OHIO SAMHSA Garrett Lee Smith State Grant

Preliminary Results and Lessons Learned 2007

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Partnerships in Support of Ohio's SAMHSA Grant

SCREENING FOR MENTAL HEALTH

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Columbia University
TeenScreen® Program
Mental Health Check-ups for Youth

The Ohio Suicide Prevention Foundation

T·H·E OHIO STATE UNIVERSITY

The Ohio Department of Mental Health

Purpose Statement

- **Provide a statewide coordinated suicide prevention screening program**
  - Target youth ages 11-18 in Ohio's highest risk counties
  - Encourage immediate linkage to appropriate behavioral health care.
  - Insure fidelity of screening programs across the state
  - Improve access to care for youth and families

Utilize and Enhance Existing Infrastructures

In 2005-2006 School Year Ohio had 39 TeenScreen screening sites.

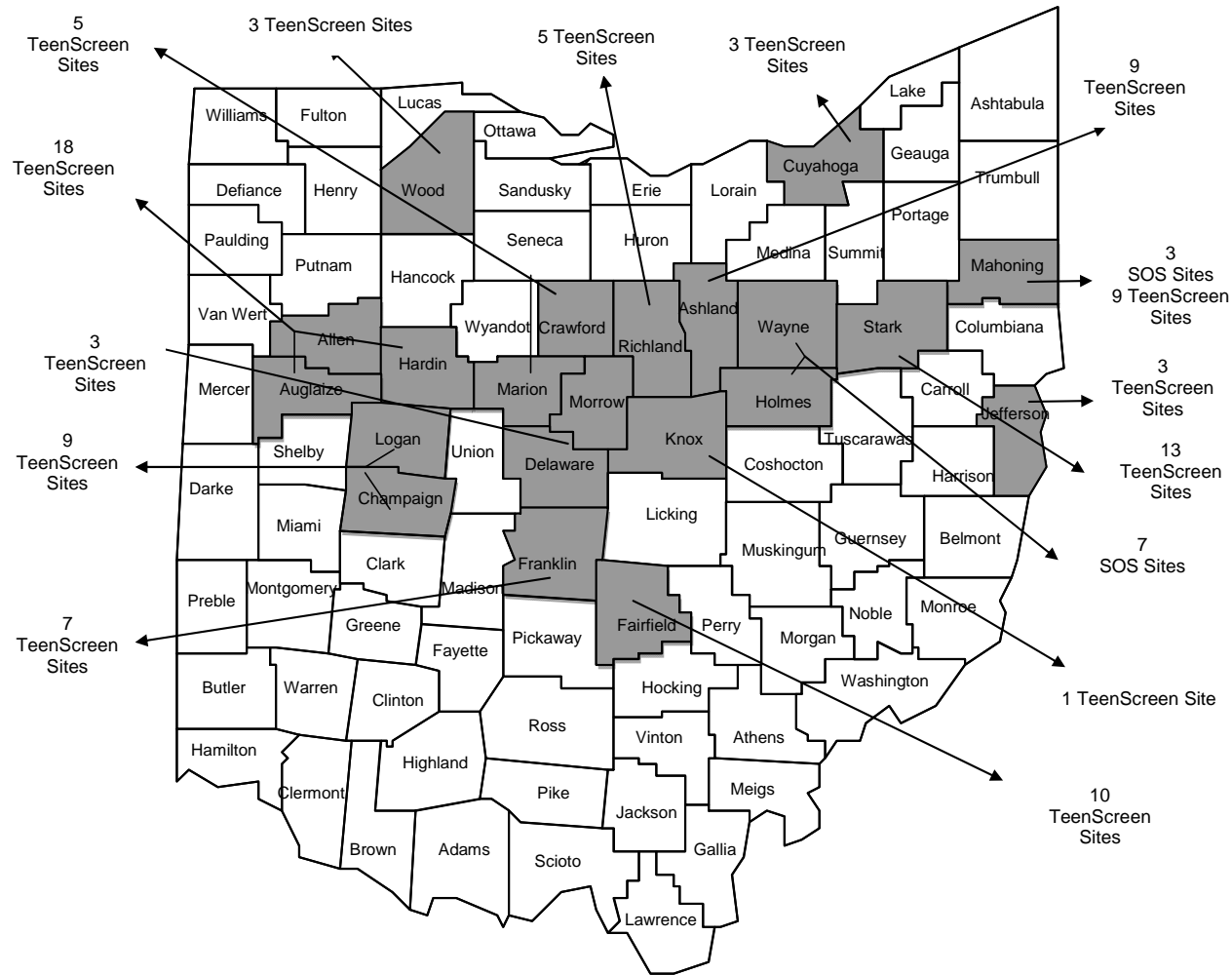**5,333 screenings were offered and 1,189 youth were screened.**

At the end of 2006-2007, year 1 of the Ohio SAMHSA Garrett Lee Smith Grant, Ohio has 110 SOS and TeenScreen screening sites.

Thus far, 9,666 screenings have been offered and 3,468 youth have been screened.
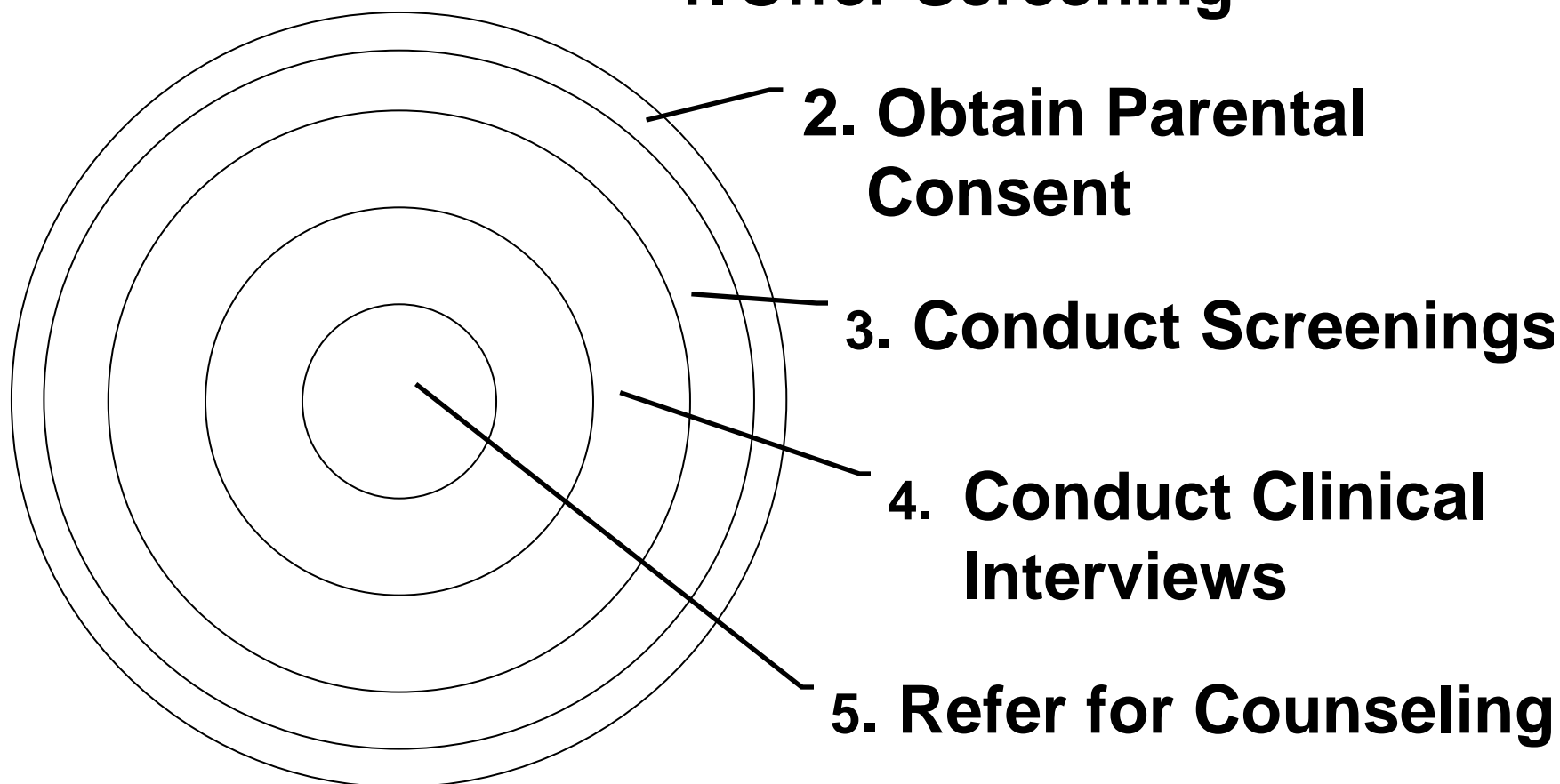
Ohio's Current Screening Program

Ohio's SAMHSA,
Garrett Lee Smith Grant

5 TeenScreen Sites

3 TeenScreen Sites

5 TeenScreen Sites

3 TeenScreen Sites

9 TeenScreen Sites

18 TeenScreen Sites

3 SOS Sites
9 TeenScreen Sites

3 TeenScreen Sites

3 TeenScreen Sites

9 TeenScreen Sites

13 TeenScreen Sites

7 SOS Sites

7 TeenScreen Sites

1 TeenScreen Site

10 TeenScreen Sites

Williams, Fulton, Lucas, Ottawa, Ashtabula, Lake, Geauga, Trumbull, Cuyahoga, Defiance, Henry, Wood, Sandusky, Erie, Lorain, Portage, Medina, Summit, Mahoning, Paulding, Putnam, Seneca, Huron, Van Wert, Hancock, Wyandot, Crawford, Ashland, Wayne, Stark, Columbiana, Allen, Richland, Mercer, Auglaize, Hardin, Marion, Morrow, Holmes, Carroll, Jefferson, Shelby, Logan, Union, Delaware, Knox, Coshocton, Tuscarawas, Harrison, Darke, Champaign, Licking, Guernsey, Belmont, Miami, Clark, Muskingum, Preble, Montgomery, Madison, Franklin, Fairfield, Perry, Noble, Monroe, Greene, Fayette, Pickaway, Hocking, Morgan, Washington, Butler, Warren, Clinton, Ross, Vinton, Athens, Hamilton, Highland, Pike, Jackson, Meigs, Clermont, Brown, Adams, Scioto, Gallia, Lawrence

Ohio's Program: 110 Adolescent Screening Sites Total

Screening Program Components

1. Offer Screening

2. Obtain Parental Consent

3. Conduct Screenings

4. Conduct Clinical Interviews

5. Refer for Counseling

Current Data: Year 1 Consents

Consents offered: 9,666

Consents not returned: 2,692 (28%)

Consents returned no: 2,567 (27%)

Consents Granted: 4,407 (46%)
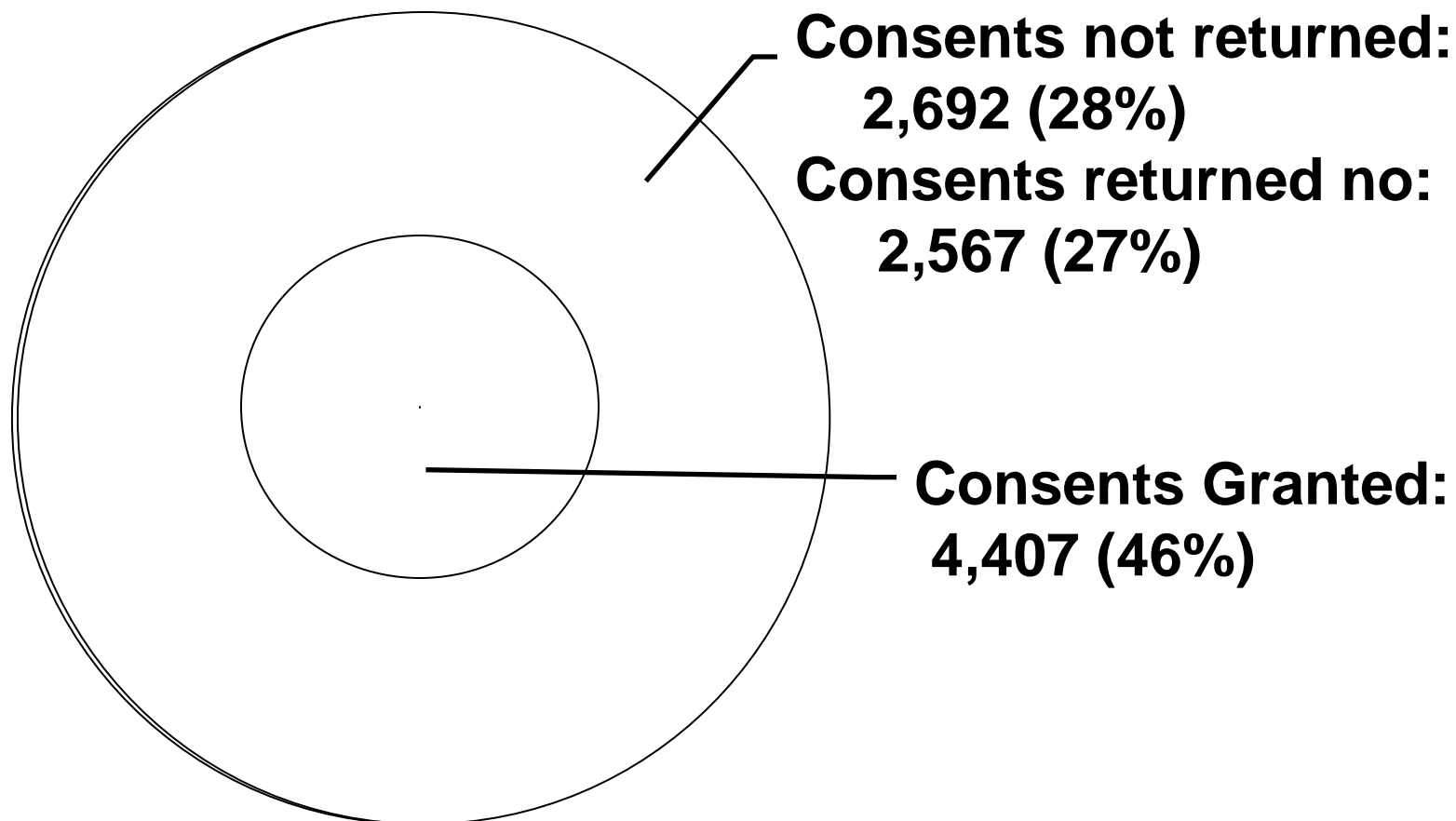
Lesson Learned:
- Individual screening programs need to provide data on both youth who are offered as well as those who return granted consents
- Providing an education component prior to screening results in higher active parental consent

Future Strategy:
- Offer several options for curriculum on suicide prevention for Ohio screening sites (i.e. SOS, Jason Foundation, ODE, etc)

Objective

The rate of active consents obtained will increase by 10% each year

Year 1 Progress:

46% Average Consent Rate (baseline)

Year 2 Goal:

51% Average Consent Rate

Current Data: Year 1 Screening Results

Screened: 3468 (79%)*

Screened Negative: 2511 (72%)

**Screened Positive:
957 (28%) youth need
Clinical interview**
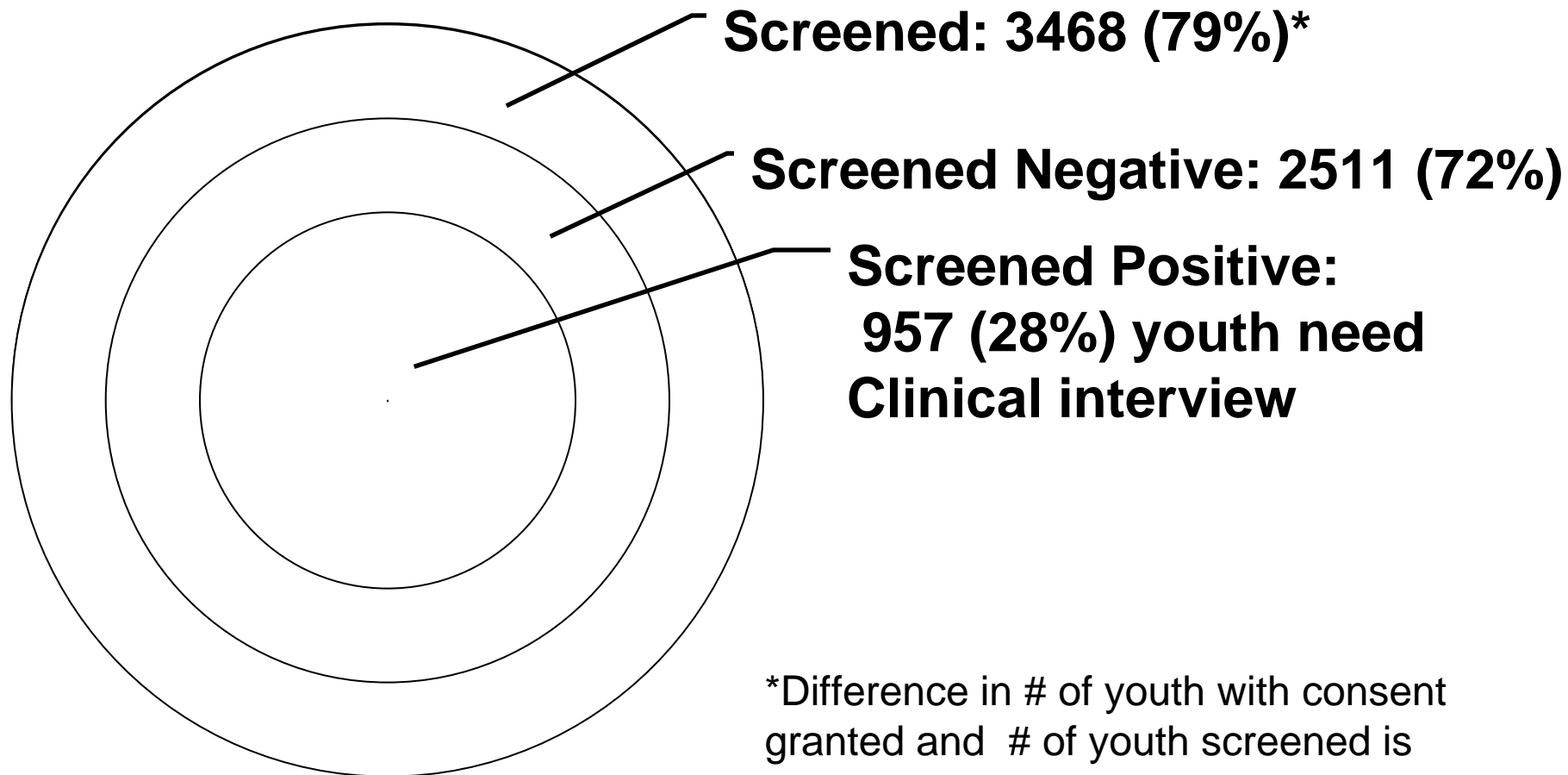
*Difference in # of youth with consent granted and # of youth screened is because screening is scheduled (program in progress)

Lesson Learned:

•More education to parents on the benefits to having their youth participate in a screening program, they will be more likely to be grant consent so that more youth may be screened

•Screening results are consistent across the state when comparing similar types of sites (schools, juvenile justice)

•Preliminary results lead us to believe that sites where staff is more accepting of a screening program results in higher referral completion rates
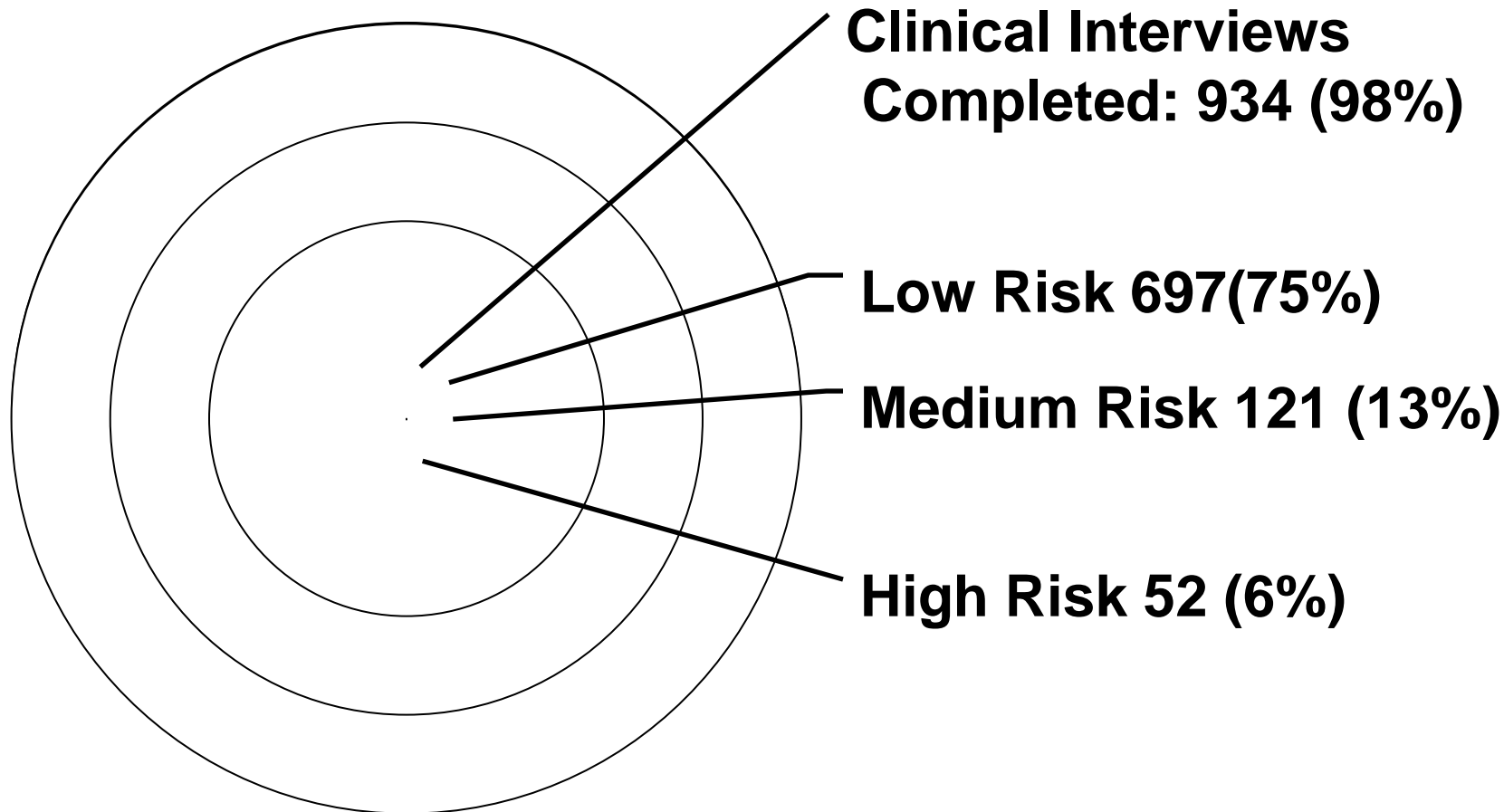
Future Strategy:

•Programs that currently have strategies to educate parents on screening programs are sharing with other programs at Bi Annual Ohio grantee meetings

•Consistent screening results will be used to project demand in future sites

•Staff implementing screening will be surveyed to determine their acceptance of implementing a screening program (Perception of Innovation of Adoption)

Current Data: Interview Results

Clinical Interviews Completed: 934 (98%)

Low Risk 697(75%)

Medium Risk 121 (13%)

High Risk 52 (6%)

Lessons Learned & Future Strategies

Lesson Learned:

• High, Medium and Low risk determined by Clinical Interviewers were not consistent across the state
• We learned that the myth of flooding the mental health system due to a statewide screening program was not true. Only 173 youth were identified as moderate to high risk

Future Strategy:

• To train all programs in the state to use the same rubric for determining level of risk

SPRC Training

Performance Target:
Train 150 clinicians to do assessments

TRAINING	DATE	ATTENDEES
▪ Train the Trainers	January 2007	22 attendees
▪ Stark County	June 2007	20 attendees
▪ Clermont	August 2007	60 attendees
▪ Ross, Pickway, Fayette, Highland & Pike	Oct 2007	40 attendees
▪ Marion	Sept 2007	60 attendees

Objective

100% of youth identified at risk will be interviewed by a licensed professional
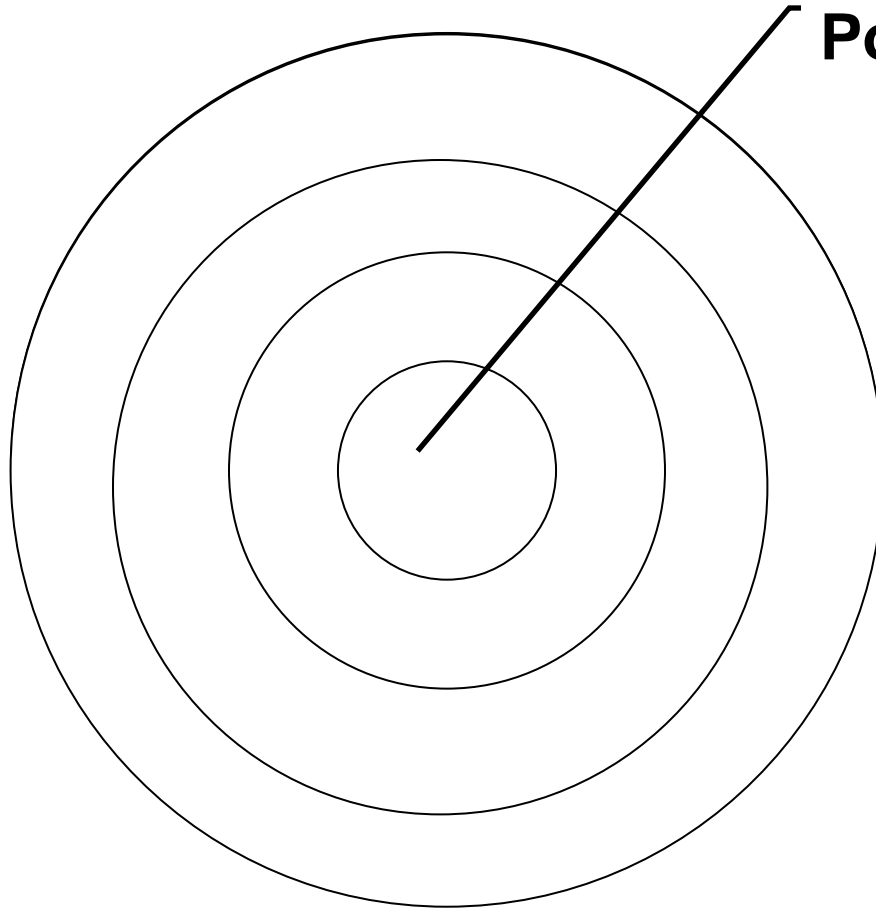
Year 1 Progress:

98%

Year 2 Goal:

100%

Current Data: Referrals

Positives referred: 707 (74%)

Low Risk: 499

Medium Risk: 99

High Risk: 37

Data missing: 52

Lessons Learned & Future Strategies
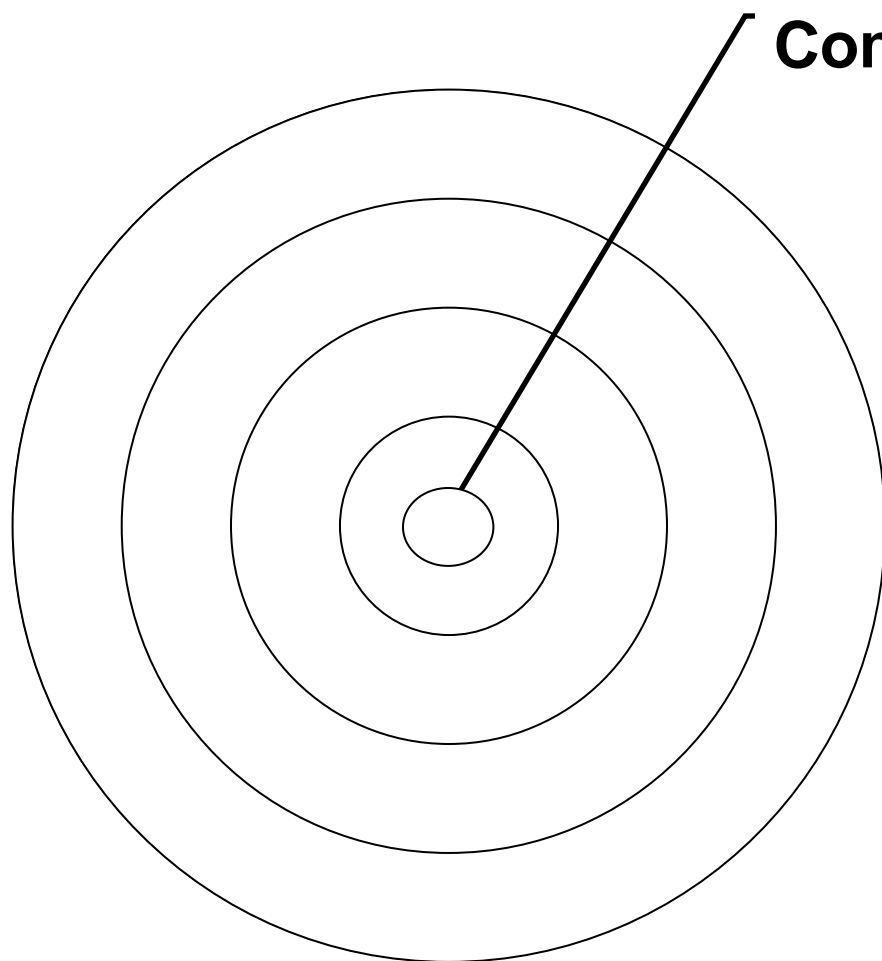
Lesson Learned:
- Juvenile Justice populations have increased positive rates (approx. double) compared to general school population
- Instrument produces 24% false positives

Future Strategy:
- When choosing a Juvenile Justice site you must have increased community clinical resources to meet the needs identified
- To share our state data with the creators of the screening instruments to improve accuracy

Current Data: Referral Completions

Completed Referrals 218 (31%)

Low Risk: 159 (32%)

Medium Risk: 38 (38%)

High Risk: 21 (57%)

Lessons Learned & Future Strategies

Lesson Learned:
•We have low referral completion rates in Ohio
•We have to improve our linking parents to services and accuracy of data collection

Future Strategy:
•Referral Health Care Climate surveys of referred youth and their parents to gain valuable information on reasons for lack of follow through
•Learn from cross site evaluation results re: constituent feedback to referral completions

Objective

Increased percentage of referral completions

Year 1 Progress:

31% referral completions

Year 2 Goal:

50% referral completions

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