figure 14: Family Assessment Device Improvement on 1 or more scales

Fiscal Year	Progress
FY15	Unable to assess d/t lack of data
FY16	77%
FY17	73%
Summary FY15-17	75%

Families on average showed improvement in 3 out of the 7 scales. The following is a ranking from scales with most improvement to least improvement over the 3 fiscal years:

1 -Behavioral Control
2-*Tie* -Communication
2-*Tie* –Roles
3-General Functioning
4-Problem Solving
5-Affective Responsiveness
6-Affective Involvement

Goal #3: Reduction in Life Damaging Consequences

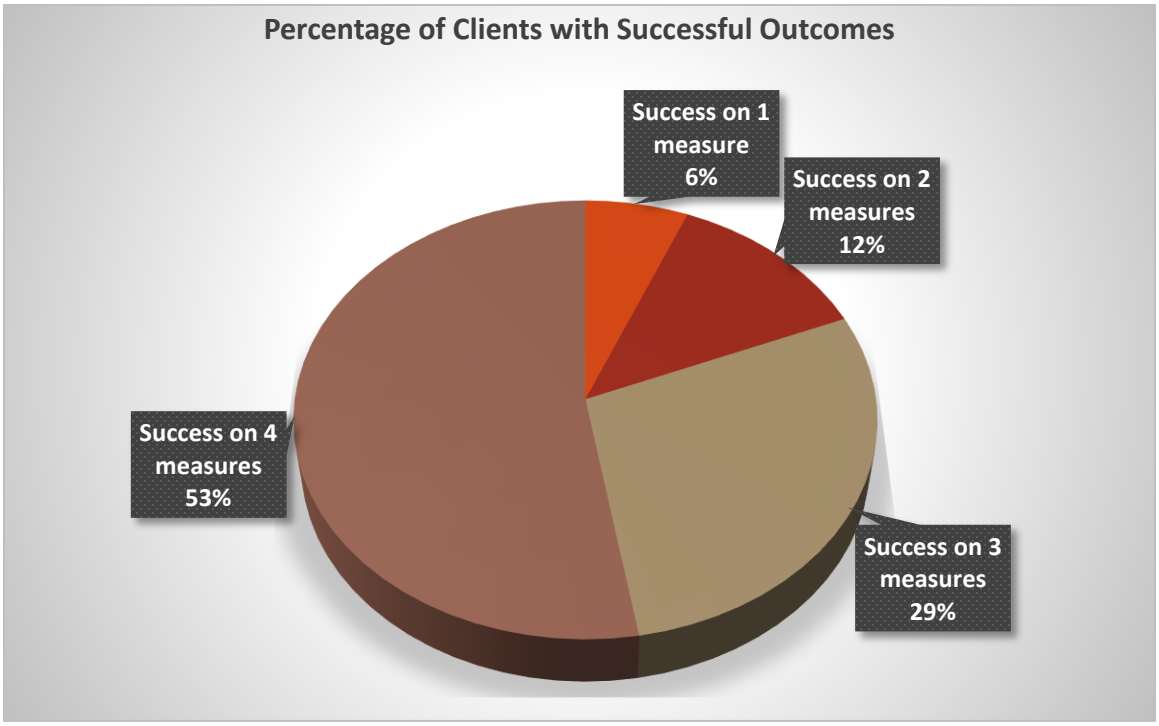
The project hoped to create an environment whereby the enrolled clients will live, go to school or work in the community, will be free of arrests for violent crimes, and will not require psychiatric hospitalization.

For those who were terminated during the project, **100% were successful on at least one indicator**. Further, **53% were successful across all measures**. Those who were not successful tended to suffer from significant mental illness or severe trauma. However, the ready availability of psychiatrist, coupled with extended time slots for the SFSC clients, has assisted in fast access to medication evaluation and, if necessary, changes in prescriptions. This has greatly assisted with psychiatric stabilization (keeping clients out of the hospital and out of residential care).

Figure 15: Avoided Disruptions in Life

Measure	Successful			
	FY 15	**FY16**	**FY17**	**Summary FY 15-17**
Stable Schooling or Work	83%	82%	86%	84%
No Arrests	100%	76%	76%	80%
No Psychiatric Hospitalizations	100%	71%	90%	84%
No Residential Placement or Long-Term Hospitalization	100%	88%	86%	87%

Figure 16: Avoided Disruptions in Life



In terms of the utilization of the ancillary services to enhance success and to increase family stability, the following participation levels were found amongst terminated clients and their families:

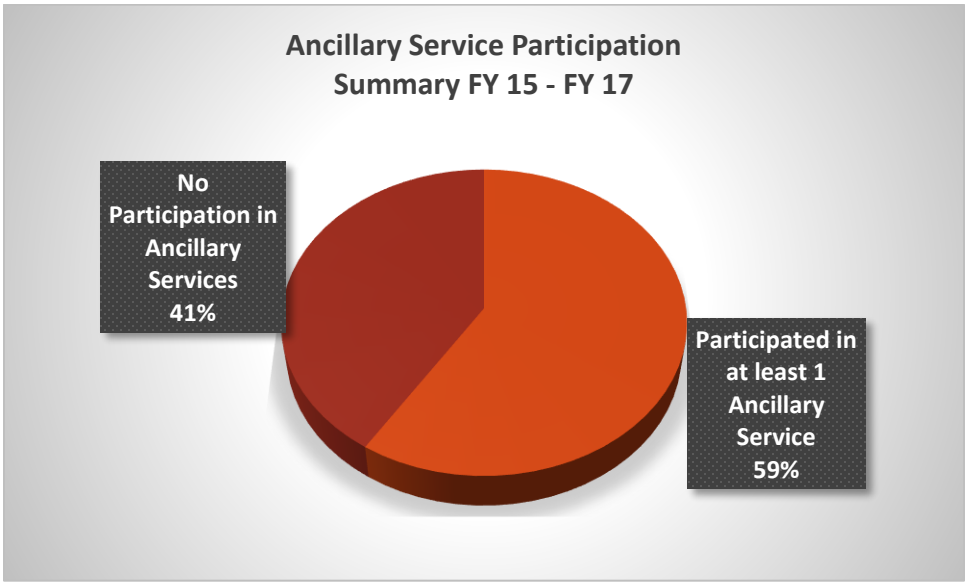
Figure 17: Ancillary Service Participation

Service	Percentage of clients/families participating (duplicated count)			
	FY 15	FY 16	FY17	Summary FY 15 – FY 17
Overnight Respite	0%	47%	19%	27%
Family Stability/Strengthening Activities/Events	17%	65%	48%	50%
Community integration Activities	33%	47%	48%	45%
Therapeutic Mentoring	0%	18%	10%	11%

The family bonding events have been successful in creating a normalized environment for the families to have fun and enjoy each other's company. Our partnership with Camp Joy has been a tremendous source of Overnight Planned Respite by providing a valuable break for the families. Originally, a parent support group and home safety checks were planned but very minimal participation was seen in FY15.

Of those terminated from the program, **a total of 59% chose to take advantage of one or more Ancillary Service.**

Figure 18: Ancillary Service Participation Summary



In terms of the multi-systems involvement, most terminated clients were involved with more than one system. Some were involved in as many as 3 in addition to the behavioral health system. It is noted that a lower percentage of those terminated in FY17 were involved with FCFC Service Coordination and Juvenile Court than prior FYs. Upon further analysis, it is suspected that this is due to the participants' ages. Specifically, a younger population was served with 53% being age 12 or under. Thus, involvement with Juvenile Court would not be typical. Likewise, with one of the grant strategies being early identification, these youth being located and served prior to the necessity of a referral to FCFC Service Coordination.

Figure 19: Other System Involvement

System	% Involved			
	FY15	**FY16**	**FY17**	**Summary FY15-17**
FCFC	67%	71%	38%	55%
Juvenile Court	67%	76%	29%	52%
Children's Services	33%	29%	29%	30%
Developmental Disabilities	0%	24%	14%	16%
Department of Youth Services	0%	0%	5%	2%
Metropolitan Housing	0%	0%	5%	2%

Of particular note, during the course of their program involvement, several clients have been identified as being eligible for Board of Developmental Disabilities (DD) services and have been subsequently assessed, deemed eligible, and enrolled in DD services. This is extremely benefit to the individual as well as the family due to the additional supports which can be provided throughout life.

Summary

This project continues to produce positive results for the enrolled youth and their families. Due to the multi-systems involvement coupled with the intensive behavioral health needs of this population, progress may not be displayed across all indicators. However, of the 44 youth terminated from the program during the course of this grant project, **100% displayed progress in one or more area with many displaying success on multiple indicators.**