

Stark County System of Care Expansion Planning Grant  
Treatment Subcommittee Meeting Minutes  
University Center at Kent State University, Stark Campus  
7/2/15 3:30-5:00

Facilitator: Dr. Sonia Alemagno

Leader: Dr. Anju Mader

Note Taker: Ryan Tingler

Attendee's: Peggy Shaffer-King, Olivia Reilly, Joy Raub, Ashley Scott, Dr. Michelle Herberling, Stephanie Kutcher, and 1 Young Adult

Minutes:

Today's Discussion: **Resource utilization and treatment gaps**

The committee had previously expressed numerous questions regarding whether the currently available treatment resources are being used to their full potential and a possible need for 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?

Two strategies were discussed for addressing financial and resource gaps:

*Improving existing treatment programs so that they are more efficient and can treat more people.*

The subcommittee expressed concerns that time is not used efficiently- as an example, clients often receive multiple assessments. If information from electronic health records could be shared (crosswalks), this time efficiency might be addressed. Another possible inefficiency is how emergency assistance funding is being used; the subcommittee expressed a concern that there is no real way to know if these resources are equitably distributed.

The subcommittee discussed the need for communication across family members- the system is currently being implemented as treatment of multiple individuals. This causes duplication of services, what was called "the old business model." The group discussed the need to coordinate across providers and family members.

There are clients who are "lost to the system," sometimes because the providers are not available or do not have training. The specific need for Spanish speaking providers was noted, along with the need for more staff trained in sign language, and staff who "look like our clients"- for example, more male providers. More should be done to connect the spiritual community in order

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to address the needs of subgroups. The committee noted the secular nature of the clinical mindset.

Action items:

- Determine how other counties are addressing the equitable distribution of emergency assistance and integrate practices that work.
- Provide education/training around sharing of information/HIPAA so that agencies can share information. There seems to be confusion around releases and what these releases actually might allow.
- The committee was not aware of recent data related to the needs of specific subpopulations in need, such as children, Spanish-speaking, uninsured illegal immigrants). If a current needs assessment is not available, this might be important for strategic planning for these groups.
- Integrate the spiritual community into strategic planning.

*Broadening private and public insurance coverage so that addiction and mental health is covered in the same way other diseases are;*

The committee had a discussion about gaps related to those who have private health insurance- where do they go when they have exhausted their resources? The overall consensus was that there are resources available through the board, but there seems to be a need for linking clients to resources beyond treatment.

The major recommendation was to develop system navigators for physical and mental health who can provide direct communication regarding resources. It is especially important because clients do not have a good handle on filling out Medicaid paperwork.

The committee expressed concerns that it is not only treatment that is stigmatizing, but public assistance is stigmatizing as well. There is a need for financial counselors and for providing less information by phone and more in person contacts.

Action items:

- Link to the Department of Jobs and Family Services to determine if case managers can be helpful in linking clients to comprehensive services.
- Determine what is the best system navigator solution and implement so that clients have access to comprehensive family services including financial counseling.

Next meeting: AUGUST 6 - Focus will be on Training Needs for Providers