Promoting wellness and recovery

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Community Needs Assessment/Gap Analysis of Suicide Prevention, Crisis, Treatment, and Postvention Resources and Services

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Office of Quality, Planning, and Research

Background

- Between 2006 and 2015, approximately 14,321 Ohioans died by suicide.
- As part of the biennial budget for FY 2016-2017, the Ohio General Assembly allocated $2.0 million to the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to develop statewide strategies to reduce the number of Ohioans who die by suicide.
- For the biennial budget for FY 2018-2019, the Ohio General Assembly allocated $1.0 million to OhioMHAS to continue its efforts.

Purpose of Community Needs Assessment/GAP Analysis

The purpose of the analysis is to identify at the community level:

- **Availability of services, efforts, and resources**
- **Gaps in services, efforts, and resources**
- **Barriers**

Community Resources

Availability of Community Resources

Local resources to develop suicide prevention services vary by communities. Factors affecting resource availability include:

- Population Size
- Socio-economic factors
  - Poverty
  - Unemployment
  - Lack of Insurance
- Local Tax Base
- Availability of Behavioral Health, Physical Health, and Recovery Providers

Source: Mays, McHugh, Kyumin, Perry, Lenaway, Halverson, Moonesinghe (2006).

Estimated Property Tax Raised, 0.5% Rate, By Board Type, CY 2014

Board Type	Average Property Tax Revenue Per Board	Property Tax Revenue Per Person
Statewide	$819,788	$3.54
Appalachia	$410,302	$3.92
Small Metropolitan	$854,207	$3.72
Large Metropolitan	$2,808,604	$3.50
Rural	$325,469	$4.32

Socio-Economic Factors By Board Type, CY 2014

Board Type	Suicide Rate Per 100,000 Residents	Poverty Rate	Unemployment Rate	% of Population Covered by Medicaid	Average Population Size
Statewide	12.5	15.1%	5.0%	22.1%	11,613,423
Appalachia	13.2	17.7%	6.4%	29.3%	142,555
Small Metro	12.0	11.9%	4.5%	19.0%	213,046
Large Metro	12.0	18.1%	4.6%	19.1%	801,365
Rural	11.3	12.9%	4.6%	21.3%	125,608

Socio-Economic and Property Tax Revenue Consequences

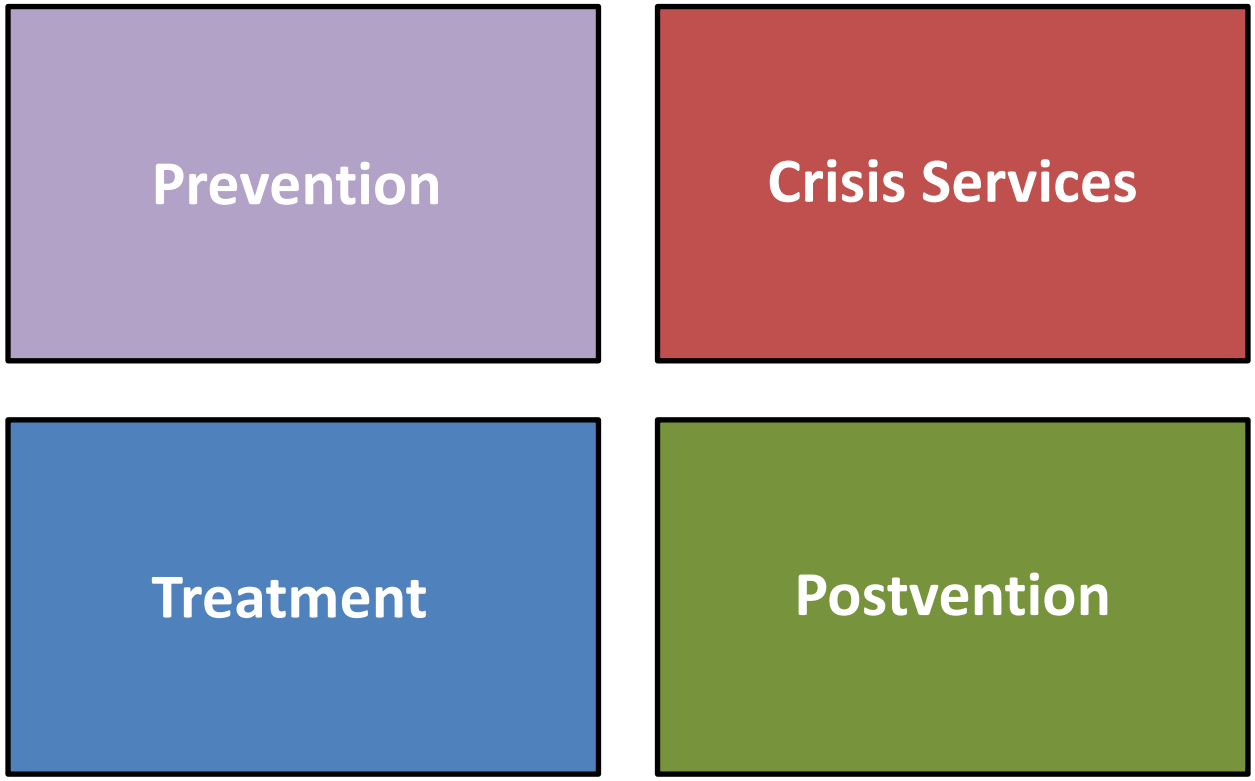
According to the data shown in the previous two tables, socio-economic and property tax revenue bases affect Board types in different ways:

- *Large Metropolitan Board* areas have the highest poverty rates and the lowest property tax revenue potential per person but have highest property tax revenue per board potential.
- *Small Metropolitan Board and Rural Board* areas have low poverty rates and high property tax revenue potential person but cannot raise the same amount of total property tax revenue due to population size.
- *Appalachian Boards* have the highest poverty rates and low property tax revenue potential. The lack of resources is further compounded by high rates of Medicaid coverage since Medicaid does not reimburse local systems for prevention efforts.

Methodology

Needs Assessment/Gap Analysis Dimensions

- The Needs Assessment/Gap analysis was designed to gather information at the community-level on four major dimensions depicted in the diagram below.



Factors

Each Dimension included questions about the various factors listed in the diagram below. For instance, for the Treatment Dimension, the Needs Assessment/Gap Analysis includes access questions about wait time and availability of evidence-based treatments.

Expert Advice

In order to construct the Needs Assessment/Gap Analysis questions, the Office of Quality, Prevention, and Research (QPR) worked with the following Experts:

- OhioMHAS--Bureau of Prevention and Wellness staff
- OhioMHAS--Office of the Medical Director staff
- Hancock ADAMH Board Executive
- Franklin ADAMH Medical Director
- Summit ADAMH Medical Director

Survey Instruments and Respondents

Three survey instruments were developed to collect information about the four Dimensions that span across Ohio's public behavioral health system. (Note: Prevention and Postvention Dimensions were combined). The diagram shows which type of respondents received which survey instrument.

Prevention/ Postvention	Crisis Services	Treatment Services
• ADAMH Boards • Suicide Prevention Coalitions	• Crisis Line Organizations • Behavioral Health Organizations	• Behavioral Health Organizations

Survey Instruments and Respondents (continued)

Questions were designed to solicit yes/no/don't know responses, Likert scale ratings, and comments to open-ended questions.

Prevention/ Postvention	Crisis Services	Treatment Services
• ADAMH Boards • Suicide Prevention Coalitions	• Crisis Line Organizations • Behavioral Health Organizations	• Behavioral Health Organizations

Response Rates

To increase response rates, QPR staff sent email reminders and made telephone calls.

Prevention/ Postvention	Crisis Services	Treatment Services
• ADAMH Boards *100%* • Suicide Prevention Coalitions *48%*	• Crisis Line Organizations *58%* • Behavioral Health Organizations	• Behavioral Health Organizations *71%*

Findings

- Findings are grouped by the four dimensions: Prevention/Postvention, Crisis Lines, and Treatment.

- Each section includes findings and ways in which policymakers are addressing gaps for each of the four dimensions.

Prevention and Postvention Components

The Prevention and Postvention Dimensions were comprised of four components that include 1) suicide prevention coalition efforts, 2) education and training to teach community members about prevention, 3) community-based postvention services, and 4) promotional materials.

Suicide Prevention Coalitions Efforts

Education and Training

Postvention Services

Promotional Materials

Suicide Prevention Coalitions

42 or 84.0% of the ADAMH Boards have suicide prevention coalitions.

NEED/GAP	
Training	Coalitions need management practices and membership training.
Fiscal	Coalitions need a stable source of funding.
Technical Assistance	Coalitions need technical assistance in formalizing processes.

STRATEGIC RESPONSE:

Ohio Suicide Prevention Foundation is hosting regional meetings to provide management practices/membership training and technical assistance in formalizing processes.

Other Suicide Prevention Efforts

NEED/GAP	
Gatekeeper Training	Boards want to expand the number of Gatekeeper trainings sessions provided and the type of trainings offered.
Awareness Campaigns	Boards want to expand awareness campaigns and ways in which to disseminate information.
Targeted Populations	Communities do not aim their efforts to targeted populations.

STRATEGIC RESPONSE:

- Ohio Suicide Prevention Foundation and OhioMHAS are examining possibilities on how to expand the online gatekeeper training options, including trainings that target special populations.
- OhioMHAS is developing a public awareness campaign targeted to youth that includes public service announcements and toolkits.
- OhioMHAS is developing pamphlets, brochures, and posters.
- OhioMHAS and Ohio Department of Health staff members are analyzing the Ohio Violent Death Reporting System data to determine common public places of suicide deaths and special populations in order to target suicide prevention efforts.

Counseling on Access to Lethal Means (CALM) Training

- 43 or 86.0% of the ADAMH Board areas did not have CALM training.

STRATEGIC RESPONSE:

OhioMHAS staff are exploring ways to promote the free online CALM training to increase the number of communities that have behavioral health and physical health staff who have accessed the online CALM training.

Postvention

NEED/GAP	
LOSS Teams	Only one-third of the ADAMH Boards indicated having a LOSS team.
Media Guidelines	Less than 20.0% of the ADAMH Boards have media guidelines.

STRATEGIC RESPONSE:

- Ohio Suicide Prevention Foundation, in partnership with OhioMHAS, developed a plan on how to increase the number of LOSS teams and their effectiveness.
- Ohio Suicide Prevention Foundation is hosting regional meetings to assist communities in launching LOSS Teams.
- Nationwide Children's Hospital's Center for Suicide Prevention partnered with OhioMHAS to revise Ohio's Media Guidelines and host workshops around the state to train journalism students and journalists on how to use the guidelines.

Crisis Line Components

Crisis Lines had gaps in the 1) types of crisis line certifications, 2) local trainings, 3) resources, 3) standardized processes used, and 4) data monitoring.

Certification

Training

Resources

Processes

Data Monitoring

Crisis Lines

NEED/GAP	
Accreditation	A wide variance of accreditation exists.
Training	Orientation training is lacking, and quality varies. Training is not available in the community. Wide-variation exists on the amount of training provided.
Equipment	Equipment needs to be updated.
Assessment Forms	Organizations tend to differ on the type of checklists and assessment forms used.
Staffing	Organizations have difficulty in recruiting both paid and volunteer staff with experience, particularly for targeted population calls, such as veterans. Organizations do not have staff capacity to handle nighttime shifts. Staff have a wide variation of qualifications and credentials.
Data Monitoring	Organizations have limited capacity to collect data to improve quality.

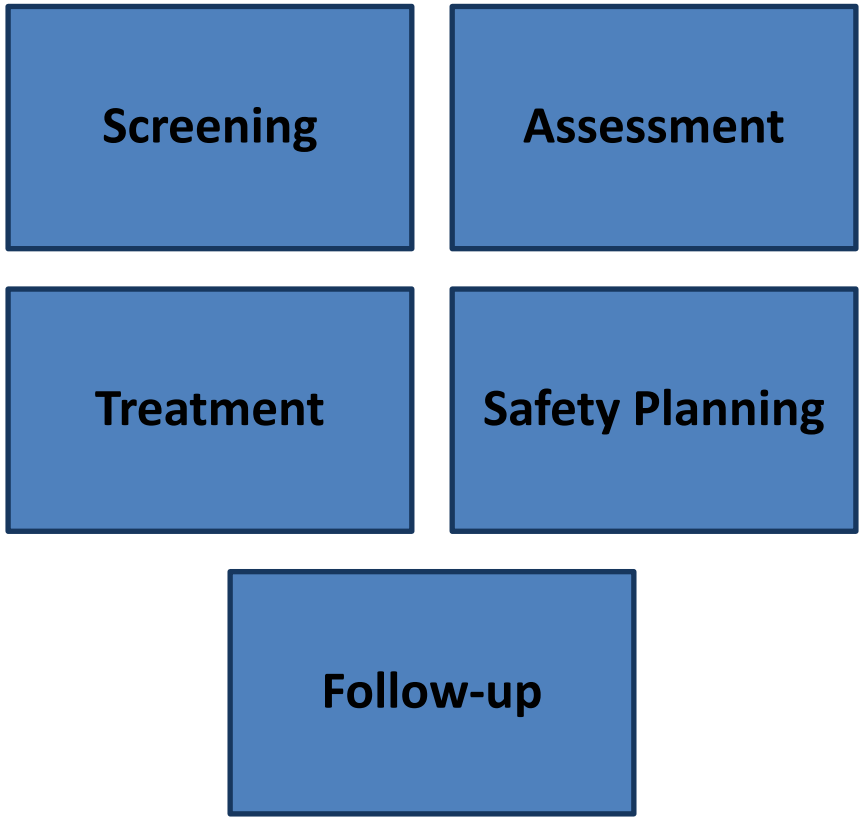
Crisis Lines

STRATEGIC RESPONSE:

- OhioMHAS staff in conjunction with crisis line organizations is exploring options on how to have consistent accreditation across the organizations.

- Nationwide Children's Hospital Center for Suicide Prevention, in partnership with OhioMHAS, is developing an online orientation course for crisis line staff and supervisors.

Treatment



Key findings include:

- *Screenings/Assessments*: There is a lack of standardization in Ohio on the screening tools used and staff confidence on how to interpret results; case workers and intake workers are not trained.
- *Safety Planning*: Templates lack recommended components.
- *Service Linkage*: BHOs did not necessarily link at-risk clients to other services, such as support groups and peer supporters.

Screening/Assessments

NEED/GAP	
Standardization	There was not a consistent, standardized set of screening tools used across Ohio.
Training	About 32.0% of the clinicians and 60.0% of the case workers and intake workers have not been trained on the use of a screen.
Confidence	BHO staff lack the confidence in using tools and interpreting results.

STRATEGIC RESPONSE:

- OhioMHAS has made the recommendation that BHOs use the Columbia Scales-SP and physical health providers use the PHQ-9.
- OhioMHAS is sponsoring Assessing and Managing Suicide Risk (AMSR) Train the Trainer courses.
- Ohio Suicide Prevention Foundation offers AMSR courses.

Safety Planning

NEED/GAP	
Standardization	Templates varied by BHOs and did not always include the recommended components.

STRATEGIC RESPONSE:

- The Ohio State University Suicide Prevention Conference featured the Stanley and Brown Safety Planning tools.
- OhioMHAS staff are exploring safety planning training options.

Treatment

NEED/GAP	
CBT	About two-thirds of the BHOs offer CBT.
DBT	About 40.0% of the BHOs offer DBT.

STRATEGIC RESPONSE:

- OhioMHAS is exploring options on how to offer CBT and DBT training.
- Ohio Suicide Prevention Foundation offers regional CAMS trainings.

Follow-Up

NEED/GAP	
Telephone Contact	About 55.0% of the BHOs have a telephone contact.
Family Outreach	Less than 30.0% have family outreach.
Support Groups	Less than 20.0% have support groups.
Peer Support Services	Less than 10l.0% have peer support services.

Other Uses of the Results

OhioMHAS has used these results in a variety of ways that include:

- Inclusion in SAMSHA Grant applications for suicide prevention dollars
- Development of strategic responses for new programs
- Increasing interest among the Ohio General Assembly to continue funding for this initiative.