**Stark County System of Care Expansion Planning:**

**Ongoing Agenda for Treatment**

**TEAM NAME:** System of Care Expansion Planning: Treatment Subcommittee

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<td>DR. JEFF HALLAM, PROFESSOR AND CHAIR, SOCIAL AND BEHAVIORAL SCIENCES, KENT STATE</td>
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<td>NANCY MARTIN, STARK COUNTY TASC</td>
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**DATE, TIME, PLACE:**

- **Date:** 3/5/15
- **Time:** 3:30-5:00
- **Place:** University Center at Kent State

**ROLES:**

- **Leader:** JH
- **Minute Taker:** RT
- **Timekeeper:** MM
- **Facilitator:** MM
- **Documenter:** MM

**PREPARATION:**

- Review Agenda

**MEETING OBJECTIVE:**

- Become oriented, define subcommittee, identify a leader, and prepare for next steps

**AGENDA:**

- **5”** Check-in (All)
  - I. Introductions
  - II. Establish Ground Rules for Discussions
  - III. Discussion on course of work for committee
  - IV. Definition of committee & Brainstorm ideals for goals/objectives/vision for committee.
  - V. Identify subcommittee leader and explain responsibilities
  - VI. Questions and Answers
  - VII. Next meeting **April 2nd, 2015 from 3:30-5:00**

- **5”** Check Out (All)
Stark County System of Care Expansion Planning:

Ongoing Agenda for Treatment

**TEAM NORMS**

Use the Parking Lot for important, but tangential topics. Start and end on time.

**Strategic Planning Cycle**

- **Goals**
- **Mission**
- **Desired Outcomes**
- **Strategies**
- **Results**
- **Measures & Targets**

**MINUTES:**

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<th>LEARNING / DECISION / ACTION</th>
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Notes:
Stark County System of Care Expansion Planning:

Ongoing Agenda for Treatment

Nancy Martin here for David Willis
Quest and Crisis should be here- according to Nancy Martin

1. Introductions:
Nancy Martin- Stark County Task (16 years) Background in clinical, admin, substance abuse, stark county justice system- adolescents exhibit likely evidence of substance abuse and are in the juvenile justice system (stark county task is the link between court/justice system and services they need. Idea: address substance abuse and mental health to prevent cycling through the justice systems. ) Will contribute her experience of community based treatment services for 25-30 years. Wants to keep moving forward and stay timely and progressive

Michelle Heberling- Director of Clinical and integrated health services at community services of stark County. Community services provided include: Transition aged youth program, school based programs, resiliency project, social services-adoption program, homeless shelter, free meals, emergency assistance. Will bring wide range/picture of diverse population because of outlying sites and wide range of services offered. Urban population accesses services easier. Services spread out.

Monica Mlinac- Director of program development at ohio guidestone. Worked in Cuyahoga county for 15 years and then moved to stark county 6 years ago. Trauma informed agency with dual informed treatment. Services everywhere in stark including Minerva. She has a regional perspective (Tuscan carroll programs – worked in 23 programs) experience with social services and mental health and chemical dependency. “being new to the area will bring a new perspective to the group.”

Jessica- 5 months in this current role. Child serving agency in Arizona-child and family team lead. The did Prevention/intervention/treatment/electronic health records. Will bring a different perspective to the treatment subcommittee.

2. Ground rules discussion: (see handout)
No right/wrong answer
Participants are experts we all bring different ideas/experiences to the table
One person talk at a time
Understand pros and cons
Keep it as a discussion rather than debate
Respect everyone whether you agree or not
*Don’t use acronyms and if you do define them

3. Course Work- Dr. Hallam
How this subcommittee fits in to overall plan
How agencies and organizations are fun
Stark County System of Care Expansion Planning:

Ongoing Agenda for Treatment

Identify gaps-big picture
Organize/improve infrastructure for SOC
Identify outcomes- specifically to treatment
Define strategies and outcomes and then go back and define measures to make sure we achieve the outcome desired and to make sure that we have met the outcomes. How will we measure our success.
What are the tactics we will use to get to the outcome and how to they influence the activities.
Strategies to implement the plan with or without the funds. What is feasible for Stark county to deliver and be successful and how do we use the strategies to achieve this.
Should have strategic plan by the end of September using this process which will ultimately improve stark county.
Did we capture what the subcommittee was talking about? As we write the outcomes/metrics (who, what, how much and by when) subcommittee will make sure this is feasible for stark county
What data is already there and what data do we need. How will we get it?

4. Definition of Subcommittee
there is already psychiatric strategic planning committee- Meets once a month directed by John Aller challenge for Stark County- psychiatric piece. Children are waiting 7-8 weeks from referral to be seen. And 35% failure rate for treatment. Cannot bring services together.
Lower SES and minorities are already challenged to services. Its an “oppressive” process
We know there is a need but there are many barriers. Cannot take the children out of school/education.
Bring psychiatric services to the school rather than taking the children out.
Transportation barriers so its hard to get the children to the appointment. Bring the doctors to the schools. Find the clusters of children that need the services and bring the doctor locally to beat the transportation/hours barriers.
Benefit: Doctors get to see children in their natural environment. Home visits
Pharmacy services: make sure that when children get prescriptions, they can actually get them filled. Sometimes cannot get to the pharmacy due to transportation
Parental engagement: mental health not on the top of their list of things to do. Disconnect between mental and physical health
addiction issues, don’t want to take meds
People avoid appointments but they would be more open to doctors coming to them ( their home/school)
Medication is a sensitive subject for people of lower SES and minorities. It is seen as a way to continue to marginalize them. They think they are being singled out and its another layer of oppression because now they have another title and medication.
Everything is boiled down to the pills and medication but there are other forms of treatment.
Some children have anxiety for good reason. Not necessarily a mental illness its unavoidable because they are in a house with screaming parents, for example. And now the children are labeled and marginalized for life.
Stark County System of Care Expansion Planning:

Ongoing Agenda for Treatment

There is a larger social system problem - family practitioners and pediatricians are not wanting to prescribe medication (benzo and stimulants because of liability). Doctor shopping to find people that will prescribe these. Parents do not want to listen to teachers when they say a child is having behavioral issues. Teachers are required to report some of these things to get thru their jobs.

Additional testing

There are also Unwritten diagnosis because you cannot technically define bipolar at a young age.

How people access the system - funding sources - insurance, medicaid you must do diagnostic assessments for 2 sessions - 3rd session have to have to make a treatment plan before you can even explain why you are there and get help.

People just want to say here is my problem help me but the system drags out the process. So many questions are asked it slows down the process and discourages people from seeking service.

Policy: if you miss appointment you cannot come back

Lack of staffing (of quality and competence)

Number of referrals

Reimbursement

Parental responses - if it takes too long to get from point A to the appointment they loose interest.

Example: child admitted to akron childrens impatient. 3-5 days stay at akron childrens for impatient.

Goal is just stabilization. At discharge you should have appointment with mental health person and physician to manage meds. Primary care might not be comfortable with this because they didn’t prescribe it. The parents have no idea what to do or where to go. And even when they are told where to go they still wont see the psychiatrist for 6-8 weeks. The parents are then stranded with no one to manage the meds.

Integration of mental health and physical health is broken. Barrier eliminated is communication - there is much better communication now

Physicians can talk and communicate about patients now

Hospitals understaffed with social workers

They just hand parents numbers and tell them to call but parents do not fully understand what they are doing

Protocols are different for every provider

More efficient process but people still fall back to old habits. We have to train them and remind them about new things

Jessica - Service: evaluate children and their mental health issues and if its not something they think they can handle in their process then refer them elsewhere

Pilot practices to implement mental health services in their services - psychologists, clinical providers and managing with basic meds. Pilot was successful across state first year but none in northeast ohio.

Second year got an additional 7 practices (costly to integrate these services). Building mental awareness project (BMW)
Stark County System of Care Expansion Planning:

Ongoing Agenda for Treatment

Psychiatrists should be reserved for more severe disorders and primary physicians can manage ADHD and basic anti depressants

Vermont- hired therapist and billed for MH services thru practice. They break even cost wise but don’t lose patients. If offices are willing to do this they will pay for psychiatrists to come to office once a month and have a team meeting with any of the most difficult patients. The patients and doctors saw a benefit. When psychiatrists come they bill but doctor sits there since they are his patients and he has to treat them. Would like to see this here in stark county

Integration between physical and mental health systems. No more waiting for psychiatrists….too many children compared to psychiatrists. Integrate psychiatrists (mobile psychiatry) into general practitioners. Monica has psychiatry services at her office but there is a lack of communication of these services. There is currently no wait but they only accept Medicaid. Use nurse practitioners but if the patient needs more intense service they drive them to wherever one of their main 6 psychiatrists are.

Tela-psychiatrist is just starting to develop in this state

Reimbursement! This needs to be a major focus of our strategic plan

Primary issues around reimbursement:

“There is none”
Closed panels
Claims denied
Rates for private psychiatry insurance
Easier to get a Medicaid patient seen than a 3rd party payer patient
Medicaid is preferred
Reimbursements higher for counselors than psychiatrists
Psychiatrists: See 6 kids in an hour vs 2 kids in an hour you get paid the same amount regardless. Compared tp Physical health if you see 6 in an hour vs 2 you get paid for each patient
When kids don’t show up the psychiatrist just has downtime and still gets paid

Rate of reimbursement for primary care physician lower but can bill for psychiatric visits and so its more advantageous for them

Leader discussion:

Send list of missing people to treatment subcommittee. Have them identify more organizations and more people

Age range for grant: 0-21
Stark County System of Care Expansion Planning:
Ongoing Agenda for Treatment

Team Name: System of Care Expansion Planning: Treatment Subcommittee

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<tr>
<th>FACILITATION TEAM</th>
<th>COMMUNITY STAKEHOLDERS</th>
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Date, Time, Place:
Date: 4/2/15  Time: 3:30-5:00  Place: University Center at Kent State University Stark Conference Room Number:

Roles:
Leader: JH  Minute Taker: RT  Timekeeper: MM  Facilitator:  Documenter: 

Preparation:
Review Agenda

Meeting Objective:
Review and Approval of March notes, SWOT analysis

Agenda:
5” Check-in (All)

10”

I. Review of March Meeting

60”

II. SWOT Analysis

III. Next Meeting: May 7th, 3:30-5pm

5” Check Out (All)
## Stark County System of Care Expansion Planning:

### Positive

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<th>Strengths</th>
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<td>- Wide diversity of services for age groups</td>
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<td>- Multitude of options for providers</td>
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<td>- Capacity to provide basic services</td>
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<td>- Different funding sources</td>
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<td>- Staff: people with history of working in Stark and new people</td>
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<td>- More collaboration and communication between agencies</td>
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<td>- Agencies will collaborate for the patient even though there is competition for dollars- main goal is to help patients</td>
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<td>- Motivation to make the system better</td>
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<td>- No real training issues (funding available)</td>
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<td>- First response system, specifically Jackson police, is good with mental health problems</td>
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### Negative

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<th>Weaknesses</th>
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<tr>
<td>- Do not advertise services</td>
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<td>- Organizations do not know what is going on in other organizations in the community</td>
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<td>- Lack of Spanish speaking providers</td>
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<td>- Crisis patients go to emergency room- need for inpatient treatment center or transportation to one</td>
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<td>- &lt;12 yo do not have anywhere to go in an emergency</td>
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<tr>
<td>- Not using clear evidence based treatment</td>
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<tr>
<td>- Care coordination and sharing of written information between providers is still an issue</td>
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<td>- Transportation services to get to services needs improvement</td>
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<td>- Dollars funnel through larger organizations</td>
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## Opportunities

- Better system to link patients to treatment providers
- Website/Facebook page of services for patients/families
- Training money specifically for dialectical behavior therapy (DBT)
- Educate adolescents on DBT and self-teaching
- Talk to attorney about care coordination and release forms
- Embed clinicians in the community, collaboration with grassroots
- Increase primary care physicians/pediatricians to support mental health services
- Address stigma
- Train navigators and peers
- Market services (ex: faith based)
- Open communication between schools and families with a struggling child

## Threats

- Reimbursement
- Managed care
- Increased access to services (lack of funding)
- When a problem in a different area gets put on the forefront, dollars move from elsewhere and other areas suffer
- Therapists and parents/guardians have significant stress and do not deal with it properly
Stark County System of Care Expansion Planning:
Ongoing Agenda for Treatment

TEAM NAME: Treatment Subcommittee

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DATE, TIME, PLACE: Date: 5/7/15 Time: 3:30-5:00 pm Place: Kent State University Conference Room Number:


PREPARATION: Review agenda and SWOT analysis from last month- be prepared to delineate goals and objectives

MEETING OBJECTIVE: Identify goals and objectives and address steps to achieve goals and objectives
# Stark County System of Care Expansion Planning:
## Ongoing Agenda for Treatment

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<th>AGENDA:</th>
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<tr>
<td>10”</td>
<td>I.</td>
<td>Review of last meeting</td>
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<td>70”</td>
<td>II.</td>
<td>Identify goals and objectives</td>
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<td>a. Address steps necessary to achieve goals and objectives</td>
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<td>i. Vision, values, policy structure, practice, behavior, and attitudes</td>
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<td>III.</td>
<td>Next meeting: June 4(^{th}) 3:30-5:00pm</td>
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Stark County System of Care Expansion Planning:
Ongoing Agenda for Treatment

The committee unanimously endorsed the following 3 priorities:

1. The need for a strategic system-wide communication plan and program

In order to expand and enhance treatment, there is the need for a plan and program to communicate to treatment organizations what each organization does so that the system can be utilized to its fullest potential. Providers do not always know what services other providers offer and this can lead to an inefficient use of resources and duplicate services.

The committee also felt that there was a need for better communication with families and youth regarding the value of treatment, the treatment process and the need for compliance, treatment options, stigma and financial challenges.

2. Resource utilization and treatment gaps

The committee expressed numerous questions regarding whether the currently available treatment resources are being fully used to their full potential and a need to a system efficiency analysis. Before expanding treatment options, there may be a need to look at how existing treatment resources are used. There are questions about what subpopulations need (such as children under 12, Spanish speaking, dual diagnosis) and whether there are treatment options or treatment gaps.

The committee voiced questions related to financial gaps and the uncertainty over managed care plans. Who is eligible for what dollars? Is there a gap for those who do not qualify for full coverage and those who have full insurance? How are these families being served if they cannot pay for services?

3. The need for a training needs assessment and training plan based on real time needs

While there are training options available, the committee expressed the need for a more systematic and standardized annual plan to address the training needs. There is a great deal of staff turnover and it would be good to explore on-line training on-demand to provide timely training. Initial training needs include how to coordinate care and share information, cultural competence, the “latest and greatest” treatment options, evidence-based and measurable outcomes, and the possible training needs around managed care.
Stark County System of Care Expansion Planning:

Ongoing Agenda for Treatment

The committee decided to devote each of the three committee meetings remaining on these priorities as follows:

June 4: Strategic System-Wide Communication

July 2: Resources and Financial Gaps

August 6: Training