

Ardmore Institute of Health

Report Abstract for Awarded Grant

Organization Name

Community Activities, Inc. of Ardmore

Project Title

Ardmore Behavioral Health Collaborative – Year 1

Amount

\$100,000

Project Start Date

September 2016

Project End Date

Ongoing

Anticipated Number of People Impacted

Approximately 50,000 residents of Carter County

Actual Number of People Impacted

As our objectives are further implemented and we onboard new organizations more people will be positively impacted. Currently, we estimate 5,000 people have been directly or indirectly impacted as a result of the work of Ardmore Behavioral Health Collaborative

Project Overview

Ardmore Behavioral Health Collaborative (ABHC) was organized through collaboration of local organizations including government agencies, a hospital and clinics, businesses, mental health agencies, and numerous other non-profits to transform Carter County into a healthy, connected and resilient community. In all, more than 80 organizations have contributed to ABHC since September 2016.

Carter County has poor overall health outcomes. Based on the Adverse Childhood Experiences (ACEs) Study, ABHC participants believe that health outcomes can be improved through education on ACEs and resilience, promotion of trauma-informed practices and establishing processes that advocate for whole-person wellness. These key

elements must be implemented throughout the community in order to be most successful and impact all Carter County residents.

ABHC retained the consultation services of the National Council for Behavioral Health to assess the current status of trauma-informed practices in ten local organizations and guide them in increasing those practices as well as to assess Carter County as a whole with regards to behavioral health needs. Based on these findings, ABHC formed workgroups to work on strategic goals identified from the opportunities outlined in the assessment. The strategic goals were in three areas: Care Coordination, Integrated Health and Community Awareness. The ten organizations working internally set their own goals for trauma-informed practices for their own organizations. They took part in learning communities led by the National Council for Behavioral Health.

Results

ABHC is still working towards original goals identified from the 2017 NCBH assessment. Major accomplishments follow as broken down by area:

Care Coordination

- Completed draft of social determinants of health screening tool
- Creation of a three-tiered system for coordination of services
- First round of transportation surveys administered in five locations
- First phase of service mapping in progress

Integrated Health

- Successful onboarding of two additional school teams
- Completed Permission to Share Form allowing easier data sharing
- Pilot of Permission to Share Form in seven agencies
- Community Health Worker summit

Community Awareness

- Two community showings of *Paper Tigers*
- One community showing of *Resilience*
- Session highlighting ABHC and Carter County at the National Council for Behavioral Health's 2018 National Conference in Washington, D.C.
- Multiple articles in the Ardmoreite and Southern Oklahoma Living Magazine about ABHC, trauma-informed care, and/or ACEs
- Overcoming Obstacles Conference in July 2017 in conjunction with Partners in Education
- Preparing for Community Devastation and Recovery training in August 2018 with speakers from Sara's Project, OU Medicine Trauma Program, and Tulsa Tech

Trauma-Informed Organizational Teams

- First National Bank recognized as a Turning Point Coalition 2018 Community Health Champion for their Marketplace Chaplain and Employee Wellness Programs
- Reduced staff loss at Carter County Health Department attributed to knowledge and policy changes in effect because of ABHC

- Mended relationships between local organizations such as Lighthouse Behavioral Wellness Centers and Ardmore Police Department
- Cross Timbers Hospice community showing of *Soul Injury*
- Two new organizations on-boarded since November 2017

By definition, community mobilization is slow-moving work; however, ABHC partners remain dedicated and committed to staying the course in light of challenges to build a healthy, connected, resilient community.

Use of Funds

Approximately \$650,000 in funding was secured through four local foundations. The majority of funds expended were for the consultation services of the National Council for Behavioral Health; however, due to successfully negotiating a reimbursement fee contract, the costs since September 2016 have been tremendously lower than anticipated. The chart below outlines the major costs associated through August 2018. A director was not secured for ABHC until March 2017 also resulting in much lower anticipated leased employee expenses.

	Budget	Actual
Leased Employee Expense	179510	82120
Office Furniture/Equipment Computer, phone, copier, file cabinet	7500	2690
Office Supplies Paper products, postage, stationary	1500	171
Mileage Reimbursement	3000	458
Travel, meals	0	3901
Education Expense/Dues-Subscriptions	10600	640
Phone, Internet	2400	1530
General Liability Insurance \$1 million	1600	0
Directors' & Officers' Liability Insurance	3600	0
Meetings expenses	0	1162
Meetings meals	0	9339
Miscellaneous (bank charges, contract labor-other)	0	351
Event and Training Costs	0	0
Sub-total	209710	102362
NCBH Contract	453800	183845
Total	663510	286207

Key Challenges

With exception of the director, ABHC is comprised of partnering organizations' employees. Most, if not all, of these community members maintain their own full-time obligations in their organizations. Inherently, they are often hesitant to commit to taking specific tasks back from the work groups. As such ABHC's director is often left taking on the majority of responsibilities from the work groups. In order for the sense of

community ownership to continue and the goals of the collaborative to be attained, the work group members must take on a more active role. Additionally, time constraints often make it nearly impossible for work to be done on multiple projects each month during the meetings. Lastly, organizational teams often reprioritize their commitment to ABHC because of other obligations that may come up unexpectedly.

Gathering short-term data for health outcomes continues to be problematic as not all organizations are able or willing to share even non-identifying information about their clients.

Key Learnings

Our work groups must be restructured to accommodate a more active role. The director should facilitate meetings in such a way that actionable items are able to be assigned to work group members. The information should be regularly accessible for members so that every member knows the responsibilities and roles of other members. This will also aid in the dissemination of information that may be missed because of an absence.

The work groups should also be molded into process groups to aid in attaining successful completion of goals sooner. For example, one process group could have the assigned task of completing and piloting a form, another group will have the task of gathering organizations to pilot and distributing the information, and the last group will have the task of assessing the outcome of the pilot and referring changes back to the first group.

ABHC must outline better accountability practices for organizational teams and identify specific demographics in order to have more success in creating trauma-informed organizations.

Recommendations for the Future

In order to better support our organizational teams, we believe a continued focus on community-wide, multi-sector education is important, but that we should target specific sectors that work with the most at-risk populations of people. Through targeted work we plan to conduct domain-specific, trauma-informed learning communities. As we onboard new teams and work with current teams on new goals, we will offer incentives to stay involved including being able to create a plan and choose consultants, trainings, curriculums, etc. in exchange for providing the necessary reporting requirements, trainings, and buy-in. These expectations will be clearly outlined in writing as a formal partnership and approved by the ABHC leadership team and the partnering organization's leadership and will aid in better accountability on both ABHC's and the organizations' parts.

It will be to our benefit to adjust our workgroups from NCBH's model into "process" groups. We are beginning that transition currently and anticipate the change to help speed up our process of development, information distribution, and quality assessment. For example as our care coordination work group begins to compile the information

from Phase I of the community mapping and develop the second phase of the survey, a QI/QA group can analyze and provide feedback about the information received to assist in an improved format and response rate and a community engagement group can take on the role of disseminating the survey and gathering information.

We plan to build on our use of social media and develop a campaign of awareness surrounding the work that is taking place so that the successes can be celebrated on a more frequent basis. We also must continue to learn the language from different sectors and adapt our message to meet them where we are. For example, “trauma” is often a word that those from business backgrounds are interested in, but when we discuss how self-care relates to work attendance and how resilience is linked to performance, we have the opportunity to give the same information in a more relatable way for the business leaders.

We also are actively working to implement Community Health Workers (CHWs) in at least two community organizations. The role of CHWs is to connect the citizens with complex needs to the most appropriate resource and help them learn to plan for their own care and needs by identifying natural supports and strengths of those citizens. The nature of CHWs work will be a driving force behind our vision.

Project Lead

Ashley Godwin

Position Title

Director

Email

Ashley.godwin@fullplateliving.org

Phone

(580)220-8722

Website

www.ArdmoreBHC.com