Stark County System of Care Expansion Strategic Plan

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Submitted By: Mental Health & Recovery Services Board of Stark County
Patrice Fetzer, Project Director
Jessica Zavala, Grant Coordinator

Preface

Kent State University School of Public Health in partnership with the Mental Health & Recovery Services Board of Stark County (MHRSB) completed a series of subcommittee meetings over the course of this planning year that included youth, young adults, family members, mental health and substance abuse providers, cross system and community partners, and national consultants (National Council for Behavioral Health, Georgetown National Center for Cultural Competence and TA Network) to inform the Stark County System of Care Expansion Planning for 0-21 year olds and their families in the following areas as identified in the grant: *1) Developing trauma informed organizations and a trauma informed system of care. 2) Addressing underserved populations, disparities, and disproportionality through improving our cultural and linguistic competence (incorporating CLAS within our organizations and system of care). 3) Improving treatment access, coordination (integrated care and cross system), and outcomes. 4) Including funded prevention and resiliency strategies in our system of care 5) Improving marketing and awareness strategies. 6) Increasing youth and young adult involvement.* Committee Key notes, PowerPoints, National Consultant Recommendations, Cultural and Linguistic Competence and Social Marketing Plans, Evaluation Reports and other supporting materials from the planning process can be found at:

http://www.kent.edu/publichealth/stark-county-system-care-soc-planning-grant or at:
http://www.starkmhrsb.org/site/PageServer?pagename=Initiatives3_systemofcare

Determination of the Population of Focus for the Stark County System of Care Strategic Plan was selected after careful review of populations at highest risk for residential treatment, hospitalization, incarceration, and death as well as well as review of populations experiencing significant gaps in our system of care, particularly related to trauma and cultural and linguistic competence. Goals and strategies were determined after careful review of the input of local and state stakeholders, local data, and national consultants. Stakeholder input to the draft of the strategic plan informed this final strategic plan. It is important to note that stakeholder input that was not formally addressed in the final strategic plan are Early Childhood and Youth Homelessness. After careful review of these important stakeholder voices, it was decided that these important areas of focus already have formal committees with corresponding strategic plans and active involvement from local foundations and many early childhood partners to support their mission. Stark County Family Council has an active Early Childhood Coordinating Committee that is led by the director of Stark County's Early Childhood Resource Center (ECRC) and Canton City Health Department is leading an Infant Mortality Initiative. Stark County also has a Youth Homelessness Committee of the Homeless Continuum of Care of Stark County, a broad-based open membership representation of all agencies, organizations, businesses, entities and individuals interested in ending homelessness in Stark County. MHRSB recently completed two SAMHSA Treatment for the Homeless grants with young adults as a population of focus. MHRSB sustained the

programming funded by the SAMHSA grant and has also provided funding for the development of a new permanent supportive apartment building for young adults. It is also expected that outcomes in early childhood and youth homelessness may be secondarily impacted in positive ways through the work of this finalized strategic plan.

State and Local Context for Strategic Plan

Stark County's Mental Health & Recovery Board, Family Council, and system partners involved in the development of this strategic plan understand that we are in the midst of significant changing landscapes in our state. For example, Ohio is in the process of embarking on a Behavioral Health Re-Design plan and timeline (2016-2020) which includes the following vision: providers to follow National Correct Coding Initiative *(NCCI)* in Medicaid and practice at the top of their scope of practice; integration of behavioral health and physical health services; high intensity services available for those most in need; services and supports available for all Ohioans with needs (services are sustainable within budgeted resources); implementation of value-based payment methodology; and coordination of benefits across payers (www.healthtransformation.ohio.gov).

Also, Ohio's previously separate mental health and addiction departments recently merged into the Ohio Mental Health & Addiction Services (OhioMHAS). The new state department is in process of updating Ohio administrative codes and rules to align with their new structure and expectations for service delivery. Other system partners involved in this strategic plan are also experiencing significant changes. To this end, it is understood that the Stark County System of Care Strategic Plan intends to keep the focus on the vision, mission, goals and strategies as we continue to work toward an informed and thoughtful partnership with the evolving state transformation, updated rules, and funding configurations to support the development of more detailed implementation action steps, stakeholder inclusion (i.e., managed care companies and primary care), and outcome measures that align with the state expectations and resources.

The Mental Health & Recovery Board of Stark County has recently finalized a local funding prioritization and request for proposals review process to guide allocation decisions with consultation from Dr. Michael Gillette of Bioethical Services of Virginia. This System of Care Strategic Plan aligns as it also prioritizes populations based on those with highest needs and using evidence informed strategies that are trauma informed and culturally and linguistically competent. The Mental Health & Recovery Board of Stark County is also home to Heartland East which provides system administration, reporting, claim file transmission, member enrollment, network connectivity, and consultation services to 10 local behavioral healthcare Boards in Ohio. Heartland East is currently reviewing proposals for a software system that will support management of client enrollment, benefit management, provider contracting, payment processes, care coordination, local, state, and federal reporting requirements, utilization, and outcomes management. The project director for the System of Care planning grant has been involved in the RFP development and software entity proposal review with interest in securing software that will help with the data management goal and strategies listed in the System of Care Strategic Plan.

The Mental Health & Recovery Board of Stark County (MHRSB) intends to focus in January 2016 on garnering local approval and funding for action steps to begin implementing in 2016 and also identifying action steps to submit for the FY16 SAMHSA System of Care Expansion Implementation Grant.

The Mental Health & Recovery Board of Stark County (MHRSB) and all the system and community partners want to thank SAMHSA for providing Stark County with this opportunity to focus on designing an informed and comprehensive plan for the Stark County system of care expansion.

Stark MHRSB System of Care Strategic Plan		
Enhanced Stark County SOC Vision	Stark County's children, youth, and families with or at-risk for mental health or other challenges and their families, will experience a coordinated, accessible, youth and family driven, culturally and linguistically competent, trauma informed, and evidence informed continuum of care that supports them in reaching their maximum potential in their homes, schools, community, and into their adult life.	
Enhanced Stark County SOC Mission	Stark County's youth and families will experience a welcoming and coordinated network of care that: is available to them when they need it; values and responds to their voice and choice; and guides them to the services and supports needed to succeed in their homes, schools, and community.	
Population of Focus	Youth, ages 11-21, with significant functional challenges in their home, school, community and their families with one or more of the following: 1) Multi-System Involvement 2) Minority Youth Living in High Poverty/High Crime Neighborhoods 3) At-risk for court placement or removal from their home 4) Experiencing hospitalization or residential treatment 5) Co-occurring substance abuse, developmental disabilities or other difficult to diagnose and treat conditions	
Goals and Strategies	**Goals**	**Strategies**
Goal 1	**Improve access to services and supports** *Core Strategy Areas:* *Services* *Access* *Training*	*Strategy #1: Provide no cost crisis and level of care determination to assess and connect youth and their family to the right service/right time.* • Embed a youth, family, strengths driven and integrated assessment process (integrated reflects accurate diagnosing related to developmental disabilities, physical health, alcohol or drug, trauma and environment). • Implement a universal trauma screening for all youth and families served within the network of care.

		• Utilize a cross-system level of care determination tool, including both behavioral and physical health. • Include Family/Peer Navigators and Cultural Brokers as part of team. • Provide flexible funding to support youth/family emergent needs. *Strategy #2: Design an Evidence-Based/Evidence-Informed, geographically responsive Behavioral Youth and Family Mobile Crisis Team.* • Offer emergent services and supports that meet the needs of youth and families. • Include Family/Peer Navigators and Cultural Brokers as part of the team. • Strengthen coordination with Children's Services and Developmental Disabilities 24/7 services as part of response. • Provide flexible funding to support youth/family emergent needs. *Strategy #3: Increase services (using evidence-based and evidence-informed practices) for co-occurring disorders (mental illness/substance abuse; mental illness/developmental disabilities).* • Expand access to evidence-based and evidence-informed co-occurring psychiatric services. • Implement a Community Based Co-Occurring Treatment Team. • Seek technical assistance from the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellences (Ohio SAMI CCOE) and the Center for Innovative Practices. • Implement a Community Based Mental Illness/Developmental Disabilities Treatment Team. • Seek technical assistance from the Ohio MIDD Coordinating Center of Excellence.

		• Increase availability of trauma-informed sensory interventions in the system of care (equine, animal assisted, music, art, physical movement). • Ensure contract language with providers to promote community based co-occurring treatment specializations or referrals to specialized co-occurring treatment models. • Provide training and support to families and foster families of MI/DD youth to support success in their homes with the appropriate accommodations and supports. • Work in partnership with Ohio's Behavioral Health Redesign, managed care companies and Medicaid and Coordinating Center of Excellences to train dual certified organizations in evidence-based and evidence-informed Co-Occurring Substance Abuse Models. *Strategy #4: Provide immediate access to evidence-based AoD service for youth opiate users/abusers.* • Create a menu of evidence-based and evidence-informed services ranging from intervention to intensive treatment, including Medication Assisted Treatment (MAT).
Goal 2	**Design a youth and family care coordination network (Care Management Entity)** *Core Strategy Areas:* *Access* *Policy* *Services* *Generating Support* *Financing*	*Strategy #1: Establish a shared leadership advisory committee for the Stark County Youth and Family Care Coordination* (CME) *that includes family and youth, diverse cultural representation, and the organizations/systems involved.* • Establish vision, mission, policies and procedures, MOU's and contracts, that include language that supports the SOC values with enhanced focus on implementation of youth and family involvement, CLAS, trauma-informed care strategies. • Develop process for timely access to flexible and emergency funding to support youth and family needs that are not

		reimbursable through Medicaid, managed care or private insurance. • Provide mechanisms for sharing training and technical assistance across organizations and systems. • Inventory and market services and supports available throughout the local system of care. • Coordinate a cross-system fiscal mapping process in partnership with Ohio's fiscal mapping process. • Facilitate and support cross-system data analysis. • Create and implement strategies to incentivize cross-system organizations to participate in SOC redesign. • Develop a cross-system Communications Plan to promote community awareness and involvement. *Strategy #2: Create a comprehensive services/supports mapping mechanism to measure local capacity (public and private).* • Complete a gap analysis of services and supports available to targeted populations. • Explore options for increasing capacity for services in identified target populations, such as minority youth living in high-poverty, high-crime neighborhoods.
Goal 3	**Establish an enhanced cross system data, outcome management and reporting system** *Core Strategy Areas:* *Policy* *Training* *Financing*	*Strategy #1: Create a cross system data committee that includes data analyst representation from key stakeholders that serve our youth and families.* • Create and implement strategies to incentivize cross-system organizations to participate. • Provide data planning and analysis trainings for leadership, management, and coordinator level staff, in conjunction with cross-system data research analyst.

		• Inform creation of centralized, local data repository. *Strategy #2: Identify a cross-system data research analyst.* • Enhance mechanism for compiling and analyzing data that addresses access/waiting lists, capacity, utilization, costs, disparities, quality improvement, and outcomes. • Develop and manage centralized, local data repository. • Participate in training and TA on development of a uniform outcome measurement system. • Strengthen ability to access and monitor organizational and client data. • Prepare and present data to stakeholders in partnership with data committee on a quarterly basis.
Goal 4	**Strengthen cultural and linguistic competency in Stark County SOC using Culturally and Linguistically Appropriate Services (CLAS)** *Core Strategy Areas:* *Service* *Policy* *Training*	*Strategy #1: Identify a Cultural and Linguistic Competency Coordinator trained in CLAS.* • Work across local systems to integrate CLAS into clinical standards, skills, service approaches and supports, policies and procedures. • Recruit members and facilitate meetings for the CLC committee. • Ensure that system wide CLC training efforts align with local needs. • Increase capacity of local CLAS trained consultants across systems. • Strengthen partnerships with neighborhood groups and organizations in areas of high poverty/disparity to serve as cultural brokers to our SOC. *Strategy #2: Continue and formalize the CLC planning subcommittee as an official SOC committee with representation*

		from neighborhood groups and organizations in areas of high poverty/disparity. • Consult with agencies and organizations to adopt CLC language in network of care MOU's, contracts, policies and procedures. • Incorporate incentive based CLAS performance standards at the organizational and agency level. • Strengthen ability to access and monitor CLC organizational and client data measurements (partnering with data committee). • Connect with local colleges for curriculum, recruitment and scholarship strategies to support workforce development. *Strategy #3: Contract with nationally recognized organization to provide CLAS Trainings and organizational assessments and consultation to youth and family serving organizations and systems.* • Follow planning phase recommendations of Georgetown University as outlined in the attached Executive Report and contract with entity to provide cross-system trainings.
Goal 5	**Strengthen Family and Youth Involvement in Stark County SOC.** *Core Strategy Areas:* *Service* *Policy* *Training* *Generating Support*	*Strategy #1: Identify a Youth and Family Involvement Coordinator.* • Work with cross-system organizations to amend policies and contracts to include youth and family members in organizational and programmatic planning, evaluation, and service delivery. • Strengthen role of Family Engagement Committee and YouthMove Chapter. *Strategy #2: Develop new and expand upon current peer support services.*

		• Continue partnership with state to offer local peer support certification trainings. • Provide consultation to organizations to add or strengthen internal policies and supervision for this service.
Goal 6	**Strengthen Trauma-Informed care in Stark County SOC.** *Core Strategy Areas:* *Service* *Policy* *Training*	*Strategy #1: Continue the work of the trauma informed care learning communities and increase capacity for additional organizations to participate.* • Follow recommendations as outlined in the attached National Council of Behavioral Health Report and maintain and promote archive of National Council webinars/resources and list serve. • Incorporate trauma informed expectations in policies and procedures, MOU's and contracts of partnering organizations/systems. • Incentivize agencies to adopt trauma informed missions, policies, procedures and environmental changes. • Expand communication mechanisms so trauma informed resources, trainings, and TA can easily be stored, accessed, and shared.
Goal 7	**Develop appropriate and adequate funding mechanisms to support SOC** *Core Strategy Areas:* *Service* *Financing* *Generating Support*	*Strategy #1: Create and improve financing strategies through fiscal mapping process with organizations, funders and systems in consultation with Ohio fiscal mapping process.* • Work in partnership with Ohio's Behavioral Health Re-design, Managed Care to align with Medicaid approved model. • Offer flexible and emergency funding to support youth and family needs. • Identify local funding to support costs of program that are not billable to Medicaid or private insurance. • Work with cross-system partners, local hospitals and foundations to support redesigned SOC infrastructure.

		• Develop partnership with ACA (private insurance companies) and Ohio's Managed Care companies related to coverage of behavioral health prevention services. *Strategy #2: Expand cross-system funding strategies with return on investment data.* • Partner with cross-system organizations, local hospitals, foundations, private insurers and managed care companies to determine return on investment data. • Develop creative funding strategies to be used for youth/families that do not have Medicaid or sufficient insurance.
Goal 8	**Provide training, technical assistance and workforce development** *Core Strategy Areas:* *Service* *Training*	*Strategy #1: Design and implement a cross-system consortium to share contract consultation services.* • Provide training and TA for organizations and systems on strategies to support: cultural and linguistic competency, trauma informed care strategies and active involvement of youth and families within their programs at every level. • Assess local workforce turnover data to determine local trends. • Provide organizational and workforce trainings and TA to decrease burn out and turnover related to vicarious trauma. *Strategy #2: Implement an on-demand and online training academy to address staff turnover and access to training issues.* • Create trainings specifically for families, youth, providers and the community. • Develop strategies to address provider concerns around HIPAA/42 CFR/ confidentiality.

		Strategy #3: Connect with local colleges for curriculum, recruitment and scholarship strategies to support workforce development. • Identify shared opportunities between system of care and local colleges. *Strategy #4: Expand Youth Mental Health First Aid (YMHFA) Training for schools, faith-based organizations and other youth-serving community organizations.* • Promote and support YMHFA training opportunities to local school, faith-based organization and other youth-serving community organization staff members. • Recruit and train youth-serving adults trained in the YMHFA Model.
Goal 9	**Expand and enhance indicated prevention and early identification in Stark SOC** *Core Strategy Areas:* *Service* *Training*	*Strategy #1: Develop a continuum of evidence-based and evidence-informed prevention and resiliency interventions targeted at high poverty neighborhoods and youth at risk for suicide.* • Increase access to activities and services that build protective factors in youth at high risk for mental illness/substance abuse and youth experiencing mental illness/substance. • Promote connection between physical wellness and mental wellness (i.e. nutrition, exercise, sensory activities). • Train SOC professionals to incorporate prevention and resiliency strategies in their work with youth and families. • Empower family/peer navigators and cultural brokers with prevention and resiliency strategies.

		• Increase access to evidence informed culturally and linguistically competent prevention strategies for disproportionate minority youth population at high risk. • Identify screening tool for middle school/high school early identification of mental illness, substance abuse and/or developmental disabilities.
Goal 10	**Public Awareness/Social Marketing** *Core Strategy Areas:* *Service* *Generating Support*	*Strategy #1: Hire social marketing coordinator to support work of social marketing committee and plan.* • Develop a cross-system Communications Plan to promote community awareness and involvement. • Develop a geographic, youth and family informed, and culturally and linguistically competent approach to marketing services to reach and improve care for underserved populations (i.e. texting, mobile app). • Support CLC and trauma-informed marketing strategies that expand reach in disparate areas. • Incorporate developmentally sensitive (i.e. hard of hearing, inability to read) marketing strategies. • Create Community Wide Education campaign regarding assets, protective factors, neurological science and wellness. • Collaborate with Family Council to develop trauma toolkit. • Partner with local library system to provide information to the public. • Increase awareness about neighborhood based and grassroots organizations as gateway providers.

Stark MHRSB System of Care Strategic Plan- Glossary of Terms	
CANS	Child and Adolescent Needs and Strengths (CANS) Tool is an open domain information integration tool that can support individual child and adolescent assessments, level of care decisions, outcomes management, and a shared vision between the child serving system (www.praedfoundation.org).
CME	A Care Management Entity is an organizational entity that serves as a centralized accountable hub to coordinate all care for youth with complex behavioral health challenges who are involved in multiple systems, and their families (www.chcs.org).
CLAS	Culturally and linguistically appropriate services; also refers to 15 national enhanced standards that serves as a framework to improve health care quality and advance health equity for diverse communities. These standards are acknowledged by The US Department of Health and Human Service, and the Office of Minority Health.
Cultural Brokers	An individual who bridges, links, or meditates between groups or persons of differing cultural backgrounds.
Family/Peer Navigator	An individual who has had lived experience with the behavioral health and physical health services and supports and who has been trained to help youth/families with mental illness access, behavioral health and physical health services and supports for a serious mental illness.
Neurological Research	Environment, experience, genetic, and other neurobiological factors have powerful effects on modifying brain structure and function at all stages of development in young people and can contribute to or prevent the development of mental, emotional, and behavioral disorders in young people. Source: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities 2009.
System Navigator	An individual who is trained and able to help youth/families connect to services including mental health services, transportation, resources, and referral services. This individual possesses knowledge of the healthcare system as a whole.
TIP	The Transition to Independence Process is an evidence-supported community based model for improving the outcomes of youth with emotional and behavioral disorders move into adulthood (www.tipstars.org).