

Community Health Needs Assessment Implementation Plan 2017-2019

Advocate Condell Medical Center

Date Created: May 2017

Date Reviewed/Updated:

PRIORITY AREA: Mental Health

GOAL: By 2020, improve the mental health of the adult population in Lake County.

LONG TERM INDICATORS OF IMPACT

	Baseline Value, Date and Source	Frequency
1. Reduce the rate of depression for Medicare recipients in Lake County	13.1% in 2015; Healthy Communities Institute (HCI), Centers for Medicare and Medicaid Services (CMS), 2017	Annual
2. Reduce the number of days that Lake County adults reported their mental health was not good in the past 30 days	2 days in 2014; HCI, County Health Rankings, 2016	Annual
3. Reduce the age-adjusted emergency room rate due to mental health for adults, age 18 and older for Lake County	73.1 per 10,000 population from 2013-2015; HCI, Illinois Hospital Association (IHA), COMPdata, 2015	Annual

STRATEGY #1: Reduce the stigma of mental health through Mental Health First Aid training (MHFA) for first responders in the Condell Medical Center Service Area (Lake County).

TYPE: Counseling and Education

PARTNERS: Lake County Health Department (LCHD), Lake County Police Chiefs Association, Lake County Opioid Initiative Coalition members (includes fire districts and police departments)

BACKGROUND ON STRATEGY

Evidence of effectiveness: Mental Health First Aid USA is an international evidence-based program that is managed, operated and disseminated by the National Council for Behavioral Health. The program is based on a standard curriculum designed to educate the public about mental health, reduce stigma, recognize individuals with mental health problems, and provide skills students can use to help those who are having a mental health crisis access help. <http://www.mentalhealthfirstaid.org/cs/> (click here)

Condell Medical Center will coordinate one MHFA Train the Trainer course, along with several MHFA one-day sessions for first responders in Lake County. Target groups will be police officers, paramedics and fire fighters. The course will train first responders to de-escalate incidents and better understand mental illnesses so they can respond to mental health-related calls appropriately and without compromising safety.

SHORT TERM INDICATORS

Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of police officers who complete MHFA course	25 officers	50 officers	50 officers
2. Number of Condell sponsored MHFA trainings	2 trainings	4 trainings	4 trainings
3. Number of paramedics who complete MHFA training	12 paramedics	25 paramedics	25 paramedics
4. Number of fire fighters who complete MHFA training	13 fire fighters	25 fire fighters	25 fire fighters

Process Indicators	Annual Targets by December 31		
	2017	2018	2019
5. Number of Fire Districts who send at least one staff to MHFA training	5 fire districts	10 fire districts	10 fire districts
6. Number of Police Departments who participate in MHFA training	5 police departments	10 police departments	10 police departments
7. Number of first responders (police officers, paramedics and fire fighters) who complete the MHFA Train the Trainer Course	0 first responders	3 first responders	0 first responders
Impact Indicators	2017	2018	2019
1. Percentage of participants who will either agree or strongly agree that they are more confident about recognizing and correcting misconceptions about mental health and mental illness	85% of participants	90% of participants	90% of participants
2. Percentage of participants who will score 90% or above on the Mental Health First Aid course exam	85% of participants	90% of participants	90% of participants
3. Percentage of participants who can recognize someone at risk for suicide (as measured through a pre-and post-test)	85% of participants	90% of participants	90% of participants
4. Percentage of participants who can intervene with those at risk for suicide (as measured through a pre-and post-test)	85% of participants	90% of participants	90% of participants
5. Percentage of participants who can refer individuals to an appropriate resource for mental health and suicide (as measured through a pre-and post-test)	85% of participants	90% of participants	90% of participants
6. Percentage of participants who have increased knowledge of de-escalation techniques (as measured through a pre-and post-test)	85% of participants	90% of participants	90% of participants

STRATEGY #2: Screen adults who come to the Emergency Department (ED) for depression and refer them to mental health services if screened positive for depression.	TYPE: Clinical Intervention
PARTNERS: Condell Medical Center Care Managers and Emergency Department Social Workers, Lake County Health Department Behavioral Health Action Teams	
BACKGROUND ON STRATEGY	
Evidence of effectiveness: Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders	
Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients and mental health specialists. This collaboration is designed to:	
<ol style="list-style-type: none"> 1. Improve the routine screening and diagnosis of depressive disorders; 2. Increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders; 3. Improve clinical and community support for active patient engagement in treatment goal setting and self-management. 	
http://www.thecommunityguide.org/index.html (click here)	

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression in adults and adolescents in outpatient primary care settings when adequate systems are in place for efficient diagnosis, treatment and follow up for depressive disorders. The implementation of collaborative care models is one way to ensure that such systems are in place. Based on updated evidence, results are applicable to the following:

- Adults (20-64 years) and older adults (65 years and older);
- Women and men;
- Caucasian, African-American, Latino and mixed race populations;
- Economically mixed populations; and
- A diverse range of organizations and settings.

<https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders> (click here)

PHQ-9

The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as “0” (not at all) to “3” (nearly every day). In addition to making criteria-based diagnoses of depressive disorders, the PHQ-9 is a reliable and valid measure of depression severity. These characteristics plus its brevity make the PHQ-9 a useful clinical and research tool.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/> (click here)

Condell Medical Center will implement depression screening for emergency department patients, using the PHQ9 tool. Hospital health care professionals will refer individuals who screen positive to community and mental health support services.

SHORT TERM INDICATORS

Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of Condell Medical Center ED adults who are screened for depression using the PHQ-9 tool	Baseline	TBD	TBD
2. Number of electronic or fax referrals made to the Lake County Health Department (LCHD) Behavioral Health programs per month	Baseline	TBD	TBD
Impact Indicators	2017	2018	2019
1. Number of patients who completed the referral to the LCHD Behavioral Health programs per month	Develop tracking mechanism	Baseline	TBD

STRATEGY #3: Strengthen Condell Medical Center’s linkages to community mental health specialists within Lake County for patients with positive PHQ-9 scores through a Mental Health Resource Fair and Memorandums of Agreement.

TYPE: Long-Lasting Protective Interventions (Capacity Building)

PARTNERS: Lake County Health Department and Behavioral Health Action Teams, Erie Family Health Center, Community-Based Mental Health Providers

BACKGROUND ON STRATEGY

Evidence of effectiveness: Mental Health & Mental Illness: Collaborative Care for the Management of Depressive Disorders

To improve the quality of depression management, collaborative care models have been developed from the Chronic Care Model over the past 20 years. Collaborative care is a multicomponent, healthcare system–level intervention that uses case managers to link primary care providers, patients, and mental health specialists. This collaboration is designed to: (1) improve routine screening and diagnosis of depressive disorders; (2) increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders; and (3) improve clinical and community support for active client/patient engagement in treatment goal-setting and self-management. Collaborative care models are effective in achieving clinically meaningful improvements in depression outcomes and public health benefits in a wide range of populations, settings and organizations. Collaborative care interventions provide a supportive network of professionals and peers for patients with depression, especially at the primary care level. (American Journal of Preventive Medicine, 2012; 42(5): 525–538; Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine)

<https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders> (click here)

In order to further build linkages to mental health specialists for Condell Medical Center patients who screen positive for depression symptoms, the medical center will sponsor a Mental Health Resource Fair to introduce mental health agencies to medical center staff (providers, nurses, social workers, care managers). Resource Fair attendees will learn about services provided and insurance coverage accepted by the mental health agencies, in order to increase the knowledge that staff have about mental health resources available for patients. Additionally, Condell Medical Center will pursue the establishment of Memorandums of Agreement (MOA) with mental health specialists for referrals of Condell Medical Center patients who need mental health therapy.

SHORT TERM INDICATORS

Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of Memorandums of Agreement (MOA) with Lake County community mental health agencies	1 agreement	5 agreements	5 agreements
2. Number of Mental Health agencies who participate in the Condell Medical Center Mental Health Resource Fair	0 agencies	25 agencies	0 agencies
3. Number of attendees at the Mental Health Resource Fair	0 attendees	125 attendees	0 attendees
4. Number of Mental Health Resource Fair attendees who complete the pre-and post-tests	0 attendees	100 attendees	0 attendees
Impact Indicators	2017	2018	2019
1. Percentage increase in number of referrals made to community mental health agencies in Lake County from Condell Medical Center	Baseline	TBD	TBD
2. Percentage increase in knowledge of Condell Medical Center staff about the Lake County mental health agencies, as measured by a pre- and post-test	Baseline	TBD	TBD

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	County IPLAN	SHIP (State Health Improvement Plan)	Healthy People 2020
1	<p>Increase the number of individuals trained in Mental Health First Aid</p> <p><u>Target Populations:</u> McHenry County adults ages 18 and older McHenry County youth under 18 years of age</p> <p><u>Outcome Objective:</u> By 2017, decrease the proportion of McHenry County adults that report poor mental health days to 12.3%. Baseline: 13.7%, Illinois Behavioral Risk Factor Survey (BRFS); Baseline: 10% improvement, McHenry County Health Department IPLAN</p> <p>By 2021, reduce the average annual count of all emergency room visits due to mental health diagnoses by 10%, from 12,453 per year to 11,208 per year; Lake County Health Department Community Health Improvement Plan</p> <p>By 2021, reduce the proportion of adults who report having a day or more in the past month where their mental health status prevented them from carrying on usual activities by 10% from 14% to 13%; Lake County Health Department Community Health Improvement Plan</p>		<p><u>Impact Objective</u> By 2017, increase the proportion of adults who seek/receive treatment with mental health disorders to 60.6%; Baseline: 10% improvement, MHMD-9, Healthy People 2020</p>

2		<p><u>Short-term Objective:</u> Ensure that non-traditional providers can facilitate referrals to mental health services in an effective and efficient manner</p> <p><u>Long-term Objective:</u> Evaluate the effectiveness of screening tools, training and referrals; Illinois Mental Health Services, Five Year Strategic Plan, 2013-2018</p> <p><u>Goal:</u> Increase early identification of mental illnesses, substance use disorders, or serious emotional disorders at primary care and other settings, for assessment of risk and need for treatment</p> <p><u>Short-term Objective:</u> Provide training to non-traditional providers in how to utilize and incorporate screening and brief intervention tools into their practice</p>	<p>MMHD-4.1 Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs)</p> <p>MMHD-9.2 Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment</p>
3		<p><u>Short-term Objective:</u> Ensure that non-traditional providers can facilitate referrals to mental health services in an effective and efficient manner</p> <p><u>Long-term Objective:</u> Evaluate the effectiveness of screening tools, training and referrals; Illinois Mental Health Services, Five Year Strategic Plan, 2013-2018</p>	