

Stark County System of Care Expansion Planning: Key Notes from First Meeting March 19th, 2015

Agenda: Introductions, ground rules for discussion, subcommittee leader recruitment, and discussion of issues surrounding prevention (see notes below).

Areas of focus and issues regarding prevention

- Integrated systems
 - There should be communication and data sharing about a child between systems
 - Need better coordination of care
 - Need more cross system communication or cross system responsiveness
 - Wrap around services
- Flexible funding
 - Medical model of finance did not work, need a more holistic approach
 - Need flexible and sustained funding
 - SOC grant is only temporary, need sustained funding
- Prevention needs to be prioritized for public health
 - Set funding aside for prevention. However, people do not think this is possible because of all the money being spent on treatment
- System should look at the root cause of the issue (for example poverty)
 - System pays for someone to go talk to a therapist about not having a roof over their head but the system will not pay for the roof
 - Poverty is a family burden: parents working to get out of poverty can lead to lack of supervision, neglect, abuse issues and trauma for the child
 - Need to treat the problem causing mental illness and not just prescribe more medicine
- The system should engage more than just the professional system
 - Natural folks system- real people: neighbors, ministers, all part of the support system
- Resiliency should be an expectation for all youth. Youth can be resilient with or without a mental illness.
- Focus on normalization
 - Expectation that kids in the system need to “be quiet and keep their hands to themselves.” However, not even all “normal” teenagers do this.
- We need to recognize the difference between abuse and experimentation
 - Resiliency and discovery phase
- Not everyone has the same opportunities for pro-social development because they cannot afford it or get to it
 - Many after school activities are pay to play and you have to maintain certain grades
 - Offer things that incorporate everyone because people in poverty and students with mental illness might not qualify for the current programs

- Cultural competence
 - Address and influence cultural norms and stigma
 - There is lack of positive cultural support
- Difference between doing what needs to be done vs. doing what there is funding for
- Mental health issues are not always identified
 - Mental health issues are not always easily identifiable
 - When they are, people do not know where to go to seek help
 - People do not want to leave house for services because of safety issues
- Establish what was done well in first grant and build off of that
 - Gave families a significant voice
 - Partnership with families was honored
 - Family Council
 - Cross system work: Multiple services, home-based, court, colocation of services, culturally competent for the time
 - Do whatever it takes model
- Incorporate stories from youth about frustrations in trying to achieve goals