

Stark County, OH System of Care

Strategic Planning Project September 2014 – December 2015

**Kent State University
College of Public Health
Kent, OH**

Stark County System of Care Expansion Planning Grant Final Report

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Executive Summary

The System of Care Strategic Plan for Stark County, Ohio, when implemented, will build on the cross-system partnerships, including the full participation of families and youth, and create a broad integrated process across all of Stark County's child- and youth-serving systems to achieve positive health outcomes for children and youth.

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 drive, 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.

Mission

Stark County's youth and families will experience a welcoming and coordinated network or 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.

Values

Systems of care are:

- 1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.*
- 2. Community based, with the locus of services as well as system management resting within a supportive adaptive infrastructure of structures, processes, and relationships at the community level.*
- 3. Culturally and linguistically competence, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.*

Population of Focus

The population of Focus for Stark County, OH System of Care planning project is 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

Stark County System of Care Planning Process

Planning Structure and Approach

The planning project involved a comprehensive, highly participatory county-wide process featuring more than 160 youth, family members and system representatives. Planning centered on seven planning groups that were formed and facilitated beginning in December 2014 and extending through October 2015. These groups included a Core Planning Team and an overarching Project Management Team. In addition to system representatives, all teams included youth and family members as an essential element of the planning process.

The resulting strategic plan includes goals and culturally and regionally relevant and sustainable strategies organized around the following core areas:

- Treatment
- Cultural and Linguistic Competence
- Prevention and Resiliency
- Youth and Young Adult
- Social Marketing

Core Leadership Team

Mental Health and Recovery Services Board	Kent State University Facilitation Team	Kent State University Evaluation Team	Community Leads
Patti Fetzer <i>Grant Director</i>	Dr. Sonia Alemagno <i>Facilitator</i>	Dr. Jonathan VanGeest <i>Evaluator</i>	Honorable Judge Howard <i>Trauma Informed Care Lead</i>
Jessica Zavala <i>Grant Coordinator</i>	Dr. Ken Slenkovich <i>Facilitator</i>	Dr. Kimberly Laurene <i>Evaluator</i>	Dr. Anju Mader <i>Treatment Lead</i>
Stephanie Kutcher <i>Trauma-Informed Care Lead</i>	Dr. Jeff Hallam <i>Facilitator</i>	Josh Filla <i>Evaluator</i>	Janice Houchins <i>Family Engagement Lead</i>
	Peggy Shaffer-King <i>Project Manager</i>		Remel Moore <i>Cultural Competence Consultant</i>
	Ryan Tingler <i>Graduate Assistant</i>		Tiffany Williams <i>Cultural Competence Co-Lead</i>
	Melissa Mirka <i>Graduate Assistant</i>		Amelia Kocher <i>Social Marketing Lead</i>
	Olivia Reilly <i>Young Adult Consultant</i> <i>Graduate Assistant</i>		Joy Raub <i>Young Adult Consultant</i>

Readiness to Change Survey Summary

Stark County System of Care Strategic Planning

Survey 1 Summary Report

5/4/2015

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Introduction and Methods

The Mental Health and Recovery Board of Stark County (MHRSB) and its partners are leading a System of Care (SOC) strategic planning effort to address current continuum of care system gaps. A diverse set of stakeholders are participating (see Appendix 1) in this effort to create a sustainable system of behavioral health services for the county's children and their families. Kent State University's (KSU) Center for Public Policy and Health (CPPH) is tasked with evaluating the level of consensus among the partners that make up the "SOC Expansion Planning Team" at various points in the process. The Readiness to Change Survey was the first of four surveys to be sent to participants. The other three surveys will be implemented between May and October 2015.

The purpose of the survey was to explore the progress of implementing an array of strategies that may be used to expand the SOC approach. The survey contains five parts measuring progress in: (1) Implementing policy, regulatory, and partnership change, (2) Developing or expanding services and supports based on the SOC philosophy and approach, (3) Creating or improving financing strategies, (4) Providing training, technical assistance, and coaching, and (5) Generating support. For each strategy listed in the five parts of the survey, survey participants were instructed to rate the progress their organization has achieved in implementing each strategy that may be used as part of their efforts to expand the SOC approach. Organizations could select "none," "some," "moderate," "significant," "extensive," or "not sure." In addition, part five of the survey contained three questions, related to generating support for the SOC approach, with multiple response choices. The complete survey questions can be found in Appendix 2.

The survey was piloted on January 15, 2015 with select KSU team members and project participants. After minor wording and/or grammatical changes were completed, the final version of the survey was emailed through the Qualtrics online survey and implementation program to the stakeholders on January 28, 2015. Two reminder emails as well as a personal phone call was utilized to encourage organizations to complete the survey. Twenty- one survey participants completed the survey before it closed on February 26, 2015.

Progress of Strategies to Expand the SOC Approach

In order to determine whether any progress was made implementing various strategies to expand the SOC approach, the percentage of organizations that indicated no to progress (i.e., “none”) was calculated as well as the percentage that indicated yes to progress (i.e., total percentage that indicated “some,” “moderate,” “significant,” or “extensive”). Individual percentages were also calculated for the degree of progress responses (i.e., “some,” “moderate,” “significant,” and “extensive”) in order to assess the extent of progress for each strategy. Responses of “not sure” were not included in the percentages. Questions in which over 20% of survey participants responded “not sure” can be found in Appendix 3.

Part I: Implementing Policy, Regulatory, and Partnership Change

Table 1 provides the percentage of survey participants that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part I of the survey.

The strategies for Part I that yielded the highest percentage of perceived progress are:

- Linking with and building on other system change initiatives (89.5%)
- Developing and implementing strategic plans that establish the SOC approach for county delivery system (85.0%)
- Developing interagency structures to expand SOC approach (85.0%)
- Developing guidelines, standards, or practice protocols based on the SOC approach (85.0%)
- Creating or expanding family and youth partnerships at the policy level (85.0%)
- Strategies to improve the cultural and linguistic competence and eliminate disparities (85.0%)

The three strategies for Part I that had the highest percentage of participants perceive extensive progress are:

- Cultivating intragency relationships to coordinate and/or finance SOC approach (20%)
- Incorporating the SOC approach in requests for proposals and contracts (11.8%)
- Incorporating the SOC approach into memorandum of understanding and interagency agreements (10.5%)

Table 1						
Part I: Implementing Policy, Regulatory, and Partnership Changes Responses by Percentages						
Questions	Yes Progress	Some	Moderate	Significant	Extensive	No Progress
Q9. Linking with and building on other system change initiatives	89.5%	31.6%	36.8%	15.8%	5.3%	10.5%
Q2. Developing and implementing strategic plans that establish the SOC approach for county delivery system	85.0%	30.0%	10.0%	35.0%	10.0%	15.0%
Q3a. Developing interagency structures to expand SOC approach	85.0%	25.0%	35.0%	20.0%	5.0%	15.0%
Q4b. Developing guidelines, standards, or practice protocols based on the SOC approach	85.0%	20.0%	30.0%	30.0%	5.0%	15.0%
Q10. Creating or expanding family and youth partnerships at the policy level	85.0%	25.0%	20.0%	35.0%	5.0%	15.0%
Q11. Strategies to improve the cultural and linguistic competence and eliminate disparities	85.0%	35.0%	25.0%	25.0%	0.0%	15.0%
Q1b. Establishing an ongoing locus of management and accountability for SOC at the county level	84.2%	26.3%	10.5%	47.4%	0.0%	15.8%
Q3c. Cultivating intragency relationships to coordinate and/or finance SOC approach	80.0%	25.0%	20.0%	15.0%	20.0%	20.0%
Q1a. Establishing an ongoing locus of management and accountability for SOC at the state level	78.9%	36.8%	15.8%	26.3%	0.0%	21.1%
Q4a. Promulgating rules and regulations that require elements of the SOC approach	77.8%	27.8%	27.8%	22.2%	0.0%	22.2%
Q7. Incorporating the SOC approach in monitoring protocols	77.8%	27.8%	33.3%	11.1%	5.6%	22.2%
Q8. Incorporating outcome measurement and quality improvement system	75.0%	25.0%	40.0%	10.0%	0.0%	25.0%
Q3b. Incorporating the SOC approach into memorandum of understanding and interagency agreements	73.8%	21.1%	21.1%	21.1%	10.5%	26.3%
Q5. Incorporating the SOC approach in requests for proposals and contracts	64.8%	5.9%	11.8%	35.3%	11.8%	35.3%
Q6. Enacting legislation	64.7%	29.4%	23.5%	5.9%	5.9%	35.3%

Note. "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.

The strategies for Part I that had the highest percentage of participants perceive some progress are:

- Establishing an ongoing locus of management and accountability for SOC at the state level (36.8%)
- Strategies to improve the cultural and linguistic competence and eliminate disparities (35.0%)
- Linking with and building on other system change initiatives (31.6%)

The three strategies for Part I that had the highest percentage of participants perceive no progress are:

- Enacting legislation (35.3%)
- Incorporating the SOC approach in requests for proposals and contracts (35.3%)
- Incorporating the SOC approach into memorandum of understanding and interagency agreements (26.3%)

Part II: Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach

Table 2 provides the percentage of survey participants that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part II of the survey.

The strategies for Part II that yielded the highest percentage of perceived progress are:

- Improving the cultural and linguistic competence of services (88.3%)
- Creating, expanding, or changing the provider network by retooling providers to provide services (88.2%)
- Creating or expanding a broad range of services that are consistent with the SOC approach (85.0%)
- Creating or expanding an individualized approach to service planning and delivery (85.0%)
- Reducing racial, ethnic, and geographic disparities in service delivery (85.0%)

The three strategies for Part II that had the highest percentage of participants perceive extensive progress are:

- Creating or expanding a broad range of services that are consistent with the SOC approach (25.0%)
- Creating or expanding an individualized approach to service planning and delivery (15.0%)
- Creating, expanding, or changing the provider network by adding new types of providers, changing licensing and certification, etc. (11.1%)

The three strategies for Part II that had the highest percentage of participants perceive some progress are:

- Creating, expanding, or changing the provider network by retooling providers to provide services aligned with the SOC approach (58.8%)
- Creating, expanding, or changing the provider network by adding new types of providers, changing licensing and certification, etc. (44.4%)
- Improving the cultural and linguistic competence of services (41.2%)

Table 2**Part II: Developing or Expanding Services and Supports Based on the SOC Philosophy and Approach Responses by Percentages**

Questions	Yes	Categories of Yes				No
	Progress	Some	Moderate	Significant	Extensive	Progress
Q8. Improving the cultural and linguistic competence of services	88.3%	41.2%	35.3%	11.8%	0.0%	11.8%
Q6b. Creating, expanding, or changing the provider network by retooling providers to provide services aligned with the SOC approach	88.2%	58.8%	5.9%	17.6%	5.9%	11.8%
Q1. Creating or expanding a broad range of services that are consistent with the SOC approach	85.0%	15.0%	20.0%	25.0%	25.0%	15.0%
Q2. Creating or expanding an individualized approach to service planning and delivery	85.0%	10.0%	30.0%	30.0%	15.0%	15.0%
Q9. Reducing racial, ethnic, and geographic disparities in service delivery	85.0%	25.0%	30.0%	25.0%	5.0%	15.0%
Q5. Creating or expanding family driven and youth-guided services and expanding family and youth involvement in service delivery	84.3%	21.1%	26.3%	31.6%	5.3%	15.8%
Q7. Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches	83.4%	16.7%	11.1%	50.0%	5.6%	16.7%
Q4. Creating or expanding care coordination and care management	82.3%	17.6%	29.4%	29.4%	5.9%	17.6%
Q3. Creating or expanding care management entities for children with intensive service needs and their families	81.4%	18.8%	31.3%	25.0%	6.3%	18.8%
Q6a. Creating, expanding, or changing the provider network by adding new types of providers, changing licensing and certification, etc.	77.7%	44.4%	11.1%	11.1%	11.1%	22.2%
Q10. Implementing or expanding the use of technology	73.7%	5.3%	26.3%	36.8%	5.3%	26.3%
<i>Note.</i> "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.						

Part III: Creating or Improving Financing Strategies

Table 3 provides the percentage of organizations that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part III of the survey.

Questions	Yes	Categories of Yes				No
	Progress	Some	Moderate	Significant	Extensive	Progress
Q1. Increasing the use of Medicaid	72.2%	27.8%	11.1%	33.3%	0.0%	27.8%
Q6a. Obtaining new or increased funds from other child-serving agencies	70.0%	40.0%	20.0%	5.0%	5.0%	30.0%
Q6b. Coordinating, braiding, blending, or pooling funds with other child-serving agencies	68.4%	26.3%	15.8%	15.8%	10.5%	31.6%
Q2a. Maximizing the use of federal SOC grants to develop infrastructure and/or services	66.7%	33.3%	11.1%	22.2%	0.0%	33.3%
Q5a. Obtaining new or increased county mental health funds to support SOC services	65.0%	25.0%	15.0%	15.0%	10.0%	35.0%
Q3. Redeploying funds for higher-cost to lower-cost services	64.7%	23.5%	17.6%	23.5%	0.0%	35.3%
Q7. Obtaining new or increasing the use of local funds	61.1%	33.3%	5.6%	5.6%	16.7%	38.9%
Q2c. Maximizing other federal grant funds to finance infrastructure and/or services	60.0%	13.3%	13.3%	33.3%	0.0%	40.0%
Q5b. Obtaining new or increased county substance use funds to support SOC services	57.9%	26.3%	10.5%	10.5%	10.5%	42.1%
Q2b. Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services	50.0%	6.3%	12.5%	31.3%	0.0%	50.0%
Q4. Implementing case rates or other risk-based financing approaches	38.5%	15.4%	15.4%	7.7%	0.0%	61.5%
Q8. Increasing the use of federal entitlements other than Medicaid	35.7%	14.3%	7.1%	14.3%	0.0%	64.3%
Q9. Accessing new financing structures and funding streams	33.3%	20.0%	0.0%	6.7%	6.7%	66.7%
<i>Note.</i> "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.						

The three strategies for Part III that yielded the highest percentage of perceived progress are:

- Increasing the use of Medicaid (72.2%)
- Obtaining new or increased funds from other child-serving agencies (70.0%)
- Coordinating, braiding, blending, or pooling funds with other child-serving agencies (68.4%)

The three strategies for Part III that had the highest percentage of participants perceive extensive progress are:

- Obtaining new or increasing the use of local funds (16.7%)
- Coordinating, braiding, blending, or pooling funds with other child-serving agencies (10.5%)
- Obtaining new or increased county substance use funds to support SOC services (10.5%)

The three strategies for Part III that had the highest percentage of participants perceive some progress are:

- Obtaining new or increased funds from other child-serving agencies (40.0%)
- Maximizing the use of federal SOC grants to develop infrastructure and/or services (33.3%)
- Obtaining new or increasing the use of local funds (33.3%)

The three strategies for Part III that had the highest percentage of participants perceive no progress are:

- Accessing new financing structures and funding streams (66.7%)
- Increasing the use of federal entitlements other than Medicaid (64.3%)
- Implementing case rates or other risk-based financing approaches (61.5%)

Part IV: Providing Training, Technical Assistance, and Coaching

Table 4 provides the percentage of organizations that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part IV of the survey.

Table 4						
Part IV: Providing Training, Technical Assistance, and Coaching Responses by Percentages						
Questions	Yes	Categories of Yes				No
	Progress	Some	Moderate	Significant	Extensive	Progress
Q1. Providing training, technical assistance, and coaching on the SOC approach	75.0%	30.0%	15.0%	5.0%	25.0%	25.0%
Q3. Providing training, technical assistance, and coaching on evidence-informed and promising practices and practice-based evidence approaches	73.7%	15.8%	26.3%	10.5%	21.1%	26.3%
Q2. Creating the capacity for ongoing training, technical assistance, and coaching on the SOC approach	68.4%	21.1%	10.5%	21.1%	15.8%	31.6%
<i>Note. "Yes Progress" is the total percentage of "Some," "Moderate," "Significant," and "Extensive" categories.</i>						

Only three strategies were assessed in this section of the survey. “Providing training, technical assistance, and coaching on the SOC approach” was the strategy that yielded the highest percentage (75.0%) of progress followed by “Providing training, technical assistance, and coaching on evidence-informed and promising practices and practice-based evidence approaches” (73.7%). “Creating the capacity for ongoing training, technical assistance, and coaching on the SOC approach” was the strategy with the highest percentage of (31.6%) of no progress but had the highest percentage (21.1%) of significant progress. “Providing training, technical assistance, and coaching on the SOC approach” had the highest percentage (25.0%) of extensive progress.

Part V: Generating Support

Table 5 provides the percentage of organizations that indicated yes to progress, no to progress, and the individual degrees of progress being made in expanding the SOC approach for Part V of the survey.

The three strategies for Part V that yielded the highest percentage of perceived progress are:

- Cultivating partnerships with provider agency and organization leaders, etc. (94.7%)
- Cultivating partnerships with civic leaders and other key leaders (89.5%)
- Cultivating leaders to support SOC approach (85%)

The three strategies for Part V that had the highest percentage of participants perceive extensive progress are:

- Cultivating partnerships with provider agency and organization leaders, etc. (21.1%)
- Establishing a strong family organization to support expansion of the SOC approach (16.7%)
- Cultivating partnerships with civic leaders and other key leaders (15.8%)

The three strategies for Part V that had the highest percentage of participants perceive some progress are:

- Generating support among administrators and policy makers at the state level for the expansion of the SOC approach (40.0%)
- Generating support among administrators and policy makers at the local level for the expansion of the SOC approach (33.3%)
- Cultivating leaders to support SOC approach (30.0%)

The three strategies for Part V that had the highest percentage of participants perceive no progress are:

- Generating support among administrators and policy makers at the state level for the expansion (40.0%)
- Using data on cost avoidance and comparison with high-cost services (38.9%)
- Generating broad-based support through social marketing and strategic communications (35.0%)

Progress across the Five Parts of the Survey

Across the five parts of the survey, the strategies that yielded the highest percentage of perceived progress are:

- Cultivating partnerships with provider agency and organization leaders, etc. (Part V, 94.7%)
- Linking with and building on other system change initiatives (Part I, 89.5%)
- Cultivating partnerships with civic leaders and other key leaders (Part V, 89.5%)
- Improving the cultural and linguistic competence of services (Part II, 88.3%)
- Creating, expanding, or changing the provider network by retooling providers to provide services aligned with the SOC approach (Part II, 88.2%)

- Developing and implementing strategic plans that establish the SOC approach for county delivery system (Part I, 85.0%)
- Developing interagency structures to expand SOC approach (Part I, 85.0%)
- Developing guidelines, standards, or practice protocols based on the SOC approach (Part I, 85.0%)
- Creating or expanding family and youth partnerships at the policy level (Part I, 85.0%)
- Strategies to improve the cultural and linguistic competence and eliminate disparities (Part I, 85.0%)
- Creating or expanding a broad range of services that are consistent with the SOC approach (Part II, 85.0%)
- Creating or expanding an individualized approach to service planning and delivery (Part II, 85.0%)
- Reducing racial, ethnic, and geographic disparities in service delivery (Part II, 85.0%)
- Cultivating leaders to support SOC approach (Part V, 85.0%)

Across the five parts of the survey, the strategies that had the most participants perceive no progress are:

- Accessing new financing structures and funding streams (Part III, 66.7%)
- Increasing the use of federal entitlements other than Medicaid (Part III, 64.3%)
- Implementing case rates or other risk-based financing approaches (Part III, 61.5%)
- Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services (Part III, 50.0%)
- Obtaining new or increased county substance use funds to support SOC services (Part III, 42.1%)
- Maximizing other federal grant funds to finance infrastructure and/or services (Part III, 40.0%)
- Generating support among administrators and policy makers at the state level for the expansion (Part V, 40.0%)
- Obtaining new or increasing the use of local funds (Part III, 38.9%)
- Using data on cost avoidance and comparison with high-cost services (Part V, 38.9%)
- Incorporating the SOC approach in requests for proposals and contracts (Part I, 35.3%)
- Enacting legislation (Part I, 35.3%)
- Redeploying funds for higher-cost to lower-cost services (Part III, 35.3%)
- Obtaining new or increased county mental health funds to support SOC services (Part III, 35.0%)
- Generating broad-based support through social marketing and strategic communications (Part V, 35.0%)

Part V: Generating Support—Strategies, Expansion, and Challenges

Table 6 contains the frequencies with which organizations endorsed strategies that have been the most significant in expanding the SOC approach. The most endorsed strategies were “Strengthening Interagency Collaboration” and “Developing and Implementing Strategic Plans” which were endorsed by 11 and 9 participants, respectively. Ten strategies were not endorsed by any of the participants.

Table 7 contains frequencies for the ways in which county-community partnerships have been created to support expansion of the SOC approach. All of the ways for expanding the SOC approach listed in the survey were endorsed. “Participate in planning for expansion of the SOC approach” was endorsed the most (14 organizations) while “Provide data on the outcomes of systems of care at the system and service delivery levels and cost avoidance for making the case for expanding the SOC approach” was endorsed the least (5 organizations). Survey participants were given the opportunity to specify “other” ways county-community partnerships were created to support expansion of the SOC approach; however, no ways for expansion were specified.

Table 8 contains frequencies for potential challenges to countywide SOC expansion. All of the potential challenges were endorsed. “Fiscal crises and budget cuts” was endorsed the most (16 participants) while “Lack of ongoing training” and “Shift in focus to the implementation of health care reform and parity legislation” was endorsed the least (1 organization). One survey participant specified a potential challenge: “The marginalization of com-based org. its leaders, representatives, and target population is a tremendous barrier. The question is who, what system, what leader, has the will to overcome, deal with or at least manage the barrier.”

Table 6	
Frequencies for Most Significant Strategies in Expanding SOC	
Strategies	Frequencies
Strengthening Interagency Collaboration (3)	11
Developing and Implementing Strategic Plans (2)	9
Creating or Expanding the Use of Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (18)	7
Improving the Cultural and Linguistic Competence of Services (19)	6
Creating or Expanding a Broad Array of Services (12)	5
Creating or Expanding an Individualized Approach to Service Delivery (13)	5
Cultivating Partnerships with Other Key Leaders (37)	5
Linking With and Building on Other System Change Initiatives (9)	4
Creating or Expanding Family-Driven and Youth-Guided and Expanding Family and Youth Involvement in Service Delivery (16)	4
Reducing Racial, Ethnic, and Geographic Disparities in Service Delivery (20)	4
Cultivating Leaders (39)	4
Implementing Outcome Measurement and Quality Improvement Systems (8)	3
Increasing the Use of Medicaid (22)	3
Increasing the Use of Funds from Other Child-Serving Systems (27)	3
Providing Training, Technical Assistance, and Coaching on Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (33)	3
Using Data (36)	3
Generating Broad-Based Support Through Social Marketing and Strategic Communications (38)	3
Incorporating the SOC Approach in Requests for Proposals (RFPs) and Contracts (5)	2
Creating, Expanding, or Changing the Provider Network (17)	2
Implementing or Expanding the Use of Technology (21)	2
Increasing the Use of Local Funds (28)	2
Establishing an Ongoing Locus of Management and Accountability for Systems of Care (1)	1
Enacting Legislation (6)	1
Improving Cultural and Linguistic Competence at the Policy Level and Incorporating Strategies to Eliminate Disparities (11)	1
Creating or Expanding Care Management Entities (14)	1
Creating or Expanding Care Coordination and Care Management (15)	1
Increasing the Use of Federal Grants to Finance Systems of Care (23)	1
Providing Training, Technical Assistance, and Coaching on the SOC Approach (31)	1
Creating Ongoing Training and Technical Assistance Capacity (32)	1
Promulgating Rules, Regulations, Standards, Guidelines, and Practice Protocols (4)	0
Incorporating the SOC Approach in Monitoring Protocols (7)	0
Expanding Family and Youth Partnerships at the Policy Level (10)	0
Redeploying Funds for Higher-Cost to Lower-Cost Services (24)	0
Implementing Case Rates or Other Risk-Based Financing Approaches (25)	0
Increasing the Use of State Mental Health and Substance Use Funds (26)	0
Increasing the Use of Federal Entitlements Other than Medicaid (29)	0
Accessing New Financing Structure and Funding Streams (30)	0
Establishing Strong Family and Youth Organizations (34)	0
Generating Support Among Administrators and Policy Makers (35)	0
<i>Note.</i> The number in parentheses indicates the order the item appeared on the survey.	

Table 7 Frequencies for the Ways in Which County-Community Partnerships have been Created to Support Expansion of the SOC approach	
Strategies	Frequency
Participate in planning for expansion of the SOC approach (4)	14
Provide training and technical assistance to other communities in the county (2)	10
Provide seasoned leaders who then contribute to future SOC expansion efforts at the county and/or local levels (7)	9
Generate support and commitment for the SOC philosophy and approach among high-level policy makers and administrators (5)	8
Contribute to the development of family organizations in the county (6)	8
Test, pilot, demonstrate, and explore the feasibility of approaches to developing and expanding systems of care that can be applied in other communities in the county (1)	7
Provide data on the outcomes of systems of care at the system and service delivery levels and cost avoidance for making the case for expanding the SOC approach (3)	5
Other (8)	0
<i>Note.</i> The number in parentheses indicates the order the item appeared on the survey.	

Conclusions

The Readiness to Change Survey was administered to assess progress being made by organizations in Stark County in implementing an array of strategies to expand the SOC approach. Overall, progress, whether it is some to extensive, is being made on the strategies to expand the SOC approach. Across the five parts of the survey, the most progress made by organizations appears to be with strategies concerning developing or expanding services (Part II) as 75% of these strategies had at least 80% of organizations indicating progress being made. This was followed by strategies concerning implementing policy, regulatory, and partnership changes (Part I; 53.3%) and by strategies concerning generating support (Part V; 30.0%). Strategies on creating or improving financing (Part III) and providing training, technical assistance, and coaching (Part IV) did not have at least 80% of organizations reporting progress being made on any of the strategies. The highest percentage of progress was 72.2% and 75.0% (Part III and Part IV, respectively). In general, the least amount of progress in expanding the SOC approach appears to be on creating or improving financing strategies (Part III). These strategies had the highest percentages of organizations reporting that no progress was being made.

Table 8	
Frequencies for Potential Challenges to Countywide SOC Expansion	
Challenges	Frequency
Fiscal crises and budget cuts (1)	16
Lack of coordination and linkage with other system change initiatives in the county (e.g., health reform, parity legislation, reform initiatives in other child-serving systems) (15)	10
Changes in administration or leadership that result in policy changes (2)	9
Inability to obtain or redirect other funds for services and supports (5)	8
Lack of institutionalization of the SOC philosophy and approach in legislation, plans, regulations, and other policy instruments (3)	7
Lack of support and advocacy among families, family organizations, youth, youth organizations, advocacy groups, and so forth for expansion of the SOC approach (13)	7
Lack of a children's mental health workforce trained in SOC philosophy and approach (8)	5
Inability to obtain Medicaid financing for services and supports (4)	4
Lack of data to make the case for statewide development of systems of care (6)	4
Insufficient buy-in to the SOC philosophy and approach among high-level administrators and policy makers at the county level (9)	3
Insufficient buy-in to the SOC philosophy and approach among provider agencies, program managers, clinician, managed care organizations, etc. (11)	3
Insufficient buy-in and shared financing from other child-serving systems for expansion of the SOC approach (12)	3
Insufficient buy-in to the SOC philosophy and approach among high-level administrators and policy makers at the county level (10)	2
Lack of ongoing training (7)	1
Shift in focus to the implementation of health care reform and parity legislation (14)	1
Other (16)	1
<i>Note.</i> The number in parentheses indicates the order the item appeared on the survey.	

Survey 2 Summary Report

**Family-Driven Approach, Youth-Guided Approach, and
Trauma-Related Activities Survey Summary
Stark County System of Care Strategic Planning**

Survey 2 Summary Report

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Introduction and Methods

The Mental Health and Recovery Board of Stark County (MHR SB) and its partners are leading a System of Care (SOC) strategic planning effort to address current continuum of care system gaps. A diverse set of stakeholders are participating in this effort to create a sustainable system of behavioral health services for the county's children and their families. Kent State University's (KSU) Center for Public Policy and Health (CPPH) is tasked with evaluating the level of consensus among the partners that make up the "SOC Expansion Planning Team" at various points in the process. The Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey were the second of four surveys that was completed by the stakeholders.

The purpose of this second survey was to assess the use of the family-driven approach, the youth-guided approach, and trauma-related activities in organizations serving Stark County. In this survey, the family-driven approach refers to empowering and educating families to make decisions, along with professionals in the field, regarding services and support for their child. The youth-guided approach refers to empowering and educating youth to make decisions, along with professionals in the field, regarding services and support for their lives. Stakeholders were provided with statements that reflect the family-driven approach, the youth-guided approach, and trauma-related activities and asked to indicate: (1) whether the statement is true of their organization (i.e., "Yes, very much," "Yes, somewhat," or "No") and (2) how much value the organization places on the statement (i.e., "Extremely high value," "High value," "Moderate value," "Low value," or "No value"). The complete second survey can be found in Appendix 1.

The survey was emailed through the Qualtrics online survey and implementation program to stakeholders on June 8, 2015. Reminder emails as well as deadline extensions were utilized to encourage organizations to complete the survey. The survey closed on June 26, 2015. Thirty-four stakeholders completed the sections of the survey pertaining to the family-driven approach and the youth-guided approach. Fifteen of the thirty-four participants indicated they were members of the Trauma-Informed Care Learning Community and answered questions regarding trauma-related activities in their organization. The list of stakeholders invited to participate in the second survey can be found in Appendix 2.

Family-Driven Approach

To understand better the use of the family-driven approach in the stakeholders surveyed, stakeholders were presented with various statements that represent the use of the family-driven approach and asked how true the statements are of their organization. Stakeholders indicated how true the statements are of their organization by selecting "Yes, very much," "Yes, somewhat," and "No." In addition, organizations also indicated how much they value each statement by selecting, "Extremely high value," "High value," "Moderate value," "Low value," or "No value." Percentages for these response categories were calculated and can be found in Table 1.

Table 1
Family-Driven Approach

Question	Is the statement true of your organization?			How much value does your organization place on each statement?				
	Yes, very	Yes, somewhat	No	Extremely High Value	High Value	Moderate Value	Low Value	No Value
Q1. Training is provided for the staff in the family-driven approach.	39.4%	51.5%	9.1%	47.1%	29.4%	20.6%	2.9%	0.0%
Q2. Staff supports the family-driven approach.	61.8%	38.2%	0.0%	50.0%	26.5%	20.6%	2.9%	0.0%
Q3. Families are made aware of their rights.	72.7%	27.3%	0.0%	51.5%	36.4%	12.1%	0.0%	0.0%
Q4. Families are full partners in all aspects of the planning of their own services provided.	33.3%	51.5%	15.2%	44.1%	26.5%	23.5%	5.9%	0.0%
Q5. Individualized service plans are developed in true partnership with the families.	50.0%	46.7%	3.3%	51.6%	25.8%	19.4%	3.2%	0.0%
Q6. The strengths of the family determines the type of services provided.	35.3%	55.9%	8.8%	34.4%	40.6%	25.0%	0.0%	0.0%
Q7. Families are invited to all meetings involving their child.	56.7%	33.3%	10.0%	50.0%	31.3%	15.6%	3.1%	0.0%
Q8. Families are full partners in all aspects of the delivery of care for their children.	48.4%	48.4%	3.2%	50.0%	21.9%	25.0%	0.0%	3.1%
Q9. Families are full partners in the policies and procedures that govern care for all youth.	12.5%	46.9%	40.6%	13.3%	33.3%	33.3%	13.3%	6.7%
Q10. Families served by our organization have an appointed mentor.	13.3%	20.0%	66.7%	20.0%	16.7%	33.3%	16.7%	13.3
Q11. Families engage in peer support activities.	13.8%	65.5%	20.7%	20.7%	34.5%	31.0%	10.3%	3.4%
Q12. The opinions of families are valued.	66.7%	27.3%	6.1%	54.5%	24.2%	18.2%	3.0%	0.0%
Q13. Families served evaluate the services they receive.	48.4%	41.9%	9.7%	50.0%	25.0%	18.8%	6.3%	0.0%

Truth of Statements

The statements for the family-driven approach that yielded the highest percentage of stakeholders endorsing the statements as being “Yes, very much” true of their organization are:

- Families are made aware of their rights (72.7%).
- The opinions of families are valued (66.7%).
- Staff supports the family-driven approach (61.8%).
- Families are invited to all meetings involving their child (56.7%).

The statements for the family-driven approach that yielded the highest percentage of stakeholders endorsing the statements as being “Yes, somewhat” true of their organization are:

- Families engage in peer support (65.5%).
- The strengths of the family determine the type of services provided (55.9%).
- Training is provided for the staff in the family-driven approach (51.5%).
- Families are full partners in all aspects of the planning of their own services provided (51.5%).

The statements for the family-driven approach that yielded the highest percentage of stakeholders indicating, “No,” the statements are not true of their organization are:

- Families served by our organization have an appointed mentor (66.7%).
- Families are full partners in the policies and procedures that govern care for all youth (40.6%).
- Families engage in peers support activities (20.7%).
- Families are full partners in all aspects of the planning of their own services provided (15.2%).

Value of Statements

The highest percentage of stakeholders rated the following statements for the family-driven approach as having “Extremely High Value” in their organization:

- The opinions of families are valued (54.5%).
- Individualized service plans are developed in true partnership with the families (51.6%).
- Families are made aware of their rights (51.5%).

The highest percentage of stakeholders rated the following statements for the family-driven approach as having “High Value” in their organization:

- The strength of the family determines the type of services provided (40.6%).
- Families are made aware of their rights (36.4%).
- Families engage in peer support activities (34.5%).

The highest percentage of stakeholders rated the following statements for the family-driven approach as having “Moderate Value” in their organization:

- Families are full partners in the policies and procedures that govern care for all youth (33.3%).
- Families served by our organization have an appointed mentor (33.3%).
- Families engage in peer support activities (31.0%).

The highest percentage of stakeholders rated the following statements for the family-driven approach as having “Low Value” in their organization:

- Families served by our organization have an appointed mentor (16.7%).
- Families are full partners in the policies and procedures that govern care for all youth (13.3%).
- Families engage in peer support activities (10.3%).

The following family-driven approach statements were the only statements rated by a percentage of the stakeholders as having “No Value” to the organization:

- Families served by our organization have an appointed mentor (13.3%).
- Families are full partners in the policies and procedures that govern care for all youth (6.7%).
- Families engage in peer support activities (3.4%).
- Families are full partners in all aspects of the delivery of care for their children (3.1%).

Incorporation and/or Expansion

Stakeholders were asked to identify what is currently being done to incorporate and/or expand the family-driven approach in their organization. The following are some of the current practices that were listed:

- Training
- Utilizing community meetings to brainstorm strategies to increase family engagement
- Using best practices
- Participating in expansion planning efforts
- Representation and input from the Family Engagement Committee
- Having Individual Service Plans written in the client’s/parent’s own words
- Client input in treatment
- Encouraging clients to identify and utilize natural and formal supports
- Home visits
- Encouraging family participation
- Evaluating family participation
- Solicit feedback from families and make every attempt to engage them in the services provided

Youth-Guided Approach

To understand better the use of the youth-guided approach in the stakeholders surveyed, stakeholders were presented with various statements that represent the use of the youth-guided approach and asked how true the statements are of their organization. Stakeholders indicated how true the statements are of their organization by selecting “Yes, very much,” “Yes, somewhat,” and “No.” In addition, organizations also indicated how much they value each statement by selecting, “Extremely high value,” “High value,” “Moderate value,” “Low value,” or “No value.” Percentages for these response categories were calculated and can be found in Table 2.

Truth of Statements

The statements for the youth-guided approach that yielded the highest percentage of stakeholders endorsing the statements as being “Yes, very much” true of their organization are:

- Youth are made aware of their rights (58.6%).
- The opinions of youth are valued (58.1%).
- Staff supports the youth-guided approach (48.3%).
- The strengths of the youth determine the type of services provided (46.7%).
- Individualized service plans are developed in true partnerships with the youth (46.2%).

The statements for the youth-guided approach that yielded the highest percentage of stakeholders endorsing the statements as being “Yes, somewhat” true of their organization are:

- Youth engage in peer support (51.7%).
- Youth served evaluate the services (51.7%).
- Youth are full partners in all aspects of the planning of their own services provided (50.0%).

The statements for the youth-guided approach that yielded the highest percentage of stakeholders indicating, “No,” the statements are not true of their organization are:

- Youth are full partners in the policies and procedures that govern care for all youth (55.2 %).
- Youth served by our organization have an appointed mentor (53.6%).
- Training is provided for the staff in the youth guided approach (35.5%).

Value of Statements

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “Extremely High Value” in their organization:

- Youth are made aware of their rights (50.0%).
- The strengths of the youth determine the type of services provided (46.7%).
- Youth are full partners in all aspects of the delivery of care for their lives (42.9%).
- The opinions of youth are valued (41.9%).
- Staff supports the youth-guided approach (41.4%).

Table 2
Youth-Guided Approach

Question	Is the statement true of your organization?			How much value does your organization place on each statement?				
	Yes, very much	Yes, somewhat	No	Extremely High Value	High Value	Moderate Value	Low Value	No Value
Q1. Training is provided for the staff in the youth-guided approach.	32.3%	32.3%	35.5	38.7%	29.0%	9.7%	16.1%	6.5%
Q2. Staff supports the youth-guided approach.	48.3%	34.5%	17.2	41.4%	17.2%	24.1%	13.8%	3.4%
Q3. Youth are made aware of their rights.	58.6%	24.1%	17.2	50.0%	23.3%	20.0%	3.3%	3.3%
Q4. Youth are full partners in all aspects of the planning of their own services provided.	33.3%	50.0%	16.7	36.7%	23.3%	30.0%	10.0%	0.0%
Q5. Individualized service plans are developed in true partnership with the youth.	46.2%	30.8%	23.1	33.3%	37.0%	14.8%	11.1%	3.7%
Q6. The strengths of the youth determine the type of services provided.	46.7%	40.0%	13.3	46.7%	26.7%	16.7%	6.7%	3.3%
Q7. Youth are invited to all meetings involving their services and support plan.	37.9%	37.9%	24.1	33.3%	33.3%	20.0%	10.0%	3.3%
Q8. Youth are full partners in all aspects of the delivery of care for their lives.	37.0%	33.3%	29.6	42.9%	25.0%	21.4%	7.1%	3.6%
Q9. Youth are full partners in the policies and procedures that govern care for all youth.	6.9%	37.9%	55.2	10.3%	24.1%	44.8%	10.3%	10.3%
Q10. Youth served by our organization have an appointed mentor.	17.9%	28.6%	53.6	18.5%	33.3%	33.3%	7.4%	7.4%
Q11. Youth engage in peer support activities.	13.8%	51.7%	34.5	24.1%	34.5%	20.7%	13.8%	6.9%
Q12. The opinions of youth are valued.	58.1%	32.3%	9.7%	41.9%	22.6%	25.8%	9.7%	0.0%
Q13. Youth served evaluate the services they receive.	24.1%	51.7%	24.1	31.0%	27.6%	27.6%	10.3%	3.4%

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “High Value” in their organization:

- Individualized service plans are developed in true partnership with the youth (37.0%).
- Youth engage in peer support activities (34.5%).
- Youth are invited to all meetings involving their services and support plan (33.3%).
- Youth served by our organization have an appointed mentor (33.3%).

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “Moderate Value” in their organization:

- Youth are full partners in the policies and procedures that govern care for all youth (44.8%).
- Youth served by our organization have an appointed mentor (33.3%).
- Youth are full partners in all aspects of the planning of their own services provided (30.0%).
- Youth served evaluate the services they receive (27.6%).

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “Low Value” in their organization:

- Training is provided for the staff in the youth-guided approach (16.1%).
- Staff supports the youth-guided approach (13.8%).
- Youth engage in peer support activities (13.8%).
- Individualized service plans are developed in true partnership with the youth (11.1%).

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “No Value” in their organization:

- Youth are full partners in the policies and procedures that govern care for all youth (10.3%).
- Youth served by our organization have an appointed mentor (7.4%).
- Youth engage in peer support activities (6.9%).
- Training is provided for the staff in the youth-guided approach (6.5%).

Incorporation and/or Expansion

Stakeholders were asked to identify what is currently being done to incorporate and/or expand the youth-guided approach in their organization. The following are some of the current practices that were listed:

- Training
- Including/engaging youth
- Communicating with youth
- Encouraging youth to take an active role
- Giving youth choices
- Youth on the Board
- Peer mentors
- Expanding the Peer Advocate programming
- Incorporating self-determination learning modules into the school program
- Youth evaluation services
- Texting policy

Trauma-Related Activities

Trauma-Informed Care Learning Community team members were asked questions about activities related to trauma care at their organization. Various statements that represent trauma-related activities were presented and stakeholders were asked how true the statements are of their organization. Stakeholders indicated how true the statements are of their organization by selecting “Yes, very much,” “Yes, somewhat,” and “No.” In addition, organizations also indicated how much they value each statement by selecting, “Extremely high value,” “High value,” “Moderate value,” “Low value,” or “No value.” Percentages for these response categories were calculated and can be found in Table 3.

Truth of Statements

The statements for the trauma-related activities that yielded the highest percentage of stakeholders endorsing the statements as being “Yes, very much” true of their organization are:

- Consumers’ current and prior trauma-related experiences are assessed during the screening/assessment process (76.9%).
- The organization partners with external organizations to ensure system wide trauma-informed care for consumers (66.7%).
- Staff is trained to recognize the signs of trauma (60.0%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (57.1%).
- Knowledge about trauma is fully integrated into practices (53.8%).

The statements for the trauma-related activities that yielded the highest percentage of stakeholders endorsing the statements as being “Yes, somewhat” true of their organization are:

- Support is provided to staff that may experience work stress and vicarious trauma (66.7%).
- Consumers receive education about trauma (64.3%).
- The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization (57.1%).
- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 53.8%).

Table 3
Trauma-Related Activities

Question	Is the statement true of your organization?			How much value does your organization place on each statement?				
	Yes, very much	Yes, somewhat	No	Extremely High Value	High Value	Moderate Value	Low Value	No Value
Q1. Consumers' current and prior trauma-related experiences are assessed during the screening/assessment process.	76.9%	7.7%	15.4%	69.2%	15.4%	15.4%	0.0%	0.0%
Q2. Consumers receive education about trauma.	28.6%	64.3%	7.1%	57.1%	28.6%	14.3%	0.0%	0.0%
Q3. Staff are trained to recognize the signs of trauma.	60.0%	26.7%	13.3%	60.0%	26.7%	13.3%	0.0%	0.0%
Q4. Support is provided to staff who may experience work stress and vicarious trauma.	33.3%	66.7%	0.0%	33.3%	40.0%	26.7%	0.0%	0.0%
Q5. Knowledge about trauma is fully integrated into practices.	53.3%	40.0%	6.7%	53.3%	33.3%	6.7%	6.7%	0.0%
Q6. Trauma specific services that are recognized as evidence based and/or emerging best practices are offered.	57.1%	28.6%	14.3%	64.3%	28.6%	0.0%	0.0%	7.1%
Q7. The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization.	42.9%	57.1%	0.0%	64.3%	21.4%	7.1%	7.1%	0.0%
Q8. The organization partners with external organizations to ensure system wide trauma-informed care for consumers.	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%
Q9. The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures).	30.8%	53.8%	15.4%	46.2%	38.5%	15.4%	0.0%	0.0%
Q10. Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated.	46.2%	38.5%	15.4%	61.5%	15.4%	15.4%	0.0%	7.7%

The statements for the trauma-related activities that yielded the highest percentage of stakeholders indicating, “No,” the statements are not true of their organization are:

- Consumers’ current and prior trauma-related experiences are assessed during the screening/assessment process (15.4%).
- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 15.4%).
- Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated (15.4%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (14.3%).
- Staff is trained to recognize the signs of trauma (13.3%).

Value of Statements

The highest percentage of stakeholders rated the following statements for the trauma-related activities as having “Extremely High Value” in their organization:

- Consumers’ current and prior trauma-related experiences are assessed during the screening/assessment process (69.2%).
- The organization partners with external organizations to ensure system wide trauma-informed care for consumers (66.7%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (64.3%).
- The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization (64.3%).

The highest percentage of stakeholders rated the following statements for the trauma-related activities as having “High Value” in their organization:

- Support is provided to staff that may experience work stress and vicarious trauma (40.0%).
- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 38.5%).
- Knowledge about trauma is fully integrated into practices (33.3%).
- The organization partners with external organizations to ensure system wide trauma-informed care for consumers (33.3%).

The highest percentage of stakeholders rated the following statements for the trauma-related activities as having “Moderate Value” in their organization:

- Support is provided to staff that may experience work stress and vicarious trauma (26.7%).
- Consumers’ current and prior trauma-related experiences are assessed during the screening/assessment process (15.4%).
- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 15.4%).
- Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated (15.4%).

The following trauma-related activities were the only statements rated by a percentage of the stakeholders as having “Low Value” to the organization:

- The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization (7.1%).
- Knowledge about trauma is fully integrated into practices (6.7%).

The following trauma-related activities were the only statements rated by a percentage of the stakeholders as having “No Value” to the organization:

- Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated (7.7%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (7.1%).

Incorporation and/or Expansion

Stakeholders were asked to identify what is currently being done to incorporate and/or expand trauma-related activities in their organization. The following are some of the current practices that were listed:

- Training
- Revising performance measures
- Incorporating Trauma Informed Care in treatment
- Trauma Informed Care team
- Participating in a trauma informed learning community
- Evaluation of current trauma-related activities

Discussion

Overall, stakeholders reported valuing a number of key components of family-informed systems of care, including but not limited to, staff support of family-driven approaches, staff training, participatory care strategies, peer support activities, and individualized care and/or service plans. However, there were clear opportunities for improvement in many core strategies for expanding and sustaining systems of care, as there were a number of discrepancies between the value placed on key tactics and the degree to which many were operationalized within particular organizations. One example is staff training in the family-driven approach. While indicated as highly valued by over 75% of organizations, less than 40% of stakeholders reported the provision of such training as “very much” characteristic of their organization. Similar discrepancies in value and operationalization are noted in areas of family involvement in service planning, as well as the use of individually tailored treatment plans. With regard to the former, agencies are doing an excellent job at making families are aware of their rights and inviting family members to all meetings, but the degree to which families are accorded full partnership in treatment planning and decision-making remains somewhat elusive despite being highly valued (see Q4, Q8, Q9, & Q13). Similarly, while also highly valued, use of individualized service plans were more often characterized as only “somewhat” true of the organizations surveyed (Q5 and Q6). This is an important consideration, as SAMHSA and other agencies recommend that treatment programs examine a number of factors, including age, gender, ethnicity, level of maturity, and family and peer environment, when working with adolescents at risk for substance abuse and mental health issues (American Academy of Pediatrics, 2007; Leahy et al., 2012; SAMHSA, 1999). Coupled with condition severity, this information allows agencies to better refer patients/clients to appropriate treatment and services. This somewhat uneven uptake of individualized service plans developed in partnership with families is not surprising, as it is consistent with the inconsistent diffusion pattern of tailored treatment practices generally (Alexander et al., 2008; Guerrero, 2011). Lastly, peer support and mentorship activities are low. Organizations surveyed report a number of efforts already underway to implement or improve the use of core family-informed care strategies. Specifically, agencies noted an ongoing focus on staff training and improved utilization of best practices, with a particular focus on client input and the

institutionalization of individualized service plans. Also encouraging is the noted focus on linking clients to natural and formal social support mechanisms and encouraging more family participation in all aspects of the delivery of care for their children. These efforts are consistent with best practices and should be encouraged. Mentorship, in particular, while often difficult to implement, has potential to build protection against adolescent problem behavior (Greenberg, et al., 2001).

With regard to key components of youth-informed systems of care, stakeholders again reporting valuing a number of core strategies, including individualized service/treatment plans, peer support activities, the involvement of youth in all meetings associated with their services and support plan, staff training, and mentorship. Once again, however, implementation of strategies was uneven across the agencies surveyed. Staff training and buy-in is illustrative. Training in the provision of youth-informed care, although highly valued by almost 60% of organizations surveyed, was indicated by only 32% as being “very much” true as a defining organizational characteristic. While staff support for youth-guided approaches was better, less than half of those surveyed characterized such support as “very much” true for their organization. Within agency discrepancies in value and operationalization of other youth services were noted, including youth involvement in service planning, as well as the use of individually tailored treatment plans. Youth were also not accorded the same level of partnership in treatment planning and decision-making, including even being invited to all meetings involving their services and support plans. This despite a clear majority of organizations indicating highly valuing the opinions of the youth involved. Use of individualized service plans were characterized as “very much” true for less than half of the organizations surveyed; again consistent with the somewhat inconsistent overall diffusion of tailored intervention plans nationally (Alexander et al., 2008; Guerrero, 2011). Peer support and mentorship activities were again somewhat limited, despite considerable evidence to their efficacy (Greenberg et al., 2001). Interestingly, while agencies still did a good job at making youth aware of their rights, the percentage was lower compared to families as discussed above (58.6% vs. 72.7%). There were also noticeable differences in staff buy-in and support for youth-guided approaches compared to the family-guided services (48.3% vs. 61.8%).

As in the case of family-informed systems of care, the agencies surveyed were already working to implement new efforts and/or improve on those strategies currently in use. Specifically, agencies noted an ongoing focus on staff training, improved communication with youth, peer mentors (including peer advocate programming), use of new media to enhance communication, and youth participation in the planning and evaluation of services. To the extent that agencies/stakeholders believe that youth should have equal involvement in understanding their rights and treatment decisions, special attention should be given to narrowing the noted gaps between youth and families in their awareness of rights and active participation as partners in planning and service decisions. Continuous quality improvement also requires a more deliberate effort to allow youth a voice in the planning their services, as well as, the evaluation of the services received. Specifically, if understood to be an intersection of patient preferences and values with clinical expertise and best evidence, it is essential that agencies improve opportunities for youth input. These efforts should be prioritized and encouraged. Once again, there are opportunities to improve significantly peer support activities and mentorship initiatives as a means to improve systems of care for this population.

Pertaining to trauma-informed care, stakeholders surveyed generally reported that organizations did well on most of the selected core strategies, including patient assessment, staff training and knowledge, the integration of trauma informed services, use of best practices, and quality performance assessment. This is important given the long-term health impacts of trauma and the success of trauma-informed care in linking adolescents to appropriate therapeutic resources and improving health outcomes (Adams, 2010; Amaro et al., 2007; Hodas, 2006; Harris and Fallot, 2001; Igelman et al., 2007; Kramer et al., 2013). Agencies did particularly well on assessment, with almost 80% reporting that trauma-related experiences were routinely assessed during the intake/screening process. While all agencies would

benefit from the use of a “universal precautions” strategy for trauma and children, it is also important to effectively assess/identify individual trauma – along with mental health and/or substance abuse disorders – as a precursor to effective trauma informed care (Hodas, 2006; Igelman et al., 2007). In addition to screening, overall agency preparation was also strong, with clear majorities of stakeholders reporting that organization staff was trained to recognize the signs of trauma, that trauma informed care was integrated into broader systems of care, and that there was routine integration of evidence/best practices. While successful, agencies should still press forward to integrate further new evidence into practice to improve care for adolescents at risk for substance abuse and mental health disorders. Exceptions with regard to performance on key strategies included consumer education about trauma, staff support for those experiencing work stress and vicarious trauma, systems implemented to avoid patient/client re-traumatization or re-victimization, and efforts to raise trauma awareness. Of these, the one area often deemed critical is system protections for adolescents. This is because traumatic experiences may be compounded by system experiences, putting adolescents at further risk of long-term harm (Hummer et al., 2010; Kramer et al., 2013). Even the assessment process can be destabilizing for some children (Hodas, 2006). Given this possibility, agencies and organizations are encouraged to develop effective policies and systems to protect against re-traumatization and/or re-victimization.

Lastly, one area of potential focus highlighted by this assessment is revealed at the intersection of family-, youth- and trauma-informed care. Principally it shows up in the previously noted need to improve family and youth as full partners in all aspects of the delivery of care. Ideally, this goes far beyond informing them of their rights and should include their involvement in the policies and procedures governing their care, as well as assessment; thereby closing the feedback loop and encouraging the development, adoption, and refinement of organizational best practices. As noted, if evidence-based practice is conceived as an intersection between patient preferences and values, clinical expertise and best evidence, then it is absolutely necessary that agencies encourage ongoing opportunities for youth/family input and feedback. This is equally important for successful delivery of trauma-informed care. Healing involves multiple aspects, including the establishment of trust and safety, fostering connections between caregivers and mentors, and emotion and impulse management (Bath, 2008). To pretend to do this without adequate family and youth input and partnership is irrational, as even basic definitions will be left to guess work. Thus improving key partnerships between youth and families and agencies in the processes of care become essential to their success.

Conclusion

The Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey were administered to assess the family-driven approach, the youth-guided approach, and trauma-related activities in organizations serving Stark County. Overall, it appears these approaches and activities are being used and valued by the organizations. While some discrepancies do exist between the extent to which key strategies are valued and implemented, agencies are actively seeking to improve systems of care for youth at risk for substance abuse and mental health disorders.

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Appendix 1: Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey **Directions:** The following survey was designed to understand the use of family-driven and youth-guided approaches in organizations serving Stark County. For the following questions, a family-driven approach refers to empowering and educating families to make decisions, along with professionals in the field, regarding services and support for their child. Youth-guided approach refers to empowering and educating youth to make decisions, along with professionals in the field, regarding services and support for their lives. This survey is being used as a planning tool for expanding the system of care approach, not as an evaluation of organizations. Please answer all questions objectively and honestly.

Trauma-Informed Care Learning Community Team Members will be asked additional questions about activities related to trauma care at the end of the survey.

Thank you for your time and participation.

Part A: Family-Driven Approach

The following questions will give you the opportunity to assess the use of the family-driven approach in your organization.

For each statement please answer the following two questions:

- A. Is this statement true of your organization?
 - a. Yes, very much
 - b. Yes, somewhat
 - c. No
- B. How much value does your organization place on each statement?
 - a. Extremely High Value
 - b. High Value
 - c. Moderate Value
 - d. Low Value
 - e. No Value

1. Our organization provides training for the staff in the family-driven approach.
2. The staff in our organization supports the family-driven approach.
3. Families served by our organization are made aware of their rights.
4. Families served by our organization are full partners in all aspects of the planning of their own services provided.
5. Individualized service plans are developed in true partnership with the families served by our organization.
6. The strengths of the family served by our organization determine the type of services provided.
7. Families served by our organization are invited to all meetings involving their child.
8. Families served by our organization are full partners in all aspects of the delivery of care for their children.
9. Families served by our organization are full partners in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
10. Families served by our organization have an appointed mentor.
11. Families served by our organization engage in peer support activities.
12. The opinions of families served by our organization are valued.
13. Families served by our organization evaluate the services they receive.
14. What is currently being done to incorporate/expand the family-driven approach in your organization? (Open-ended question)

Part B: Youth-Guided Approaches

The following questions will give you the opportunity to assess the use of the youth-guided approach in your organization.

For each statement please answer the following two questions:

- A. Is this statement true of your organization?
 - a. Yes, very much
 - b. Yes, somewhat
 - c. No
 - B. How much value does your organization place on each statement?
 - a. Extremely High Value
 - b. High Value
 - c. Moderate Value
 - d. Low Value
 - e. No Value
1. Our organization provides training for the staff in the youth-guided approach.
 2. The staff in our organization supports the youth-guided approach.
 3. Youth served by our organization are made aware of their rights.
 4. Youth served by our organization are full partners in all aspects of the planning of their own services provided.
 5. Individualized service plans are developed in true partnership with the youth served by our organization.
 6. The strengths of the youth served by our organization determine the type of services provided.
 7. Youth served by our organization are invited to all meetings involving their services and support plan.
 8. Youth served by our organization are full partners in all aspects of the delivery of care for their lives.
 9. Youth served by our organization are full partners in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
 10. Youth served by our organization have an appointed mentor.
 11. Youth served by our organization engage in peer support activities.
 12. The opinions of youth served by our organization are valued.
 13. Youth served by our organization evaluate the services they receive.
 14. What is currently being done to incorporate/expand the youth-guided approach in your organization? (Open-ended question)

Part C: Trauma-Related Activities (only answered by those on the Trauma-Informed Care Learning Community subcommittee)

The following questions will give you the opportunity to assess the use of the trauma-related activities in your organization.

For each statement please answer the following two questions:

- A. Is this statement true of your organization?
 - a. Yes, very much
 - b. Yes, somewhat
 - c. No
 - B. How much value does your organization place on each statement?
 - a. Extremely High Value
 - b. High Value
 - c. Moderate Value
 - d. Low Value
 - e. No Value
1. Consumers' current and prior trauma-related experiences are assessed by our organization during the screening/assessment process.
 2. The consumers in our organization receive education about trauma.
 3. Our organization trains staff to recognize the signs of trauma.
 4. Our organization provides support to staff that may experience work stress and vicarious trauma.
 5. Our organization fully integrates knowledge about trauma into our practices.
 6. Our organization offers trauma specific services that are recognized as evidence based and/or emerging best practices.
 7. Our organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization.
 8. Our organization partners with external organizations to ensure system wide trauma-informed care for consumers.
 9. Our organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures).
 10. Our organization evaluates the performance of our trauma-informed care to improve the use of trauma-informed care within our organization.
 11. What is currently being done to incorporate/expand the use of trauma-related activities in your organization? (Open-ended question)

Appendix 2: Stakeholders Invited to Participate in the Family-Driven Approach,
Youth-Guided Approach, and Trauma-Related Activities Survey

Action for Social Equality
AHEAD, Inc.
Canton City Health Department
Canton City School District
Child and Adolescent Behavioral Health*
Child and Adolescent Service Center
City of Massillon
Coleman Professional Services*
Coming Together Stark County*
Community Services of Stark County*
Crisis Intervention and Recovery Center*
Domestic Violence Project, Inc.*
Early Childhood Resource Center
Family/Youth Representatives
First Christian Church
Help Me Grow
Kent State University
Lifecare Family Health and Dental Services
Mental Health and Recovery Service Board of
Stark County*
National Association for the Advancement of
Colored People Massillon
National Alliance of Mental Illness Stark County
Ohio Department of Youth Services
Ohio Guidestone
Ohio Means Jobs
Pathway Caring for Children
Phoenix Rising*
Project Rebuild
Quest Recovery and Prevention Services
Stark Community Foundation
Stark County Board of Developmental
Disabilities
Stark County Educational Service Center*
Stark County Family Court*
Stark County Health Department
Stark County Job and Family Services
Stark County Kid Summit Against Drugs
Stark County Social Workers Network*
Stark County Treatment Accountability for Safer
Communities, Inc.*
Stark County Urban Minority Alcoholism and
Drug Abuse Outreach Program
United Way of Greater Stark County
YMCA

**Stakeholders that have members on the Trauma-Informed Care Learning Community Team.*

Plan Development

Youth and Family Engagement

Several strategies have been used over the course of this planning project in order to engage youth and young adults. Word of mouth and referrals have been the most frequently used strategies to attract youth and young adults to subcommittee meetings, specifically for Youth and Young Adult Subcommittee meetings. Marketing materials were also created with the #YourVoiceMatters, this included a video along with a social media toolkit and hot cards. The hot cards included information about Youth and Young Adult meetings and included the #YourVoiceMatters in order for youth to use the hashtag on social media sites. These hot cards were handed out at all subcommittee meetings and agencies were encouraged to take them so they could be handed out at their individual agencies. Emails were sent out to youth leaders and newspaper advertisements were also put out to attract more youth, these included who, what, when, and where the meetings were. Youth and Young Adult meetings were held at the Main Library in Canton in Stark County. The library was more easily accessible to youth and a place where they could feel more comfortable.

Subcommittee Meeting Dates and Participant Attendance

During this planning process, each of the six subcommittees and the Core Leadership Team met on a monthly basis. The Core Leadership Team met seven times over the course of this planning project. The meetings on January 15th, March 18th, May 21st, June 18th, July 16th, and August 20th had 3, 2, 4, 5, 4, and 5 people in attendance respectively.

*The Core Leadership numbers include Kent State University College of Public Health, MHRSB, and community members.

The Cultural Competence Subcommittee met five times over the course of this planning grant. The subcommittee meetings on April 9th, May 14th, June 11th, July 9th, and August 13th had 12, 7, 16, 14, and 21 people in attendance respectively.

The Youth and Young Adult Subcommittee met six times over the course of this planning grant. The subcommittee meetings on March 26th, April 23rd, May 28th, June 25th, July 24th, and August 27th had 5, 7, 6, 18, 12, and ~~8~~ people in attendance respectively.

The Social Marketing Subcommittee met four times over the course of this planning grant. The subcommittee meetings on April 9th, May 14th, July 9th, and August 13th had 20, 10, 8, and 6 people in attendance respectively.

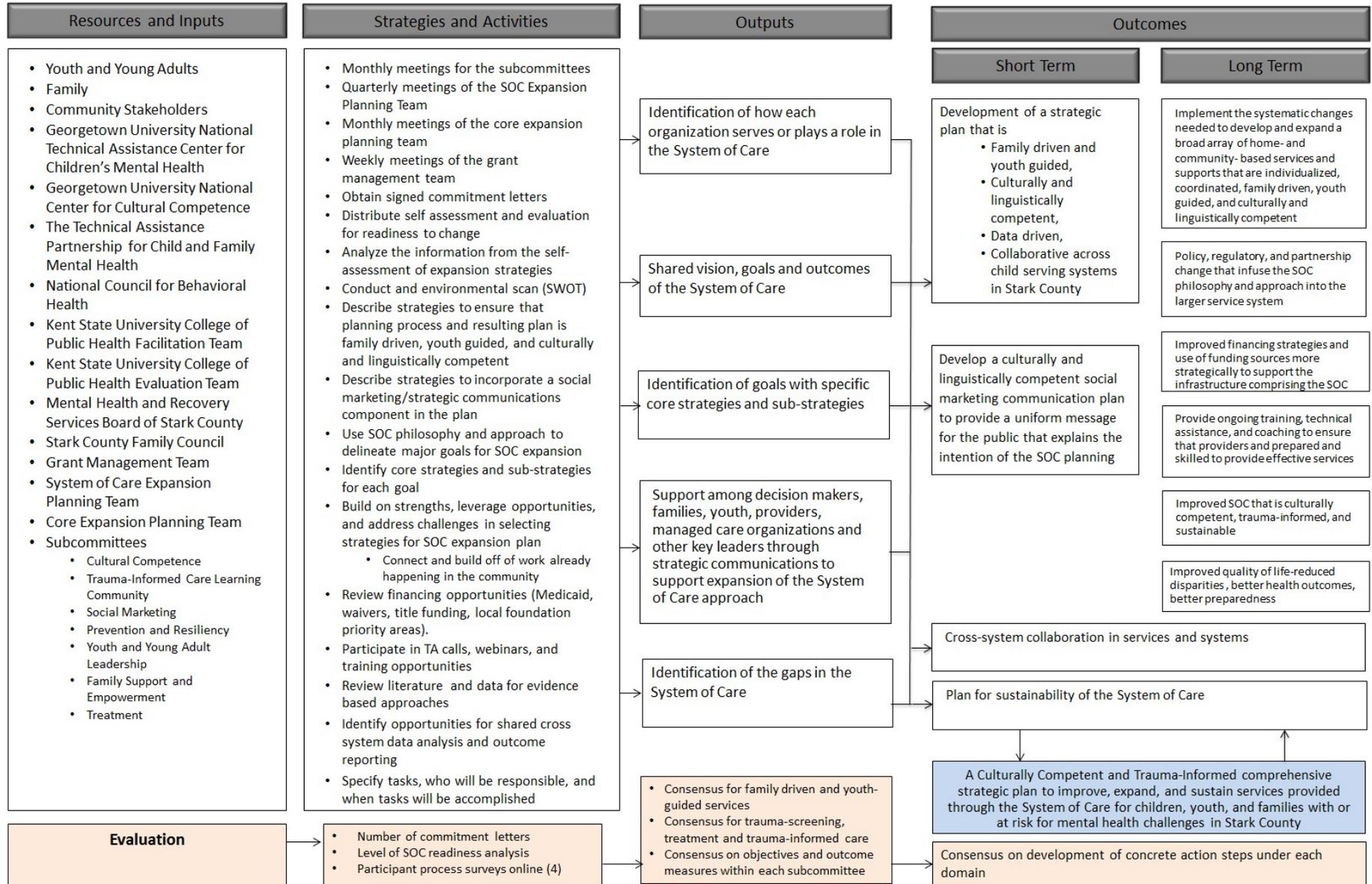
The Prevention and Resiliency Subcommittee met six times over the course of the planning grant. The subcommittee meetings on April 16th, May 21st, June 18th, July 16th, and August 20th had 4, 6, 5, 5, 7, and ~~7~~ people in attendance respectively.

The Treatment Subcommittee met six times over the course of the planning grant. The subcommittee meetings on March 5th, April 2nd, May 7th, June 4th, July 2nd, and August 6th had 4, 4, 5, 5, 4, and 5 people in attendance respectively.

The Trauma Informed Care Subcommittee had a total of two face-to-face meetings, a kickoff and a midyear meeting. The Kickoff Meeting was on December 2nd, 2014 and had 38 people in attendance and the Midyear Meeting was on June 2nd, 2015 and June 3rd, 2015 and had 71 people in attendance.

The final meeting was on September 22nd, 2015 and had 46 people in attendance. In addition, there were 15 webinars on November 17th, 2014, November 19th, 2014, January 26th, 2015, February 17th, 2015, March 2nd, 2015, April 13th, 2015, May 11th, 2015, June 1st, 2015, June 29th, 2015, July 13th, 2015, July 27th, 2015, August 17th, 2015, September 14th, 2015, and September 28th, 2015.

Logic Model



Stark MHR SB 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	<p>Youth, ages 11-21, with significant functional challenges in their home, school, community and their families with one or more of the following:</p> <ol style="list-style-type: none"> 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	<p>Improve access to services and supports</p> <p><i>Core Strategy Areas:</i> <i>Services</i> <i>Access</i> <i>Training</i></p>	<p><i>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.</i></p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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. <p><i>Strategy #2: Design an Evidence-Based/Evidence-Informed, geographically responsive Behavioral Youth and Family Mobile Crisis Team.</i></p> <ul style="list-style-type: none"> • 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. <p><i>Strategy #3: Increase services (using evidence-based and evidence-informed practices) for co-occurring disorders (mental illness/substance abuse; mental illness/developmental disabilities).</i></p> <ul style="list-style-type: none"> • 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.
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		<ul style="list-style-type: none"> • 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. <p><i>Strategy #4: Provide immediate access to evidence-based AoD service for youth opiate users/abusers.</i></p> <ul style="list-style-type: none"> • Create a menu of evidence-based and evidence-informed services ranging from intervention to intensive treatment, including Medication Assisted Treatment (MAT).
<p>Goal 2</p>	<p>Design a youth and family care coordination network (Care Management Entity)</p> <p><i>Core Strategy Areas:</i> <i>Access</i> <i>Policy</i> <i>Services</i> <i>Generating Support</i> <i>Financing</i></p>	<p><i>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.</i></p> <ul style="list-style-type: none"> • 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.

		<ul style="list-style-type: none"> • 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. <p><i>Strategy #2: Create a comprehensive services/supports mapping mechanism to measure local capacity (public and private).</i></p> <ul style="list-style-type: none"> • 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.
<p>Goal 3</p>	<p>Establish an enhanced cross system data, outcome management and reporting system</p> <p><i>Core Strategy Areas:</i> <i>Policy</i> <i>Training</i> <i>Financing</i></p>	<p><i>Strategy #1: Create a cross system data committee that includes data analyst representation from key stakeholders that serve our youth and families.</i></p> <ul style="list-style-type: none"> • 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. <p><i>Strategy #2: Identify a cross-system data research analyst.</i></p>

		<ul style="list-style-type: none"> • 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.
<p>Goal 4</p>	<p>Strengthen cultural and linguistic competency in Stark County SOC using Culturally and Linguistically Appropriate Services (CLAS)</p> <p><i>Core Strategy Areas:</i> <i>Service</i> <i>Policy</i> <i>Training</i></p>	<p><i>Strategy #1: Identify a Cultural and Linguistic Competency Coordinator trained in CLAS.</i></p> <ul style="list-style-type: none"> • 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. <p><i>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.</i></p> <ul style="list-style-type: none"> • Consult with agencies and organizations to adopt CLC language in network of care MOU's, contracts, policies and procedures.

		<ul style="list-style-type: none"> • 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. <p><i>Strategy #3: Contract with nationally recognized organization to provide CLAS Trainings and organizational assessments and consultation to youth and family serving organizations and systems.</i></p> <ul style="list-style-type: none"> • Follow planning phase recommendations of Georgetown University as outlined in the attached Executive Report and contract with entity to provide cross-system trainings.
<p>Goal 5</p>	<p>Strengthen Family and Youth Involvement in Stark County SOC.</p> <p><i>Core Strategy Areas:</i> <i>Service</i> <i>Policy</i> <i>Training</i> <i>Generating Support</i></p>	<p><i>Strategy #1: Identify a Youth and Family Involvement Coordinator.</i></p> <ul style="list-style-type: none"> • 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. <p><i>Strategy #2: Develop new and expand upon current peer support services.</i></p> <ul style="list-style-type: none"> • 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.

<p>Goal 6</p>	<p>Strengthen Trauma-Informed care in Stark County SOC.</p> <p><i>Core Strategy Areas:</i> <i>Service</i> <i>Policy</i> <i>Training</i></p>	<p><i>Strategy #1: Continue the work of the trauma informed care learning communities and increase capacity for additional organizations to participate.</i></p> <ul style="list-style-type: none"> • 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.
<p>Goal 7</p>	<p>Develop appropriate and adequate funding mechanisms to support SOC</p> <p><i>Core Strategy Areas:</i> <i>Service</i> <i>Financing</i> <i>Generating Support</i></p>	<p><i>Strategy #1: Create and improve financing strategies through fiscal mapping process with organizations, funders and systems in consultation with Ohio fiscal mapping process.</i></p> <ul style="list-style-type: none"> • 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. <p><i>Strategy #2: Expand cross-system funding strategies with return on investment data.</i></p>

		<ul style="list-style-type: none"> • 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.
<p>Goal 8</p>	<p>Provide training, technical assistance and workforce development</p> <p><i>Core Strategy Areas:</i> <i>Service</i> <i>Training</i></p>	<p><i>Strategy #1: Design and implement a cross-system consortium to share contract consultation services.</i></p> <ul style="list-style-type: none"> • 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. <p><i>Strategy #2: Implement an on-demand and online training academy to address staff turnover and access to training issues.</i></p> <ul style="list-style-type: none"> • Create trainings specifically for families, youth, providers and the community. • Develop strategies to address provider concerns around HIPAA/42 CFR/ confidentiality. <p><i>Strategy #3: Connect with local colleges for curriculum, recruitment and scholarship strategies to support workforce development.</i></p> <ul style="list-style-type: none"> • Identify shared opportunities between system of care and local colleges.

		<p><i>Strategy #4: Expand Youth Mental Health First Aid (YMHFA) Training for schools, faith-based organizations and other youth-serving community organizations.</i></p> <ul style="list-style-type: none"> • 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	<p>Expand and enhance indicated prevention and early identification in Stark SOC</p> <p><i>Core Strategy Areas: Service Training</i></p>	<p><i>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.</i></p> <ul style="list-style-type: none"> • 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	<p>Public Awareness/Social Marketing</p> <p><i>Core Strategy Areas:</i></p>	<p><i>Strategy #1: Hire social marketing coordinator to support work of social marketing committee and plan.</i></p>

	<p><i>Service Generating Support</i></p>	<ul style="list-style-type: none"> • 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.
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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).

Social Marketing and Communication Plan

*Please note that key terms are bolded in this social marketing and communications plan for their first occurrence in the text. A list of these terms with their corresponding, user-friendly definitions can be found at the end of this plan on pages _____.

Background

This **social marketing** and communications plan is based on the efforts of over 160 individuals (**community stakeholders**, community members, youth, young adults, and **family members**) involved in **Stark County's System of Care Expansion Planning** efforts.

A **social marketing subcommittee**, which would eventually be comprised of 20 plus representatives from educational, mental health, drug and alcohol, developmental disabilities, domestic violence, justice and corrections, and early childhood services, as well as local youth, young adults, and family members, was initially established at a quarterly **Expansion Planning Team meeting** in March 2015. Prior to the **subcommittee's** first meeting held in April 2015, the Marketing Director for the Mental Health and Recovery Services Board of Stark County (MHR SB) emailed local marketing contacts to encourage further **cross-sector** participation in this workgroup. The MHR SB Marketing Director, Grant Coordinator, Director of Advancement at a local child- and family-serving agency, and Young Adult Consultant acted as the co-leaders and co-facilitators of this subcommittee.

In early April 2015, the MHR SB Marketing Director, Grant Coordinator, and Young Adult Consultant launched a local social marketing campaign for the Stark County **System of Care** titled #yourvoice matters. This campaign involved the production of youth and family recruitment videos that were coordinated, produced, and edited by local young adults, and that featured a local young adult performing her original spoken word poetry, as well as a parent sharing her personal testimony—both of whom had lived experiences in the System of Care.

Additional materials were used to support this campaign, including water bottles, coffee tumblers, earbuds, pens, and notepads. These marketing materials were given to the Social Marketing Subcommittee for review and to use at their corresponding agencies (if applicable) to promote the **voices** of youth, families, and community members in the expansion planning initiative. Stark County received a Bronze award for this Social Marketing campaign in July 2015 from SAMHSA's 2015 Excellence in Community Communications and Outreach (ECCO) Recognition in the category of Communications/Social Marketing Planning. #yourvoice matters has become the official **branding** of Stark County's System of Care in an effort to support the continuous development of a family-driven and youth-guided approach.

Approach

The Social Marketing Subcommittee utilized a unique approach in building the Social Marketing and Communications Plan for the Stark County System of Care. The group was structured to act as a support to the expansion planning work of the five other subcommittees (**Cultural Competence, Treatment, Prevention and Resiliency, Family Engagement, and Youth and Young Adult Leadership**) and one learning community (**Trauma-Informed Care**) involved in Stark County's Expansion Planning grant. The diagram below (Figure 1.1) was created to best illustrate the Social Marketing Subcommittee's relationship to the other focus areas of this planning grant.

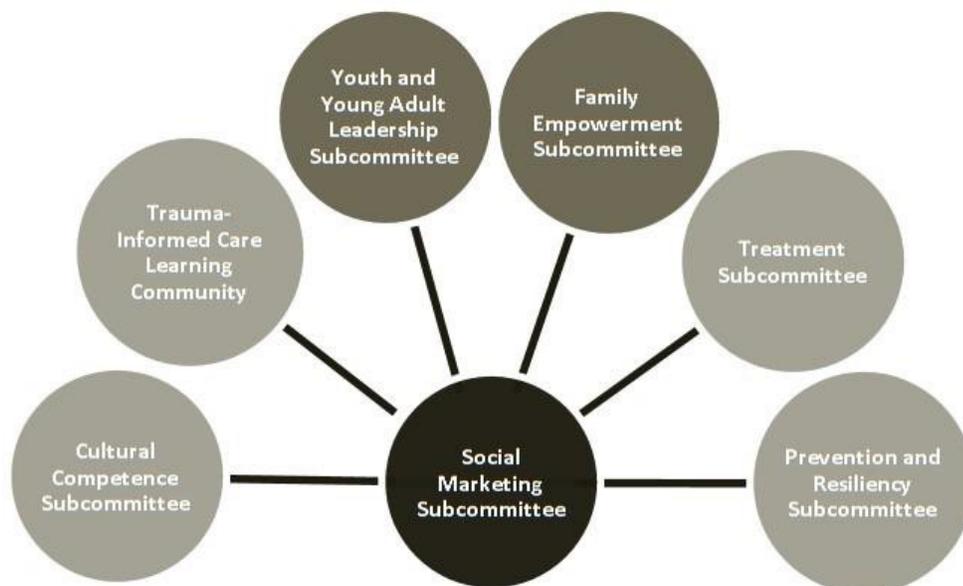


Figure 1.1

The Social Marketing Subcommittee met, collectively, four times during the expansion planning year between the months of April 2015 and August 2015 to discuss System of Care philosophy and core values; brainstorm ideas for recruiting and engaging youth with, or at risk of, **behavioral health** challenges and their **family members** in System of Care work; identify effective communication strategies in order to encourage the expansion of supports and services for youth with, or at risk of, behavioral health challenges and their families in Stark County; and to draft the first outline for this social marketing and communications plan.

Members of the Social Marketing Subcommittee were encouraged to attend the June 2015 subcommittee meetings of the other grant focus areas as **ambassadors** to listen to and take

notes about the communication and marketing gaps discussed in those meetings with regard to the Stark County System of Care. They were asked to use this information to brainstorm about possible audiences, channels, and messages to include in the final social marketing and communications plan for this grant, and then reported their findings and ideas back to the Social Marketing Subcommittee in July 2015.

Between July 2015 and August 2015, Social Marketing leaders analyzed the **meeting minutes** and key notes available at that time for the six other grant focus areas to identify social marketing and communication issues specific to Stark County's System of Care according to the discussions of local stakeholders, community members, youth, and families. The marketing and communication issues were then compiled into a document and categorized by grant focus area and date. Social Marketing leaders then extracted information from this document pertaining to marketing and communication gaps. These gaps were separated into a document by the subcommittee and learning community in which they were discussed to ensure the voices present in each focus area were equally represented when writing the social marketing and communications plan.

The social marketing and communication gaps in the Stark County System of Care were then used to build three diagrams that were distributed at the final Social Marketing planning session for the focus areas of Treatment, Prevention and Resiliency, and Cultural Competence in addition to a page of notes for Trauma-Informed Care. Marketing and communication gaps identified in the Family Engagement and Youth and Young Adult Leadership Subcommittees were then threaded throughout the diagrams and notes to ensure that family and youth voice were equally represented in each grant focus area. However, it should be noted that the Family Engagement and Youth and Young Adult Leadership Subcommittees also included the participation of local stakeholders and community members.

Social Marketing Planning Diagrams

(Please refer to section ____ on page _____.)

Red Boxes

Notes and meeting minutes were organized into thematic clusters, summarized by key statements that are highlighted in red on the diagrams.

Blue Boxes

The statements enclosed in blue boxes are notes taken from the meeting minutes of the Family Engagement Subcommittee. They are positioned closest to the key summaries to represent the family-driven approach of Stark County's expansion planning.

Yellow Boxes

Statements contained in yellow boxes are notes taken from the Youth and Young Adult Leadership Subcommittee, and are the second closest in relation to the key summaries to represent the youth-guided approach of expansion planning.

White Boxes

Statements enclosed in white boxes are notes taken from the subcommittee meeting minutes of the corresponding focus area of the diagram.

In August 2015, the Social Marketing Subcommittee met for a four-hour final planning session where participants built the initial draft of their plan. Using the diagrams and notes provided to them, participants identified four priority areas for Social Marketing by voting on three key summary statements from each of the Treatment, Prevention and Resiliency, and Cultural Competence graphs and two statements from the Trauma-Informed Care notes that they believed 1) have the biggest impact on improving supports and services for youth and families in Stark County, 2) are the most changeable issues for improving supports and services for youth and families in Stark County, and 3) best exemplify System of Care philosophy and SAMHSA's Request for Application (RFA) grantee requirements for social marketing. The key summary statement in each focus area that received the most votes from subcommittee members became the social marketing and communication priority area for that given focus area. A consensus was made among the Social Marketing Subcommittee that a fifth priority area should be addressed in addition to the other four priority areas, which is outlined in section on pages of this social marketing and communications plan. This fifth priority area included the need for a centralized communication **hub** in Stark County, as youth and families are currently challenged to be aware of and connect with supports and services in the community.

After identifying the five priority areas for Social Marketing, subcommittee members created a preliminary outline to address the marketing and communication gaps identified in the Treatment, Cultural Competence, and Trauma-Informed Care focus areas. Social Marketing leaders later used this information to build a rough draft of the final social marketing and communications plan, which was distributed to Social Marketing participants for review.

Social Marketing Goals

The Stark County System of Care has identified five social marketing goals that address the five social marketing and communications priority areas identified by the Social Marketing Subcommittee. These goals support the work of the seven System of Care focus areas as defined in the final strategic plan. The purpose of this social marketing and communications plan is to support the **program goals** in order to effectively ensure youth with, or at risk of, behavioral health challenges have access to an array of trauma-informed and culturally- and linguistically-competent services and support options in Stark County that enable them to remain in their homes and communities.

- **Goal 1**

To provide parents with an array of information about behavioral health challenges, particularly regarding the availability of community resources, how to recognize symptoms, the value of treatment, and the importance of county-wide efforts to provide supportive environments for their child(ren).

- **Goal 2**

To include and increase awareness about **grassroots community-based organizations** in the Stark County System of Care as a legitimate resource for youth with, or at risk of, behavioral health challenges and their families.

- **Goal 3**

To educate and engage a broad base of community partners in Stark County about trauma-informed care and awareness.

- **Goal 4**

To provide the broader Stark County community with an array of information about **protective factors, brain science**, and wellness while using a consistent, universal message about behavioral health prevention.

- **Goal 5**

To create a well-publicized and consistently-updated, trauma-informed, culturally-competent, linguistically-accessible, a centralized hub for information about the supports and services available to youth and families in Stark County.

Social Marketing and Communications Plan

Priority Area 1 Parents desire and need more behavioral health information with regard to their children

Goal 1

To provide parents with an array of information about behavioral health challenges, particularly regarding the availability of community resources, how to recognize symptoms, the value of treatment, and the importance of county-wide efforts to provide supportive environments for their child(ren).

Benefits

There are several benefits to accomplishing Goal 1, which include:

- Expanding parents' knowledge of behavioral health norms and atypical behaviors in children.
- Raising awareness about community-based resources available for youth and families.
- The long-term reduction of homelessness, suicides, incarcerations, and drug and alcohol addictions in Stark County.

Barriers

There are several barriers to accomplishing Goal 1, which include:

- The challenge of establishing **pooled funding** to pay for educational outreach.
- The need to adapt to the literacy and/or education levels of parents from diverse backgrounds.
- The challenge of communicating a large amount of information to inform parents about behavioral health.

Messages

- There are **red-flag symptoms** that can indicate if a child's behaviors and/or thoughts are (a)typical.
- There are community-based resources parents can access to find help for their child(ren).
- Treatment is important to achieving the best possible future success for a child.
- Community-wide, supportive environments allow children to have positive behavioral health outcomes.

Primary Audiences

- Parents of school-aged children (ages 3-18)

Secondary Audiences

- Teachers, school administrators, coaches, pediatricians

Strategies

- Host community fairs/events about behavioral health related to System of Care
- Host community meetings about behavioral health related to System of Care
- Create a toolkit that can be used for System of Care related meetings and/or events to track participants

Channels

- Schools: public website, staff **listservs**, public/staff newsletters, parent orientation handouts
- Billboards located near schools
- Texts
- Radio stations during back-to-school time
- Primary care offices: bulletin boards, newsletters, listservs

Metrics (Outputs)

- By XXXX, # of children (Medicaid/**Non-Medicaid**) will have received services.
- By XXXX, # of parents will have participated in System of Care- related community meetings about behavioral health.
- By XXXX, # of parents will have participated in System of Care- related behavioral health fairs/events.

Priority Area 2 Some traditionally underserved communities in Stark County feel more comfortable engaging with grassroots community-based organizations (e.g. faith-based organizations) than they do with key funders and public health/provider organizations. However, many grassroots community-based organizations are currently disconnected from the Stark County System of Care.

Goal 2

To include grassroots community-based organizations in the Stark County System of Care and promote them as a legitimate resource for youth with, or at risk of, behavioral health challenges and their families.

Benefits

There are several benefits to accomplishing Goal 2, which include:

- Increasing the cultural competency of community stakeholders through the inclusion of a diverse workforce in System of Care efforts.
- Improving inter-agency communication.
- Increasing providers' familiarity with services and support available for youth and families in the community.
- Reducing the stigma of behavioral health among youth and families served by grassroots community-based organizations.
- Building and strengthening effective community partnerships.

Barriers

There are several barriers to accomplishing Goal 2, which include:

- Identifying grassroots community-based organizations that do not have well-established marketing/PR departments.
- Accessing funding streams that allow for the continuous identification and inclusion of grassroots community-based organizations in System of Care efforts.
- Building trust between grassroots community-based organizations and key funders in Stark County.

Primary Audience

- Key funders and larger public health/provider organizations

Secondary Audience

- Grassroots community-based organizations
- Family members
- Youth

Messages

- There are grassroots community-based organizations in Stark County that offer legitimate supports and services for youth with, or at risk of, behavioral health challenges and their family members.
- Grassroots community-based organizations can assist in increasing positive outcomes for youth with, or at risk of, behavioral health challenges in Stark County by acting as cultural and linguistic brokers for traditionally underserved communities in Stark County.

Strategies

- Establish a Resource Fair
- Maintain an updated listing of community resources for youth and families
- Create a Facebook Page that allows key funders and public health/provider organizations, as well as grassroots community-based organizations to post about their services and supports for youth and families
- Create videos that illustrate the lived experiences of youth and families who have accessed services and supports through grassroots community-based organizations
- Create a toolkit that can be used for System of Care-related meetings and/or events to track the organizations that are participating
- Create a toolkit that key funders and public health/provider organizations can use to track their referrals to grassroots community-based organizations

Channels

- Social Media
- Emails
- Radio
- Billboards
- Newspaper
- Flyers
- Newsletters
- Closed-circuit TVs

Metrics (Outputs)

- By XXXX, # of referrals will have been given by key funders and public health/provider organizations to grassroots community-based organizations.
- By XXXX, # of grassroots community-based organizations will be represented in the updated listing of community resources.
- By XXXX, # of grassroots community-based organizations and # of key funders and public health/provider organizations will be in attendance at the Resource Fair.

Priority Area 3 Physical Health and Recreational Services are not currently involved in the Trauma-Informed Care Learning Community of the Stark County System of Care, but are integral to its success, as they regularly engage with youth with, or at risk of, behavioral health challenges and their families. Therefore, there is a need to have trauma-informed care institutionalized across all sectors of the community.

Goal 3

To educate and engage a broad base of community partners in Stark County about trauma-informed care and awareness.

Benefits

There are several benefits to accomplishing Goal 3, which include:

- Developing collaborative relationships among child- and family-serving sectors.
- Increasing community awareness about System of Care partners, a more trauma-informed workforce.
- Reducing the stigma regarding trauma and behavioral health challenges.
- Creating opportunities for community partners to easily share evidence-based research about trauma and adverse childhood experiences (ACEs) with each other.
- Increasing providers' understanding about the importance of family- driven and youth-guided care.
- Promoting the social inclusion of youth and families by engaging a broad base of community partners.

Barriers

There are several barriers to accomplishing Goal 3, which include:

- The limited time availability of employees working in the physical health sector.
- The transience of employees in the recreational system.
- The immediate challenges the justice system experiences in working with youth who have existing behavioral health needs.

Primary Audiences

- Physical Health Services (Boards of Directors, pediatricians, nurses, staff, volunteers)
- Recreational Services (Boards of Directors, staff, volunteers)
- Criminal Justice, Law Enforcement, and Corrections Sector

Secondary Audiences

- System of Care partners and workplaces

Messages

- Ask what has happened to youth and their families before asking what is wrong with them.
 - **This concept is referred to broadly in trauma-informed care efforts and is also supported in the work of the National Council for Behavioral Health. For more information, please visit the National Council for Behavioral Health's website at <http://www.thenationalcouncil.org/>.**
- All systems touch and influence the lives of youth and families in this community.
- Trauma-informed care relates to any person.
- You can't put "a" face on trauma because it can be "any" face (#anyface).

Strategies

- Create videos for social media that include the lived experiences of local youth and family members in the System of Care
- Create videos/educational programming about
- Establish lunch and learn programs
- Create a social media toolkit with informational materials about trauma-informed care
- Develop three messages for the broader Stark County community that best capture the trauma-informed care approach
- Create a toolkit that can be used for System of Care-related meetings and/or events to track participants
- Host trainings/continuing education programs for professionals

Channels

- Bulletin boards
- Listservs
- Newsletters
- Closed-circuit TVS
- Social media
- Websites
- Posters/flyers
- Brochures
- Texts
- Billboards
- Newspapers
- Orientation/trainings for certifications/new hires

Metrics (Outputs)

- By XXXX, # of community partners will have participated in trauma-informed care trainings/committees in the community
- By XXXX, representatives from the physical health, recreational, and justice sectors will be active in trauma-informed care-related activities with the System of Care

Priority Area 4 There is a need to communicate with the broader community about the prevention of behavioral health challenges and resiliency-building.

Goal 4

To provide the broader Stark County community with an array of information about protective factors, brain science, and wellness while using a consistent, universal message about behavioral health prevention.

Benefits

There are several benefits to accomplishing Goal 3, which include:

- Building cross-sector community partnerships by creating a unified vision in Stark County with regard to behavioral health and addiction recovery.
- Increasing positive outcomes for youth with, or at risk of, behavioral health challenges and their families.
- Creating opportunities for interdisciplinary collaboration across professions.

Barriers

There are several barriers to accomplishing Goal 3, which include:

- The challenge of inter-agency communication.
- The need to ensure messages are culturally and linguistically appropriate for intended audiences.
- Siloes that inhibit the sharing of resources and data across academic and professional systems.

Primary Audiences

- Broader Stark County community, including System of Care partners
- Youth
- Families

Messages

- What you do affects these children.
- Forming healthy, consistent, empathetic, and nurturing relationships with children can help them build resiliency, overcome adversity, and heal.

Strategies

- Develop a universal message about prevention and resiliency for the broader Stark County Community
- Create videos that illustrate the lived experiences of youth and families who have successfully accessed services and supports through community-based organizations
- Host trainings/community meetings about prevention and resiliency-building
- Create a toolkit that can be used for System of Care-related meetings and/or events to track participants
- Create a toolkit that System of Care partners can utilize to report their use of the universal message about prevention provided by the System of Care

Channels

- Social Media
- Emails
- Flyers
- Newsletters
- Radio
- Billboards
- Newspaper
- Closed-circuit TVs

Metrics (Outputs)

- # of individuals from each of the System of Care sectors, family members, and youth participating in prevention trainings
- #of hits on videos/website
 - Analyzed demographically
- # of individuals participating in community meetings about prevention and resiliency-building
- # of organizations using the universal message about prevention provided by the System of Care

Priority Area #5 There is no centralized communication hub for behavioral health in Stark County. Youth and families are challenged to be aware of and connect with supports and services in the community.

Goal 5

To create a well-publicized and consistently-updated, trauma-informed, culturally- competent, and linguistically-accessible, centralized hub for information about the supports and services available to youth and families in Stark County.

Action Steps

- Collaborate with existing resources and organizations that house information about the supports and services available for youth and families in the community (e.g. United Way’s 2-1-1; the Aultman Foundation, Mike and Kay Flood, and the YWCA’s The Help Guide, etc.).
-

Glossary of Key Terms in the Social Marketing and Communications Plan

Ambassadors: People who represent the Social Marketing Subcommittee while attending the subcommittee meetings of another grant focus area.

Behavioral Health: Refers to both mental health and addiction.

Brain Science: Refers to scientific research about the brain that supports the importance of prevention and resiliency-building efforts in ensuring the success of youth, young adults, and families in Stark County.

Branding: Almost anything someone buys has a brand on it. Just like a favorite food item may come from a certain brand and will be labeled with it, materials related to Stark County's System of Care will be recognized by the brand, *#yourvoice matters*.

Cross-sector: Stark County's expansion planning has involved a "cross-sector" approach, meaning that any person, place, or organization that cares for and/or works with youth and families in the community is invited and encouraged to work together in helping to make the Stark County System of Care better.

Cultural Competence: This is one of the main focus areas in Stark County's System of Care Expansion Planning. Being culturally and linguistically competent includes, but is not limited to, being respectful about, sensitive to, and knowledgeable about other people's cultures and languages. **For a more in-depth look at Cultural and Linguistic Competence, please visit Georgetown National Center for Cultural Competence's website at <http://nccc.georgetown.edu/>.*

Expansion Planning Team Meeting: This quarterly meeting is open to every person who is involved in the Stark County System of Care Expansion Planning work.

Family Engagement: This is one of the main focus areas in Stark County's System of Care Expansion Planning. This focus area is meeting in collaboration with Stark County's Family Council and wants to ensure that family members are strongly involved in the System of Care. **For a more in-depth look at this organization, please visit their website at <http://www.starkfamilycouncil.org/>*

Family Members: Family members are the loved ones of youth with, or are at risk of, behavioral health challenges in Stark County.

Grassroots Community-based Organizations: For the purposes of this social marketing and communications plan, these are defined as community-based organizations that are not perceived as key funders or public health/provider organizations in Stark County, and that tend to be smaller with regard to the number of clients they serve and support.

Hub: A place where information is stored.

Listserv: A group of email contacts that receive emails for a given topic.

Meeting Minutes: Notes taken during a meeting to describe what happened in it.

Non-Medicaid: Refers to clients who pay for their services on a sliding scale.

Pooled funding: Money that comes from multiple organizations (and other sources) to support a given cause.

Prevention and Resiliency: This is one of the main focus areas in Stark County's System of Care Expansion Planning. Stark County is trying to ensure that youth and families have the services and supports they need to stop behavioral health challenges before they start and/or from making them more difficult if someone already has them.

Program Goals: For the Stark County System of Care, program goals include: 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 about mental health, and 6) increasing youth and young adult involvement in the system of care.

Protective Factors: For the purposes of this social marketing and communications plan, protective factors are defined as influences in a person's life that make them less likely to experience a behavioral health challenge or prohibit their existing behavioral health challenges from becoming more difficult.

Red-flag Symptoms: Refer to symptoms in children that strongly suggest the child should be connected to behavioral health services and supports.

Social Marketing: Social marketing is about people. It involves using marketing to change a person's behaviors, beliefs, and/or attitudes. Social Marketing is often confused with social media; social marketing can *use* social media as a place to post marketing materials, but it is *not* the same concept as social media.

Stakeholder: A person or group in the Stark County community that has invested interest in the Stark County System of Care and plays a very important role in ensuring community supports and services are the very best they can be for youth and families.

Stark County System of Care Expansion Planning: The Mental Health and Recovery Services Board (MHR SB) of Stark County received money from Substance Abuse and Mental Health Services Administration (SAMHSA) to make a detailed plan, so that Stark County's System of Care can become better for young people with, or at risk of, behavioral health challenges and their family members. For a little over a year, MHR SB is working with youth, families, and

stakeholders to create this plan and to ensure it is as effective as possible for expanding supports and services for youth and families in the community.

Subcommittee: A group of youth, young adults, family members, and other community members that gather together to talk about and plan how to make the System of Care better for youth and families in Stark County.

System of Care: A System of Care includes young people, families, community members, and stakeholders coming together to make youth with, or at risk of, behavioral health challenges and their family members successful.

Trauma-Informed Care: This is one of the main focus areas in Stark County's System of Care Expansion Planning. Stark County wants to ensure that anyone who works with and/or cares for youth and families is sensitive to the adverse childhood experiences (ACEs) and traumas that a person may or may not have experienced in their life. ***For a more in-depth look at Trauma-Informed Care, please visit the National Council for Behavioral Health's website at <http://www.thenationalcouncil.org/>.**

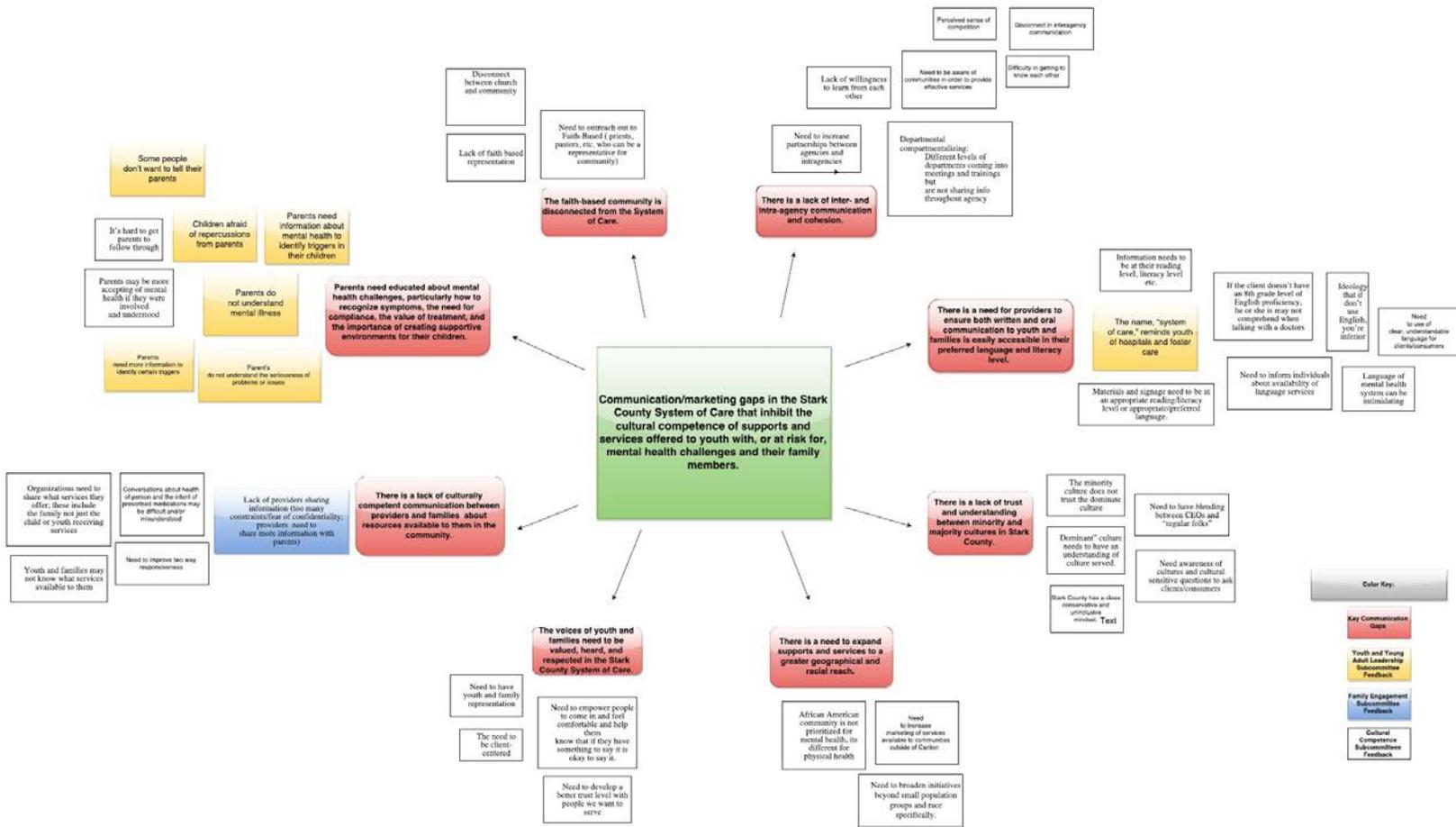
Treatment: This is one of the main focus areas in Stark County's System of Care Expansion Planning. Stark County wants to make sure that youth and families are able to access easily the services and supports they need to keep themselves healthy in all areas of their lives.

Voice: The opinions, thoughts, ideas, experiences, concerns, and questions of youth and their families in the Stark County community.

Youth and Young Adult Engagement: This is one of the main focus areas in Stark County's System of Care Expansion Planning. Stark County wants to ensure that youth and young adults are strongly and actively involved in the System of Care.

Communication/Marketing Gaps

Stark County System of Care Expansion Planning Communication/Marketing Gaps: Cultural Competence



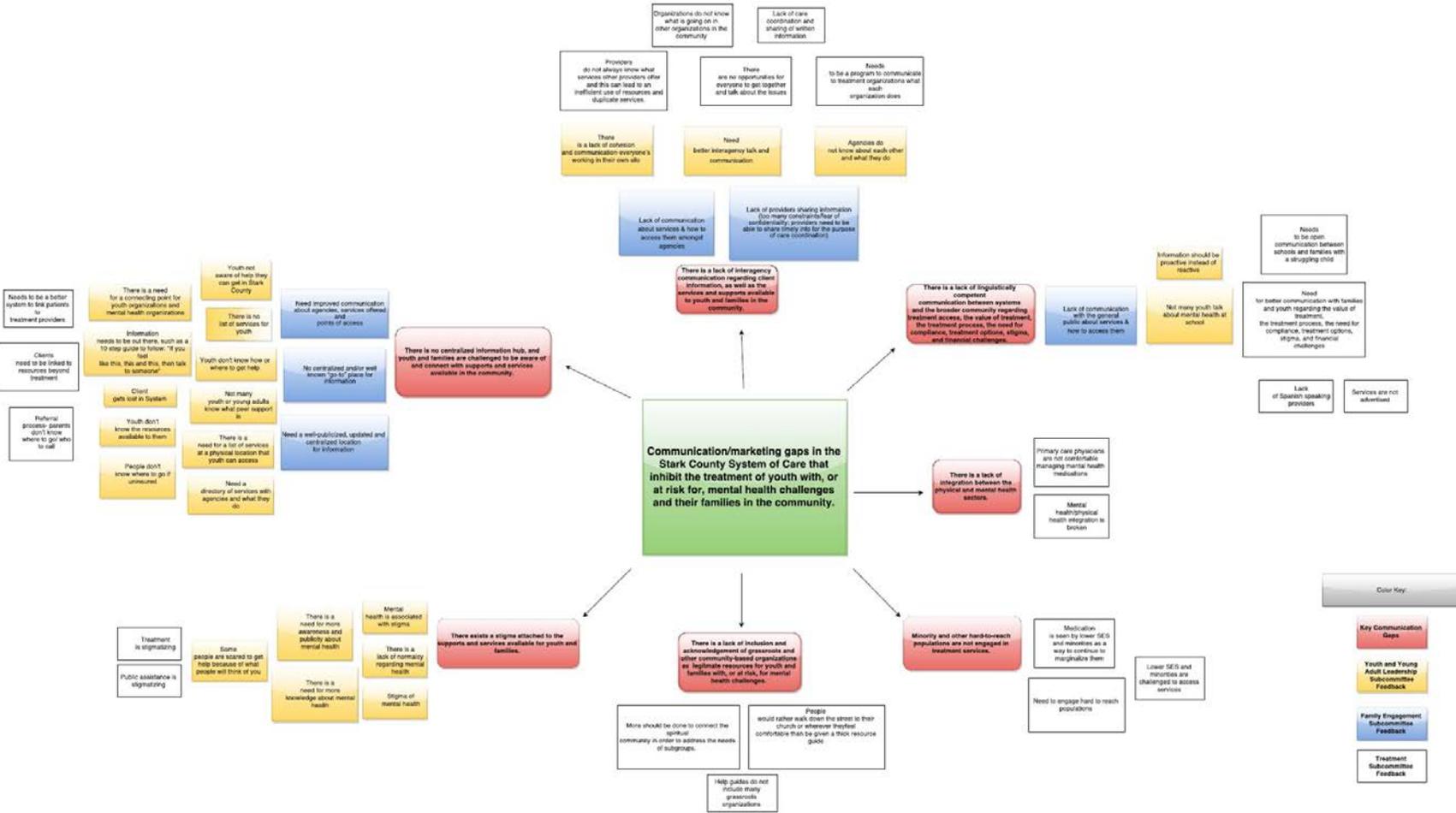
Stark County System of Care Expansion Planning
Communication/Marketing Gaps: Prevention



Color Key:

- Key Communication Gaps
- Youth and Young Adult Leadership Subcommittee Feedback
- Family Engagement Subcommittee Feedback
- Prevention and Resiliency Subcommittee Feedback

Stark County System of Care Expansion Planning
Communication/Marketing Gaps: Treatment



Cultural and Linguistic Competence Plan
 Stark County System of Care
 Cultural and Linguistic Competency Subcommittee

Logic Model
Policy and Practice Implementation Model
Preface

Subcommittee members from cross-sector systems in Child Welfare, Behavioral Health and Substance Abuse, Education, Juvenile Justice, Health, and Foundations were represented and included: NAMI Stark County (National Alliance of Mentally Ill); Stark County Job and Family Services; Stark County Health Department; Stark County Family Council; and a range of Community Based Organizations and such as Stark Social Workers Network; Massillon NAACP; and Faith-Based Organizations to name a few. The vast majority of the CLC subcommittee members are professionals, both practitioners and administrators.

The cultural ethnicity and racial make-up of the group varied but was mostly Caucasian. African Americans comprised of about one-third of the group. Participation also included an adult student learner but as the SOC process concluded, two youth joined the committee. In addition, the group diversified in sub populations with two individuals representing the Deaf community and one Latino/Hispanic joined the subcommittee.

The aim was to inspire subcommittee members and secure a commitment to champion CLC in their agencies, throughout the SOC, and with SOC partners. However, the members learned to appreciate CLC benefits and become informed of legal requirements to properly prepare and promote the adoption of standards designed to ensure compliance. The Georgetown University experts of national renown, Dr. Vivian Jackson and Tawara Goode, presented change process using the Theory of Change approach and practical implementation steps as recommended by the Enhanced CLAS Standards and their procedures.

Just prior to subcommittee midpoint, participants completed a questionnaire to ascertain their CLC self-awareness level. Despite being well-intentioned and professional care providers, the results revealed, as a group, most of the participants scored within a low range on the point scale, indicating a need for growth in CLC knowledge and application. Additionally, CLC members were tasked to identify agency gaps and suggest corrective actions by applying a SWOT analysis to the SOC.

Having gained CLC understanding and articulated an ingrained CLC commitment, the group concluded the SOC planning process meetings by pledging to advocate CLC at their agency and by developing an SOC CLC logic model for SOC CLC implementation.

POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop a governance structure, leadership and infrastructure supports required to deliver or facilitate the delivery of culturally and linguistically competent care.

POLICY GOVERNANCE LEVEL (BOARD OF DIRECTORS AND EXECUTIVE/MANAGEMENT)				
OBJECTIVES	ACTION STEPS	TIME FRAME	PERSON(S) OR AGENCY(IES) RESPONSIBLE	BENCHMARKS
<p>1. Developing Policies * With the understanding boards will develop policies, but not manage them. Executive Officers as such are accountable for carrying out and enforcing policy change.</p>	<p>1. Develop a communication policy • Share with all or other agencies</p> <p>2. Update SOC CLC Plan Annually • All/other agencies provide feedback following quarterly reviews</p> <p>3. Devote resources, training workshops or personnel to oversee • Identify the user (staff/supervisors) and implementation and feedback needs to develop good, comprehensive CLC policies</p>	<ul style="list-style-type: none"> • Within 1 year • Annually • Quarterly 	<ul style="list-style-type: none"> • Board President/CEO • Executive Director/Committee • CFO/Budget Committee 	<ul style="list-style-type: none"> • Timely drafts/approval process – adopt into bylaws within 1 year • Timely draft, review approval process– execute bylaws as amended within 1 year • Increase in CLC staff training hours & opportunities available each quarter; noted in personnel records; measurable increase in staff diversity noted and championed; and increase of training funding annually

<p>2. Accountability</p>	<ol style="list-style-type: none"> 1. Foster CLC learning culture throughout the SOC and agencies (top to bottom within the agency) 2. PR sensitivity sharing with other agencies to develop inclusive marketing materials, ads, brochures, websites, billboards, etc. 3. Identify the demographics – market population, where are needs; Alliance, Canton, Massillon diverse communities 	<ul style="list-style-type: none"> • 3-5 years • Immediate • Within 1 year 	<ul style="list-style-type: none"> • CEO/Program Director/CFO • Each agency PR/Marketing front lines staff • Program/Clinical Directors, Cultural Brokers, and Community Partners 	<ul style="list-style-type: none"> • CLC learning culture confirmed by inclusiveness of all staff within first 3 years • Social media, web page, newsletters and increase awareness in community immediately • Increase demographics by 10% in first year
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PRACTITIONER LEVEL

Role/Responsibility: Implement outreach, engagement, assessment, diagnosis, treatment processes and procedures, and support services that are responsive to and respectful of the family's racial and ethnic cultural traditions, beliefs, values, and preferred language. This section refers to both clinical and non-clinical service providers.

PRACTITIONER LEVEL (DIRECT HEALTHCARE PROVIDER)				
OBJECTIVES	ACTION STEPS	TIME FRAME	PERSON(S) OR AGENCY(IES) RESPONSIBLE	BENCHMARKS
<p>1. Seek education and improve CLC professionalism Actively seek educational and experiential opportunities to improve professional and personal cultural competency</p>	<ul style="list-style-type: none"> • Participate/lead CLC committee at agency and within SOC agencies • Identify trainings/resources online or available to participate and request to participate from supervisor • Attend trainings or seminars or webinars (webinars, conferences & committee meetings) on specific cultural needs; serve as an internal agency resource and report to staff during CLC learning community meetings for staff edification and training participation • Expand knowledge base 	<ul style="list-style-type: none"> • Every 6 months • Regularly (monthly/ every 2 weeks) • Quarterly/monthly contact per year • As often as needed 	<ul style="list-style-type: none"> • Self/supervisor • Committee/chair • Practitioner/Service Provider • Practitioner/Service Provider 	<ul style="list-style-type: none"> • Regular meeting attendance; CLC leadership • Number webinars (related activities) participation hours • Number of meetings attended; promotion of CLC principles, activities and initiatives; quality of clientele interaction rated as appropriate on client surveys and evaluations and clientele increases • Number of contacts made
<p>2. Improve CLC environment Increase and update cultural competence environment (pictures, language, magazines) to meet changing demographics and to make clients feel more comfortable</p>	<ul style="list-style-type: none"> • Assessment of environment; identify needs/deficits and client strengths <ul style="list-style-type: none"> ○ Tool/assessment to identify needs 	<ul style="list-style-type: none"> • First quarter • First quarter 	<ul style="list-style-type: none"> • Individual/CC team or learning community • Individual/CC team or learning community 	<ul style="list-style-type: none"> • Number completed • Number items needed chases replaced

	<ul style="list-style-type: none"> ○ Assessment tool to survey clients ● Make requests for materials/items to make more culturally reflective of clients ● Seek funds to support recommended changes/adaptations <ul style="list-style-type: none"> ○ New cultural sensitive materials ● Survey clients to identify increased satisfaction with environment <ul style="list-style-type: none"> ○ Follow up assessments of clients 	<ul style="list-style-type: none"> ● 2nd quarter after funding request ● Survey 3/4 of client base 	<ul style="list-style-type: none"> ● Individual/CC team or learning community ● Individual/CC team or learning community 	<ul style="list-style-type: none"> ● Number new items identified and produced ● Number of assessments/surveys returned and what responses indicate
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YOUTH/FAMILY LEVEL

Role/Responsibility: Provision of cultural information articulation of community strengths, identification of community supports, and assisting in the development of collaborative relationships among the system of care; providers; children, youth and families; cultural communities, and the community at large in ways that promote cultural and linguistic competence.

YOUTH/FAMILY LEVEL (YOUTH AND FAMILY)				
OBJECTIVES	ACTION STEPS	TIME FRAME	PERSON(S) OR AGENCY(IES) RESPONSIBLE	BENCHMARKS
<p>1. Improve accessibility; meet family needs Open up the system to really meet the needs of our families</p>	<ul style="list-style-type: none"> • Create subcommittee of leaders to go into communities to show objective to teach cultural competency in community; utilize cultural brokers • Respect families and youth • Community forum to make aware the needs in the community 	<ul style="list-style-type: none"> • Year (6 months review) 	<ul style="list-style-type: none"> • Personnel and Human Resources; BOD approves and accepts into bylaws • Get input from families and youth (individuals receiving services) 	<ul style="list-style-type: none"> • Drafts/approval process is timely – adopt into bylaws • Drafts/approval process is timely – adopt into bylaws • Diversity of staff increase training hours and increase of funding annually
<p>2. Facilitate client system utilization Educate and make aware in using the system to determine the needs of the youth and families</p>	<ul style="list-style-type: none"> • Create youth/ family focus groups to ascertain what works and what does not • Survey youth/families on what improvements would create supportive environment; then, incorporate changes 	<ul style="list-style-type: none"> • Develop activities and process within 1 year • Implement during year 2 	<ul style="list-style-type: none"> • All staff contribute to process to generate input from youth and family • Practitioners and Program Coordinators ensure youth and families fully participate 	<ul style="list-style-type: none"> • Inclusiveness of entire staff within first 3 years • Social media, web page, newsletters and increase awareness in community immediately • Increase demographics by 10% in first year

Appendix A
System of Care Expansion Teams: Descriptions and Objectives

System of Care Expansion Teams: Descriptions and Objectives

System of Care Grant Management Team

- I. Responsible for ensuring that grant fiscal responsibilities, timelines, contracts, and expectations are in order.

System of Care Core Expansion Leadership Team

- I. Responsible for:
 - i. Advising and ensuring an inclusive and comprehensive System of Care Expansion Strategic Planning process for our Stark County children and youth with serious emotional disturbances and their families
 - ii. Ensuring that our planning process and our complete strategic plan reflects:
 1. The updated System of Care Concept and Philosophy (definition, core values, and guiding principles)
 2. The information gathered from our planning team members and subcommittees
 3. The voices and interest of the youth, young adults, and families

System of Care Expansion Planning Team

- I. Responsible for developing and supporting the strategic plan

System of Care Subcommittees

Trauma-Informed Care Learning Communities

- i. All Learning Communities will complete an Organizational Self-Assessment and Performance Monitoring Tool to measure progress of the Learning Community during the Expansion Planning process, along with coaching calls and webinars from the National Council for Behavioral Health.
- ii. According to the National Council for Behavioral health, Trauma-Informed Care learning communities are responsible for:
 1. Providing a safe, calm and secure environment with supportive care
 2. Having a system wide understanding of trauma prevalence, impact and trauma-informed care Understanding cultural competence into trauma-informed practices
 3. Understanding consumer voice, choice and self-advocacy
 4. Providing recovery, consumer-driven and trauma specific services
 5. Establishing healing, hopeful, honest and trusting relationships

Cultural Competency

- i. The Cultural Competence Subcommittee will be responsible for:
 1. Ensuring the System of Care Expansion Planning Team adopts a strategic approach to increase Cultural and Linguistic Competence of service and supports delivered to children youth and families, eliminate or reduce cultural, racial, and ethnic or geographical racial disparities and a sensitivity and appreciation for diversity and cultural issues throughout the system of care.
 2. Formulating a plan that will implement cultural and linguistic competence practices within the following six domains:

- a. Governance and Organization infrastructure (e.g. policy, financing, and budget board composition selection development and accountability)
- b. Services and supports
- c. Planning and continuous quality improvement
- d. Collaboration
- e. Communication
- f. Workforce development

Social Marketing

- i. Responsible for assisting the Stark County System of Care Expansion Planning process in achieving the following goals:
 - 1. To develop social media strategies that:
 - a. Encourage the involvement of youth and their families in the System of Care Expansion Planning process
 - b. Invite the community to participate in an open-forum discussion, which generate citizen-feedback about the System of Care Expansion Planning process
 - c. Demonstrate flexibility in structure to ensure their continuous quality improvement
 - 2. To ensure that the uniform message released on social media about the intention of the System of Care Expansion Planning process remains youth-guided and is consistent with SAMHSA’s guidelines
 - 3. To ensure that the mobile site and quick response (QR) code created and used for the System of Care Expansion Planning process reflects youth and family voices.
 - 4. To organize resources and materials that may assist stakeholders in creating, revising, and/or updating communication technology policies for their respective organizations.

Prevention and Resiliency

- i. Increase availability and emphasize importance of prevention and treatment for youth and young adults.

Youth and Young Adult

- i. Incorporate the voices of youth, young adults, and family members who can advocate for themselves and the needs of Stark County.

Family Support and Empowerment

- i. Strengthen supportive services for youth and young adults, and develop youth, young adults, and family members’ self-advocacy skills.

Treatment (coordination, access, evidence based standards, managed care)

- i. This team aims to create strategies to improve coordination of care and access to care for youth, young adults and families using evidence based standards.

Appendix B
Governance Diagram

Governance Diagram

System of Care Grant Management Team

Mental Health and Recovery Services Board of Stark County (MHRSB)	Facilitation Team Kent State University, College of Public Health	Evaluation Team Kent State University, College of Public Health, Center for Public Policy and Health
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System of Care Core Expansion Leadership Team

Patti Fetzer (Project Director), Jessica Zavala (Grant Coordinator), Stephanie Kutcher (MHRSB Client Services Coordinator), Joy Raub (MHRSB Young Adult Consultant), Remel Moore (Coming Together Stark), Janice Houchins (Executive Director of Stark County Family Council), Rick Shepler (Ph.D., Senior Research Associate at Case Western Reserve University), KSU Facilitation and Evaluation teams, Dr. Anju Mader (Treatment Subcommittee Chair), Honorable Judge Howard (Trauma-Informed Care Subcommittee Chair)

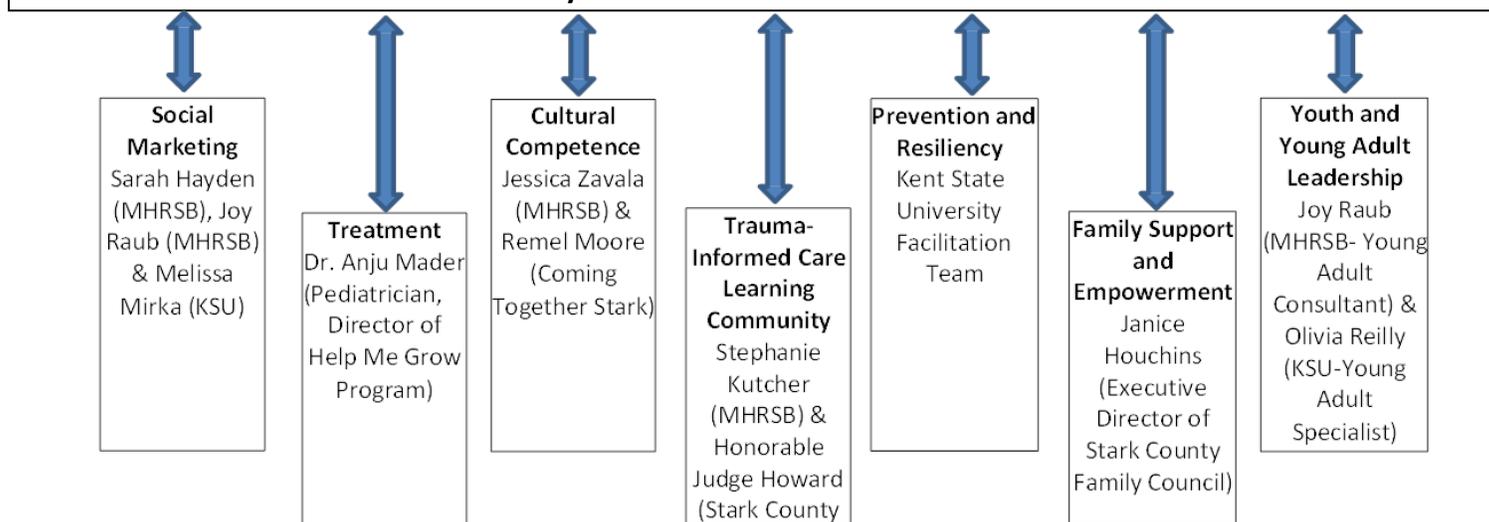


System of Care Expansion Planning Team

Representatives of: Behavioral Health Organizations (mental Health and substance abuse), Department of Job and Family Services, Board of Developmental Disabilities, Youth and Family Organizations, Neighborhood and Culturally based Organizations, Health Departments, City Leaders, Schools, Early Childhood Resource Center, Criminal Justice Organizations, Homelessness Representatives, Local Foundations, OhioMeansJobs, YWCA, United Way Greater Stark County, Hospitals, Primary Care, Youth and Young Adults, and Family Members.



System of Care Subcommittees



Appendix C
Monthly E-Newsletters

Volume 1, Issue 1

MONTHLY E-NEWSLETTER

VOLUME 1, ISSUE 1

**STARK COUNTY
SYSTEM OF CARE
EXPANSION PLANNING**

FEBRUARY 27, 2015

**WHAT'S NEW WITH
THE STARK COUNTY SYSTEM OF CARE?**

INSIDE THIS ISSUE:

- WHAT'S NEW WITH THE STARK COUNTY SYSTEM OF CARE?** 1
- CULTURAL COMPETENCE** 2
- TRAUMA-INFORMED CARE** 2
- SOCIAL MARKETING** 2
- FAMILY EMPOWERMENT/ YOUTH AND YOUNG ADULT** 3
- PREVENTION/ TREATMENT** 3
- MEET THE CORE EXPANSION LEADERSHIP TEAM** 4

GRANT LEADERSHIP

Grant Director:
Patti Fetzer

Grant Coordinator:
Jessica Zavala

Grant Facilitator and Evaluator:
The College of Public Health at Kent State University

Local Cultural Competence Consultant:
Remel Moore

Young Adult Consultant:
Joy Raub

Trauma-Informed Care Lead:
Stephanie Kutcher



Welcome to our new monthly e-newsletter! The Mental Health and Recovery Services Board (MHR SB) of Stark County will issue an update every 4th Thursday of the month about what is happening here in Stark County with our System of Care Expansion Planning Grant.

What is the System of Care Expansion Planning Grant?

MHR SB has been awarded a one-year Planning Grant for the Expansion of the

Comprehensive Community Mental Health Services for Children and their Families by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. This grant is being used to involve youth, families, child and family organizations, and the community in creating a culturally and trauma-informed comprehensive strategic plan (or map of coordinated services and supports) for children, youth,

and families with or at risk for mental health challenges in Stark County.

What is a System of Care?

Youth, families, and the community coming together to assist youth with behavioral health issues and their families by:

1. Improving the existing services available to them.
2. Improving access to these services.
3. Expanding services to reflect their cultural, racial, ethnic, and linguistic needs.

RECENT AND UPCOMING PLANNING EVENTS

Recent	February 17	March 12	March 19 (3:30-5:00 PM)
January 26	Webinar on Domain 6: "Creating Community"- National Council for Behavioral Health	Cultural Competence Subcommittee Information Distribution	First Prevention and Resiliency Subcommittee Meeting
"Culture and Trauma" Webinar- National Council for Behavioral Health	Upcoming	March 13	March 26 (3:30-5:00 PM)
February 9	March 12 (1:45-4:45PM)	Premiere of Social Marketing videos at the MHR SB Annual Conference	Youth and Young Adult Leadership Meeting
Cultural Competence Visioning and Action-Planning Forum- Georgetown National Center for Cultural Competence	Ethics and Cultural Competence presentation at the MHR SB Annual Conference*	March 5 (3:30-5:00PM)	April 1 (11:30-1PM)
		Social Marketing E-Kickoff!	Cultural Competence Webinar on National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare
		March 5 (3:30-5:00PM)	
		First Treatment Subcommittee Meeting	

*Fees may apply

CULTURAL COMPETENCE

The MHR SB is excited to have already begun the planning efforts with the nationally recognized Georgetown National Center for Cultural Competence, along with the Executive Director of Coming Together Stark County to improve and promote Cultural Competence and CLAS standards in the following six domains:

1. Governance and Organizational Infrastructure

2. Services and Supports
3. Planning and Continuous Quality Improvement
4. Collaboration
5. Communication
6. Workforce Development

We look forward with their expertise of exploring and defining Cultural Competence on the macro and micro level, both in policy and practice, and as a part of services within Stark County's System of Care. Cultural Competence within a System of Care is defined as:

"the integration of knowledge, information, and data about individuals and groups of people into clinical standards, skills, service approaches and supports, policies, measures, and benchmarks that align with the individual's or group's culture and increases the quality, appropriateness, and acceptability of healthcare and outcomes" (Technical Assistance Partnership for Child and Family Mental Health, Cross et al., 1989).

Pictured (from left to right) is Jessica Zavala and Stark State College student, Carole Jivens at the Cultural Competence Visioning and Action-Planning Forum on February 9th.



Upcoming events with Georgetown includes an onsite planning strategy in May to address reducing and eliminating disparities in Behavioral Health.

TRAUMA-INFORMED CARE

Thirteen organizations have applied to join the National Council's Trauma-Informed Care Learning Community, and will work directly with the National Council on becoming more trauma-informed. Those organizations are: [Coleman Behavioral Health](#); [Phoenix Rising Behavioral Health & Recovery, Inc.](#); [Stark County TASC](#); [Community Services of Stark County](#); [Child & Adolescent Behavioral Health](#); [Lifecare Family Health &](#)

[Dental Center](#); [Domestic Violence Project, Inc.](#); [Crisis Intervention and Recovery Center, Inc.](#); [Stark County Family Court](#); [Stark County Job & Family Services](#); [Stark County Board of Developmental Disabilities](#); [Stark Social Workers Network](#); and [The Mental Health and Recovery Services Board of Stark County](#).

The National Council will utilize their assessments and tools to measure each organization's progress in

improving the seven domains of Trauma-Informed Care.

If anyone is interested in joining the Trauma-Informed Care Learning Community, and their organization is one of the 13 that already applied, they can consult internally with their organization.

Thirteen Stark County organizations are currently working with the National Council to become more trauma-informed.

SOCIAL MARKETING



MHR SB is very excited to announce a partnership with local media company, Bumble Media, to produce a video about Stark County's System of Care Expansion Planning process. The purpose of this video is to encourage feedback from Stark County

youth and family members in order to identify gaps within the current System. Bumble Media is owned and operated by Wade Clark, a University of Mount Union (UMU) student, and Josh Clemence, a marketing graduate of UMU (2014).

MHR SB is also pleased to announce Alliance High

School's participation in this planning process. Students of this school are producing a video that explains the Expansion Planning subcommittees in detail.

Both of these videos will premier at the MHR SB Annual Conference on March 13, 2015, and will be distributed via email the following day to prospective System of Care Expansion Planning participants.



Wade Clark
Video Production Specialist



Josh Clemence
Creative Marketing Analyst

FAMILY EMPOWERMENT*YOUTH AND YOUNG ADULT

Family Empowerment

This subcommittee focuses primarily on incorporating the voices of family members of youth and young adults with or at risk for mental health challenges in Stark County who can advocate for their own needs in the System of Care. Participants will be asked for input on ways to 1) better engage family members in decisions involving their care 2) involve family members in planning activities for the expansion of the System of

Care, and 3) ensure family members have a voice about the services provided to them.

Youth and Young Adult

This subcommittee focuses primarily on incorporating the voices of youth and young adults with or at risk for mental health challenges in Stark County who can advocate for themselves and their needs. Participants will be asked for input on ways to 1) better engage youth and young adults in decisions involving their care 2) involve youth in planning

activities for the expansion of the System of Care, and 3) ensure youth have a voice and choice in the services and supports provided to them.

Lastly, this subcommittee will organize resources and materials that may assist stakeholders in creating, revising, and/or updating youth and family engagement strategies for their respective organizations.

PREVENTION AND RESILIENCY*TREATMENT

Prevention

This subcommittee focuses primarily on creating improved prevention and resiliency strategies for youth with or at risk for mental health challenges and their families in Stark County. Participants will be asked to help develop strategies to 1) develop a complete System of Care that addresses the prevention, promotion, and

resiliency of mental health, 2) promote resiliency while reducing and preventing risk factors for mental illness, and 3) foster resiliency at all levels of mental health care for youth, young adults, and families using evidence-based standards.

Treatment

This subcommittee focuses primarily on creating improved treatment

strategies for youth with or at risk for mental health challenges and their families in Stark County. Participants will be asked to help develop treatment strategies that 1) improve coordination of care 2) improve access to care 3) ensure that services are culturally and linguistically competent, and 4) individualized for youth, young adults and families using evidence-based standards.

The voices of youth, young adults, and family members matter.

DID YOU KNOW...

...the last time the Mental Health and Recovery Services Board of Stark County was awarded a grant to improve its System of Care was in the 1990s when Stark was only one of two counties in Ohio chosen to participate?

MEET THE CORE EXPANSION LEADERSHIP TEAM



Patti Fetzer
Grant Director



Jessica Zavala
Grant Coordinator



Stephanie Kutcher
Trauma-Informed Care
Lead



Janice Houchins
Stark County
Family Council



Remel Moore
Local Cultural
Competence Consultant



Joy Raub
Young Adult Consultant



Dr. Jeff Hallam
Kent State University,
College of Public Health



Melissa Mirka
Kent State University,
College of Public Health



Ryan Tingler
Kent State University,
College of Public Health

Volume 1, Issue 2

MONTHLY E-NEWSLETTER

VOLUME 1, ISSUE 2

**STARK COUNTY SYSTEM
OF CARE EXPANSION
PLANNING**

MARCH 26, 2015

WHAT'S NEW WITH THE SYSTEM OF CARE?

INSIDE THIS ISSUE:

WHAT'S NEW WITH SYSTEM OF CARE? 1

RECENT AND UPCOMING EVENTS 1

CULTURAL COMPETENCE 2

TRAUMA-INFORMED CARE 2

SOCIAL MARKETING 2

FAMILY EMPOWERMENT/ YOUTH AND YOUNG ADULT 3

PREVENTION/TREATMENT 3

Welcome to our monthly e-newsletter! The Mental Health and Recovery Services Board (MHRSB) of Stark County will issue an update every month about what is happening here in Stark County with our System of Care Expansion Planning Grant.

What is the System of Care Expansion Planning Grant?

MHRSB was awarded a one-year Planning Grant for the Expansion of the Comprehensive Community Mental Health Services for Children and their Families by the Substance Abuse and Mental Health Services Administration

(SAMHSA), Center for Mental Health Services. This grant is being used to involve youth, families, child and family organizations and the community in creating a culturally and trauma-informed comprehensive strategic plan (or map of coordinated services and supports) for children/ youth with, or at risk of, mental health challenges and their families in Stark County.

What is a System of Care?

Youth, families and members of the community coming together to assist youth with, or at risk

of, behavioral health challenges and their families by:

- Ensuring youth and families have a strong voice in deciding services and supports for youth, which allow them to remain in their communities and homes.
- Ensuring the services and supports available to youth and families reflect their cultural and linguistic needs.

(<http://www.tepartnership.org/SOC/SOCvalues.php>)



RECENT AND UPCOMING PLANNING EVENTS

GRANT LEADERSHIP

Grantor:
Substance Abuse and Mental Health Services Administration

Grantee:
Mental Health and Recovery Services Board of Stark County

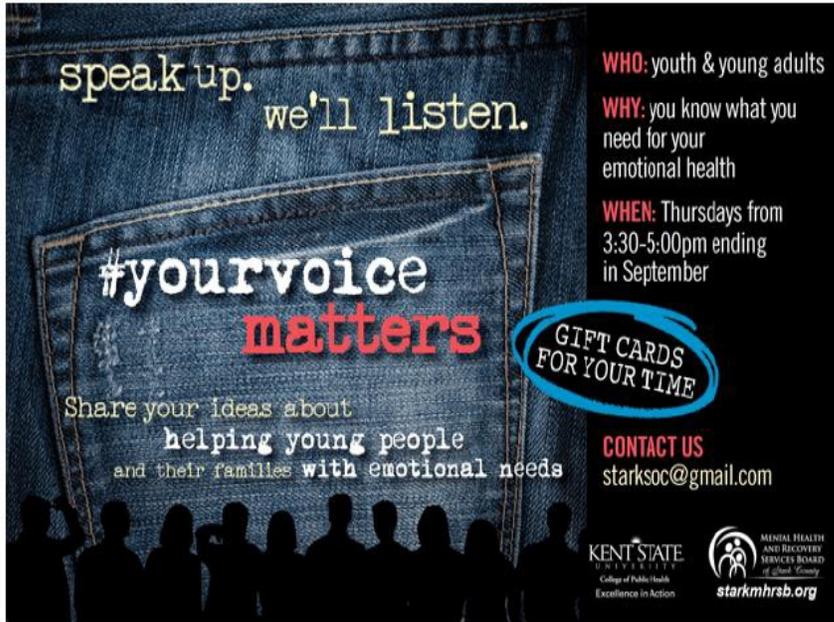
Grant Facilitator/Evaluator:
The College of Public Health at Kent State University

Grant Director:
Patti Fetzer

Grant Coordinator:
Jessica Zavala

Recent	March 5	Appropriate Services in Health and Healthcare	April 23 (2:00-3:30PM)
March 12	First Treatment Subcommittee Meeting	April 2 (3:30-5:00PM)	Youth and Young Adult Subcommittee Meeting
Ethics and Cultural Competence presentation at the MHRSB Annual Conference	March 19	Treatment Subcommittee Meeting	May 27 (Save the Date!)
March 12	First Prevention and Resiliency Subcommittee Meeting	April 9 (2:00-3:30PM)	Georgetown National Center for Cultural Competence On-site Disparities Review (Details Forthcoming)
Cultural Competence Subcommittee Information Distribution	March 26	Cultural Competence Subcommittee Meeting	May 28
March 13	Youth and Young Adult Leadership Meeting	April 9 (3:30-5:00PM)	Executive Discussion All-day Forum
#youthvoice video premiere at the MHRSB Annual Conference	Upcoming	Social Marketing Subcommittee Meeting (3:30-5:00 PM)	
	April 1 (11:30-1:00PM)	April 16 (3:30-5:00PM)	
	Cultural Competence Webinar on National Standards for Culturally and Linguistically	Prevention and Resiliency Subcommittee Meeting	

YOUTH AND YOUNG ADULT LEADERSHIP



We are currently seeking youth and young adult participation in our Expansion Planning Subcommittees. If you know of anyone who may be interested in joining, please have them contact StarkSOC@gmail.com for more information.

In addition, youth and family members are encouraged to share their ideas about the gaps they see in the current System of Care at any time by using the Facebook hashtag #yourvoice.

PREVENTION AND RESILIENCY * TREATMENT

We had our first subcommittee meetings for the Prevention & Resiliency committee as well as for the Treatment committee this month! Thank you to all who have participated in the meetings thus far.

At their first meeting, the Prevention and Resiliency subcommittee discussed different ways that they could improve prevention within Stark County while remaining youth and family focused. Topics that were discussed include: Decreasing

Stigma and Increasing Awareness of signs and symptoms. Also, the committee discussed factors and barriers that maybe encountered during the process. Our next meeting will be held on April 16th, 2015.

The Treatment Subcommittee also discussed ways that treatment could be improved in Stark County while remaining youth and family focused. Topics explored during the meeting include: Tele-Psychiatry, Reimbursement in all aspects, a disconnect between mental and

physical health, and examples from other states that combine mental and physical health. Our next meeting will be held on April 4th, 2015.

The Prevention and Resiliency subcommittee as well as the Treatment subcommittee hit the ground running! We are excited to see what is going to become of these committees and how they are going to improve the system of care! If you are still interested in joining either committee please email starksoc@gmail.com for more information.

SOCIAL MARKETING



Pictured above: Lauren Mitchell (local poet)

The Social Marketing dimension of this grant is continuing to blast off with creative new ways of engaging youth, young adults, and family members to solicit feedback

about the gaps they perceive and have experienced in the current Stark County System of Care.

Local college student, Lauren Mitchell, performs spoken word poetry about lived behavioral health experiences in a compelling new trailer filmed by Bumble Media of Stark County. This video was premiered at the MHR SB Annual Conference on March 12 and is the first of a series of marketing tools that will be used to

destigmatize mental illness and invite youth and family members to share their ideas about the System of Care using the Facebook hashtag #yourvoice.

A second video that describes the experiences of local mother, Kim Knight, will be released in the near future, as well as an informative video about our Expansion Planning subcommittees, which was filmed by Alliance High School students of Channel 11.

Pictured below: Michael Woodson (Channel 11) and Patti Fetzer (MHR SB) making video edits



Special thank to Bumble Media, Lauren Mitchell, Kim Knight, and Alliance High School for making these videos possible!

TRAUMA-INFORMED CARE

The 12 child- and family-serving organizations that have applied to participate in the Stark County Trauma-Informed Care Learning Community are continuing to work with Cheryl Sharp and Karen Johnson from the [National Council for Behavioral Health](#) on improving the 7 domains of trauma-informed care within their own organization. According to the National Council, The 7 domains of trauma-informed care are:

early screening and assessment, consumer-driven care and services, nurturing a trauma-informed and responsive workforce, evidence-based and emerging best practices, creating safe environments, community outreach and partnership building, and ongoing performance improvement and evaluation.

To date, the Learning

Community has participated in one collective face-to-face kickoff meeting and one coaching call per organization with the National Council. Webinars presented to the Learning Community have included the kickoff of the Learning

Community; engaging and listening to children and adolescents; culture and trauma; community outreach and partnership building; and ongoing performance improvement and evaluation.



CULTURAL COMPETENCE

April is National Minority Health Month! During National Minority Health Month, the Office of Minority Health (OMH) and its partners join together to raise public awareness about health and health care disparities that continue to affect racial and ethnic minorities and efforts to advance equity.

Please join us in a webinar titled "An Overview of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care", presented by The National Center for Cultural Competence, Georgetown University Center for Child and Human Development on April 1, 2015 -11:30am-1pm EST. This webinar is designed specifically for all organizations involved in

the Stark County System of Care Expansion activities and, additionally, is applicable to all health and mental health service providers. This webinar is of particular value to executives and managers of service providing organizations. The National CLAS Standards focus on policies, practices and structures that promote and sustain culturally and

linguistically appropriate services. (Every professional should be aware of best practices in service delivery; and, to this end, the webinar will be of value to supervisors, direct service practitioners, family members, young adults and youth advocates). You may register for this webinar by [clicking here](#). Please note if you are unable to attend, still register, and then a copy of the webinar can be sent to you.



DID YOU KNOW...

- ...attitudes about mental illness and mental health services can affect the use of services? Among Hispanic Americans with a mental disorder, fewer than 1 in 11 contact a mental health specialist, while fewer than 1 in 5 contact general health care providers. Even fewer Hispanic immigrants seek these mental health services.
- ...poverty level affects mental health status? African Americans living below the poverty level, as compared to those over twice the poverty level, are 3 times more likely to report psychological distress. African Americans are 20% more likely to report having serious psychological distress than Non-Hispanic Whites.
- ...mental health problems in the Asian American community are alarmingly high, yet its services are inadequate? For example, Asian American adolescent girls reportedly have the highest rates of depressive symptoms compared to girls of other ethnicities. In addition, many Southeast Asian refugees are at risk of Post-Traumatic Stress Disorder (PTSD) associated with trauma experienced before and after immigration to the United States.

For more information, including sources cited, please contact Project Coordinator, **Jessica Zavala**, at jzavala@starkmhrs.org.

Sources:

- <http://www.aahinfo.org/english/asianAmericans.php>
- www.psychiatry.org/.../DiversityResources/Fact-Sheet-Latinos.pdf
- <http://www.cdc.gov/minorityhealth/populations/REMP/black.html>

ADDITIONAL RESOURCES

The following resources are provided by the Technical Assistance Partnership for Child and Family Mental Health and Georgetown National Technical Assistance Center for Children's Mental Health.

Articles

- **"It Really Might 'Get Better' for LGBT Teens"**
Examines behavioral health outcomes of 231 racially diverse LGBT young adults (ages 16-20) from Chicago. [Click here](#) to read more.
- **"Surviving the Streets of New York"**
Examines the experiences of 283 LGBTQ youth, YMSM, and YWSR from NYC engaging in survival sex. [Click here](#) to read more.

Listserves

- **LGBTQI2-S National Workgroup**
To sign up for this listserv, send an email with "LGBT Youth" in the body and a blank subject line to:
LISTSERV@LISTSERV.AIR.ORG

Webinars

- **Cross Agency Support and Participation in the SOC Approach**
(Thursday, April 16, 1:00-2:30PM)
[Click here](#) to register.

- **Monitoring of Psychotropic Medications in Children and Youth**
(Thursday, April 16, 2-3:30 PM)
[Click here](#) to register.
- **Effective Supervision Strategies for Parent Support Providers**
(Monday, June 8, 2:00-3:00 PM)
[Click here](#) to register.
- **Community of Practice for Young Adults Utilizing Lived Experience Professionally**
(Thursday, April 9, 1:00-2:30PM)
[Click here](#) to register.

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING RESOURCE HUB

For more information about the Stark County System of Care Expansion Planning Grant, including access to subcommittee resources, events, and research, please visit:

<http://www2.kent.edu/publichealth/starkcountySOCgrant.cfm>

MONTHLY E-NEWSLETTER

VOLUME 1, ISSUE 3

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING

APRIL 30, 2015

APRIL UPDATE: WHAT'S NEW WITH THE SYSTEM OF CARE?

INSIDE THIS ISSUE:

- WHAT'S NEW WITH SYSTEM OF CARE?** 1
- RECENT AND UPCOMING EVENTS** 1
- YOUTH AND YOUNG ADULT/FAMILY** 2
- PREVENTION/TREATMENT** 2
- SOCIAL MARKETING** 2
- TRAUMA-INFORMED CARE** 3
- CULTURAL COMPETENCE** 3

Welcome to our monthly e-newsletter! The Mental Health and Recovery Services Board (MHRSB) of Stark County will issue an update every month about what is happening here in Stark County with our System of Care Expansion Planning Grant.

What is the System of Care Expansion Planning Grant?

MHRSB was awarded a one-year Planning Grant for the Expansion of the Comprehensive Community Mental Health Services for Children and their Families by the Substance Abuse and Mental Health Services Administration

(SAMHSA), Center for Mental Health Services. This grant is being used to involve youth, families, child and family organizations and the community in creating a culturally and trauma-informed comprehensive strategic plan (or map of coordinated services and supports) for children/ youth with, or at risk of, mental health challenges and their families in Stark County.

What is a System of Care?

Youth, families and members of the community coming together to assist youth with, or at risk

of, behavioral health challenges and their families by:

- Ensuring youth and families have a strong voice in deciding services and supports for youth, which allow them to remain in their communities and homes.
- Ensuring the services and supports available to youth and families reflect their cultural and linguistic needs.

(<http://www.tapartnership.org/SOC/SOCvalues.php>)



GRANT LEADERSHIP

Grantor:
Substance Abuse and Mental Health Services Administration

Grantee:
Mental Health and Recovery Services Board of Stark County

Grant Facilitator/Evaluator:
The College of Public Health at Kent State University

Grant Director:
Patti Fetzer

Grant Coordinator:
Jessica Zavala

RECENT AND UPCOMING PLANNING EVENTS

RECENT

<p>April 1 (11:30-1:00PM) Cultural Competence Webinar on National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare</p> <p>April 2 (3:30-5:00PM) Treatment Subcommittee Meeting</p> <p>April 9 Cultural Competence Subcommittee Meeting (2:00-3:30PM)</p> <p>Social Marketing Subcommittee Meeting (3:30-5:00PM)</p>	<p>April 16 (3:30-5:00PM) Prevention and Resiliency Subcommittee Meeting</p> <p>April 23 (2:00-3:30PM) Youth and Young Adult Subcommittee Meeting</p> <p>UPCOMING</p> <p>May 7 *Expansion Planning Team Meeting at KSU* (CANCELED)</p> <p>National Children's Mental Health Awareness Day Live Event</p>	<p>Treatment Subcommittee Meeting (3:30-5:00PM)</p> <p>May 14 Cultural Competence Subcommittee Meeting (2:00-3:30PM)</p> <p>Social Marketing Subcommittee Meeting (3:30-5:00PM)</p> <p>May 21 (3:30-5:00PM) Prevention and Resiliency Subcommittee Meeting</p> <p>May 27 Georgetown National Center for Cultural</p>	<p>Competence Onsite Planning to Reduce Behavioral Health Disparities All-day Forum</p> <p>May 28 Executive Discussion Forum</p> <p>Youth and Young Adult Subcommittee Meeting (2:00-3:30PM)</p> <p>June 2 (8:30AM-4:30PM) Trauma-Informed Care: Face-to-Face Mid-year Meeting</p> <p>June 3 (8:30AM-4:30PM) Stark County Trauma-Informed Care Training</p>
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www.starkmhrsb.org/yourvoice * [KSU Resource Hub](#)

YOUTH AND YOUNG ADULT/FAMILY (UPDATES)

We had our first subcommittee meeting with the Family Council Family Empowerment Committee, as well as the first meeting of the Youth and Young Adult Subcommittee this month!

At the first meeting with the Family Council Family Empowerment Committee, participants gave input and

discussed the strengths and challenges of the Stark County System of Care from a family's perspective. Some of the strengths identified were the array of available services, motivation among Stark County to improve the system, and the willingness of the Family Empowerment Committee to learn more about and share ideas for the System

of Care. Challenges identified included the need for a central hub of information of services, better engagement with school systems, and an in-county stabilization unit for youth.

The Youth and Young Adult Subcommittee discussed the strengths and challenges of the System of Care. Topics explored

facility. Please feel free to join us at our next meeting on May 26th, 2015.

For more in-depth information about the Family Empowerment and Youth and Young Adult Leadership Subcommittees, including meeting minutes, please check out the key notes document on [the hub!](#)

Speak up. We'll listen.

#yourvoice matters

Share your ideas about helping young people in Stark County

WHO: Families of youth & young adults with, or at-risk of, mental health challenges
WHY: You know what would help you get the care needed for your family member
WHEN: Thursdays from 3:30-5:00pm ending in September

CONTACT US
 starksoc@gmail.com
 330-430-3950
 starkmhrs.org/yourvoice

KENT STATE UNIVERSITY
 College of Public Health
 Excellence in Action

MENTAL HEALTH AND RECOVERY SERVICES BOARD
 of Stark County
 starkmhrs.org

PREVENTION AND RESILIENCY/ TREATMENT

We had our second meeting for the Prevention & Resiliency Subcommittee, as well as for the Treatment Subcommittee this month where participants conducted a SWOT analysis to determine the strengths, weaknesses, opportunities, and threats in regards to treatment and prevention in Stark County. Both of our committees have been growing in number,

providing great input, and seeking ways to improve the System of Care in Stark County.

Thank you to everyone for your continuous help and support. We are excited to meet again next month! Please feel free to join us and bring others, especially families and youth, to the next Treatment

Subcommittee meeting on May 7th, 2015 and also to the Prevention and Resiliency Subcommittee meeting on May 21st, 2015.

For more in-depth information about the Prevention and Resiliency and Treatment Subcommittees, including meeting minutes, please check out the key notes document on [the hub!](#)

SOCIAL MARKETING (UPDATE)

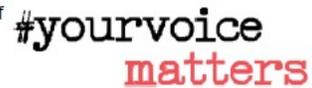
The Social Marketing Subcommittee held its first meeting on April 9th at the Kent State University, Stark Campus. The #yourvoicematters videos were shown, followed by a discussion about better ways to engage youth, young adults, and family members in both this Expansion Planning project and the Stark County System of Care for the coming years. This meeting included the participation of many

community stakeholders, young adults, and Barb Huff from the Technical Assistance Partnership for Child and Family Mental Health. We are hoping to have more youth and family members at the next meeting on May 14th, so if you know of anyone who may be interested in attending, please have them contact StarkSOC@gmail.com and watch our [family](#) and [youth](#) videos on YouTube.

In addition, the MHR SB is excited to announce it has entered the #yourvoicematters youth video into the Excellence in Community Communications and Outreach (ECCO) Recognition Program, which is designated for System of Care grantees and is sponsored by SAMHSA's Caring for Every Child's Mental Health Campaign of the Comprehensive Community Mental Health

Their Families Program. For more information about this program, please visit: <http://www.samhsa.gov/children/ecco-recognition-program>

For more in-depth information about the Social Marketing Subcommittee, including meeting minutes, please check out the key notes document on [the hub!](#)



TRAUMA-INFORMED CARE (UPDATE)

The Trauma-Informed Care Learning Community has recently completed a webinar on Domain 1: Screening and Assessment, as well as one cohort call. Cohort calls include a conference call with Cheryl Sharp and all of the organizations

she has been working with, and one with Karen Johnson and all of the organizations she has been working with. Progress was reported out, and questions and feedback were shared. Cheryl and Karen report that the Stark County Learning

Community is running smoothly, responsively, and that they are quite impressed!

Cheryl Sharp and Karen Johnson will be back in Stark County on June 2nd and 3rd, 2015. June 2nd will be the mid-year meeting



solely for the 12 organizations in the Trauma-Informed Care Learning Community. June 3rd will be a trauma-informed care training that will be open for anyone in the community to attend. Details on both of these events will be forthcoming.

CULTURAL COMPETENCE (UPDATE)

The Cultural Competence Subcommittee, including community stakeholders and youth, met on April 9th at the KSU, Stark Campus. At this meeting, participants primarily reviewed the Cultural Competency Survey that had been distributed to the subcommittee's participants. Suggestions for other surveys were

discussed by the subcommittee, including the need to adjust the reading level of this survey and other surveys for youth and families with limited English language proficiency. Also suggested was that the survey be administered from the perspective of youth and family members. Participants reviewed

Standard 1 of the CLAS (Culturally and Linguistically Appropriate Services) Standards, identifying the need for organizations to implement CLAS within their organizations or agencies.

Please [click here](#) to access the webinar from April 1st on National Standards for Culturally and Linguistically

Appropriate Services in Health and Healthcare.

Also, you may [register here](#) for the all-day, on-site planning forum titled *Reduce Behavioral Health Disparities* that will be facilitated by Georgetown National Center for Cultural Competence on May 27th.



DID YOU KNOW...

- ...that one in five young people will experience symptoms of mental illness, yet more than half of young people with a diagnosable mental illness will not receive the care they need?
- ...that most mental illness and substance abuse symptoms first emerge in adolescence and young adulthood?
- ...that the prevalence of suicidal thoughts, suicide planning and suicide attempts is significantly higher among young adults age 18 to 29 than among adults over the age of 30? Suicide is the third leading cause of death for adolescents, the second leading cause of death for college students.

Sources: <http://www.cantonrep.com/article/20130923/News/309239847>; www.hhs.gov; <http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx>

ADDITIONAL RESOURCES

The following resources are provided by the Technical Assistance Partnership for Child and Family Mental Health and Direction Home Akron Canton Area Agency on Aging.

Local Trainings

- Cultural Diversity: Oooh! What he said! What she said!

(Tuesday, May 12, 9:00AM-2:15PM)

[Click here to register](#)

- Diversity in Aging: The Invisibility of LGBT Older Adults

(Tuesday, May 12, 1:15-4:30PM)

[Click here to register.](#)

Webisode

- KSOC-TV: Addressing the Behavioral Needs of Adopted Children

[Click here](#) to view

Webinars

- Intellectual Disabilities & Autism

[Click here](#) to view.

- Consultation for Kids: Models of Psychiatric Consultation in Pediatric Primary Care

(Monday, May 4, 2:00PM)

[Click here](#) to register.

- Effective Supervision Strategies for Parent Support Providers

(Monday, June 8, 2:00-3:00PM)

[Click here](#) to register.

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING WEBSITES:

For more information about the Stark County System of Care Expansion Planning Grant *newsletters*, *focus areas*, and *#yourvoice matters resources*, please visit:

www.starkmhrs.org/yourvoice

The College of Public Health at Kent State University is facilitating and evaluating this Expansion Planning. For more information about the Stark County System of Care Expansion Planning Grant, including access to *subcommittee resources* and *research*, please visit their website hub at:

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www.starkmhrs.org/yourvoice * [KSU Resource Hub](#)

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING

JUNE 1, 2015

INSIDE THIS ISSUE:

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- Ensuring the services and supports available to youth and families reflect their cultural and linguistic needs.

(<http://www.tapartnership.org/SOC/SOCvalues.php>)



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Grantor:
Substance Abuse and Mental Health Services Administration
Grantee:
Mental Health and Recovery Services Board of Stark County
Grant Facilitator/Evaluator:
The College of Public Health at Kent State University
Grant Director:
Patti Fetzer
Grant Coordinator:
Jessica Zavala

SPECIAL RECOGNITION

We are delighted and honored to announce that Patti Fetzer, System of Care Project Director, has been asked by Beth Stroul of SAMHSA to participate in an expert panel, *Applying SAMHSA's Theory of Change to Systems of Care*. The panel will focus on system of care expansion efforts, particularly:

- Best practices for expanding the supports and services provided to youth and their families with or at risk for behavioral health challenges
- Methods for creating effective collaborations between local and state efforts to ensure the success of expansion initiatives
- Barriers that may confront expansion efforts, in addition to methods that can assist in overcoming these obstacles
- An examination of prior expansion initiatives in order to assist future grantees
- Suggestions for the viable, broad implementation of system of care efforts



Patti Fetzer

The panel will convene in Rockville, Maryland this summer (July 2015). Thanks and congrats, Patti, for your hard work and dedication to our Stark County youth, families, and community!

YOUTH AND YOUNG ADULT/FAMILY (UPDATES)

The Family Empowerment Subcommittee, composed of family members who are active in the Stark County Family Council, held its second meeting this month.

At the first Family Empowerment Subcommittee meeting on May 13th, participants completed an online survey regarding the greatest gaps that they perceived in the current Stark County System of Care with regard to family members. They then discussed and ranked

their survey responses collectively by level of perceived importance.

At the second meeting, participants created operational definitions of the top five most important areas of concern for family members in Stark County. These areas include communication about the services and agencies that exist to the community, a centralized location for information, the diagnostic process for behavioral health, providers sharing information, and the

transportation system. Participants then ranked these issues in a matrix based on how easy it is to change these areas and how impactful they are on family members in Stark County.

The Youth and Young Adult Subcommittee conducted a SWOT analysis this month to determine the strengths, weaknesses, opportunities, and threats regarding behavioral health services and supports for youth and young adults in Stark County. The next

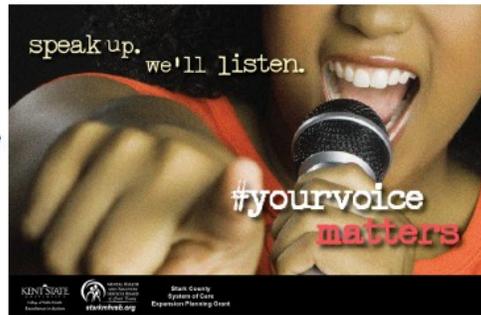
subcommittee meeting will be held June 25th, 2015 at a **new location**: the **Stark County District Library, Main Branch** (downtown Canton).

Thank you to all who have participated in these meetings, thus far. For more in-depth information about the efforts of these subcommittees, including key notes from previous meetings, please check out the [KSU hub](#).

DID YOU KNOW...

...that there is a new [Social Media Campaign Toolkit](#) for the #yourvoice matters campaign, which can be used by all Stark County systems to solicit the feedback of Stark County youth and family members in this Expansion Planning project? Please be sure to check it out and spread the word!

...that Stark County is not alone in its efforts to promote Cultural and Linguistic Competence in its services and supports for youth and families? [Click here](#) to find out what the Ohio Department of Mental Health & Addiction Services is doing at the state level to overcome the disparities experienced by certain populations in the mental health system.



PREVENTION AND RESILIENCY/ TREATMENT (UPDATES)

The Prevention and Resiliency and Treatment Subcommittees held their third meetings this month. Participants discussed the results from their SWOT analyses in order to prioritize which aspects of the System of Care should be discussed at future meetings.

Both subcommittees have increased in size and participants are continuing to provide valuable

feedback for this planning process. Thank you to everyone for your continuous help and support. We are looking forward to meeting again next month!

Please feel free to join us at the next Treatment Subcommittee meeting on June 4th, 2015 and/or the Prevention and Resiliency Subcommittee meeting on June 18th, 2015 at the KSU, Stark Campus.

Participants are strongly encouraged to invite a youth and family member to attend with them.

For more in-depth information about the Prevention and Resiliency and Treatment Subcommittees, including meeting minutes, please check out the [KSU hub](#)!

We'd also like to announce Anju Mader, Director of the Help Me Grow Program

and Medical Director at the Canton City Health Department, as our Treatment Subcommittee Leader!



Dr. Anju Mader

SOCIAL MARKETING (UPDATE)

The Social Marketing Subcommittee held its second meeting on May 14th, at the KSU, Stark Campus. The agenda included a review of System of Care goals and values, as well as a discussion about the next steps for this subcommittee.

Social Marketing participants will be attending the June



meetings of the six other focus areas for this grant as ambassadors to observe, listen, and take notes about the gaps other subcommittees are exploring with regard to the Stark County System of Care. They will then be using this information to begin building the social marketing communications plan for the final strategic plan.

To access key notes, System

of Care diagrams, a calendar of events, and other materials related to the Social Marketing Subcommittee, please visit the [KSU hub](#).

Lastly, we'd like to announce Amelia Kocher, Director of Advancement at Child and Adolescent Behavioral Health as our Social Marketing Subcommittee Leader! She will be representing this focus



Amelia Kocher

area of the grant at the System of Care Expansion Planning Grant Core Leadership Team meetings.

TRAUMA-INFORMED CARE (UPDATE)

The National Council for Behavioral Health will be back in Stark County on Tuesday, June 2nd and Wednesday, June 3rd. The Trauma-Informed Care Learning Community Midyear Meeting will take place on June 2nd. This meeting is for all 12 of the organizations that are participating in the National Council's Trauma-Informed Care Learning Community. Each organization will



share their progress to date and explore next steps to take towards making their organization more trauma-informed.

A trauma-informed care [training open to the community](#) will take place on June 3rd, 2015. This training, titled *Aces are not Destiny*, will teach participants about trauma, including its prevalence and impact. Participants will learn about trauma-informed

approaches, the seven domains of trauma-informed care, how trauma impacts the workforce, and ways to build resilience among staff. [Click here](#) for more information and to register.

We'd lastly like to announce the Honorable Judge Howard of the Stark County Family Court as our Stark County System of Care Trauma-Informed Care Learning Community Leader!



Honorable Judge Michael Howard

CULTURAL COMPETENCE (UPDATE)

The Cultural Competence Subcommittee met on May 14th for their second subcommittee meeting. The agenda included a discussion about the CLAS Standards as they pertain to Stark County's System of Care, as well as the dimensions of a culturally and linguistically competent system of care.



In addition, Dr. Vivian Jackson came for an on-site visit once again on May 27th to lead a training titled *Addressing the Complex and Pernicious Problem of Disparities*. Seven disparity issues in Stark County were analyzed to determine some of the root causes of the differences in the mental health services experienced by some populations.

Links to register for upcoming Cultural Competence trainings can be found under the *Additional Resources* section of this e-newsletter (Page 4).

We'd lastly like to announce Kelly Bah, Chief Executive Officer of the YWCA (picture forthcoming), and Tiffany Williams, Program Coordinator at Community

Services of Stark County, as our Cultural Competence leaders!



Tiffany Williams

RECENT AND UPCOMING EVENTS

RECENT

May 7 Social Marketing
 *Expansion Planning Subcommittee Meeting (3:30-5:00PM)
(CANCELED)
 National Children’s Mental Health Awareness Day
Live Event
 (1:30-3:30PM)
 Treatment Subcommittee Meeting (3:30-5:00PM)
May 14
 Cultural Competence Subcommittee Meeting (2:00-3:30PM)

May 21 (3:30-5:00PM)
 Prevention and Resiliency Subcommittee Meeting

May 27
 Georgetown National Center for Cultural

June 2 (8:30AM-4:30PM)
 Trauma-Informed Care: Face-to-Face Midyear Meeting

June 3 (8:30AM-4:30PM)
 Stark County Trauma-Informed Care Training

Competence Onsite Planning to Reduce Behavioral Health Disparities **All-day Forum**

May 28
 Executive Discussion Forum (2:00-3:30PM)

*Youth and Young Adult Subcommittee Meeting
PERMANENT CHANGE OF LOCATION: Stark County District Library, Main Branch* (3:30–5:00PM)

UPCOMING

June 2 (8:30AM-4:30PM)
 Trauma-Informed Care: Face-to-Face Midyear Meeting

June 3 (8:30AM-4:30PM)
 Stark County Trauma-Informed Care Training: **ACEs are not Destiny**

June 4 (3:30-5:00PM)
 Treatment Subcommittee

June 11
 Cultural Competence Subcommittee (2:00-3:30PM)

June 18
 Prevention and Resiliency Subcommittee (3:30-5:00PM)

June 25
 Youth and Young Adult Leadership Subcommittee (3:30-5:00PM)

July 9
 On-site visit/Webinar with Social Marketing expert (Location and Time TBD)

ADDITIONAL RESOURCES

Sources: Technical Assistance Partnership for Child and Family Mental Health, the Family Mental Health and Multiethnic Advocates for Cultural Competence, and the Domestic Violence Project, Inc.

Local Trainings

- **Hurricanes Within Rainbows**
 Friday, June 26, 8:30AM-4:30PM
[Click here to register.](#)
- **Preventing Death by Suicide: Strategies to Help Children, Youth, and Families**
 June 9, 2:00PM
[Click here to view.](#)
- **Effective Supervision Strategies for Parent Support Providers**
 Monday, June 8, 2:00-3:00 PM
[Click here to register.](#)

- Information about additional Cultural Competence trainings can be [accessed here](#).

Webinars

- **Implementing ISF: Role of School & Community-Based Clinicians**
 Tuesday, June 2, 2:00-3:30PM
[Click here to register.](#)
- **Intellectual Disabilities & Autism**
[Click here to view.](#)

Webisodes

- **KSOC-TV: Addressing the Behavioral Needs of Adopted Children**

[Click here to view.](#)

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www.starkmhrs.org/yourvoice * [KSU Resource Hub](#)

MONTHLY E-NEWSLETTER

VOLUME 1, ISSUE 5

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING

JUNE 30, 2015

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STARK COUNTY IS A FINALIST! 2

PREVENTION AND TREATMENT 2

SOCIAL MARKETING 3

TRAUMA-INFORMED CARE 3

CULTURAL COMPETENCE 3

UPCOMING EVENTS/ TRAININGS 4

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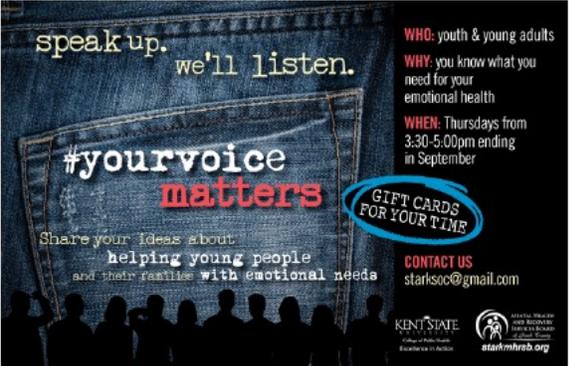
Grant Director:
Patti Fetzner

Grant Coordinator:
Jessica Zavala

COME JOIN US AND LET YOUR VOICE BE HEARD. #YOURVOICE MATTERS

In Stark County, we want to ensure that youth, young adults and family members are able to confidently voice their opinions, thoughts and ideas about the services and supports they receive for mental health needs, as well as to be heard by key decision makers and service providers.

There are two Youth and Young Adult Leadership Meetings remaining before the end of this planning year! They will be held at the Stark County District Library, Main Branch (downtown Canton) on July 23rd and August 27th from 3:30-5:00PM. \$20 gift cards will be given to all youth and family participants. Come join us!



SAMHSA ECCO RECOGNITION AWARDS: STARK COUNTY IS A FINALIST!

Stark County is a finalist in the national SAMHSA ECCO awards program this year!! Please [click here](#) to vote for the #yourvoice matters video for the People’s Choice award!

The video entry can be viewed on the Stark MHRsb YouTube Channel here: <https://www.youtube.com/watch?v=D2q1IEYsME0>



Please also visit starkmhrsb.org/vote to encourage friends and colleagues through social media to vote for Stark County.

Voting will continue through July 21st at 4:59PM EDT. We appreciate your support!

EXPANSION PLANNING SURVEYS

Thank you for taking the time to complete the latest Expansion Planning survey titled *Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities*. The purpose of this survey is to understand the use of family-driven and youth-guided approaches in organizations serving Stark County.

There are two additional surveys that will be distributed to System of Care Expansion Planning participants before the end of September. Survey 3 will be disseminated at subcommittee and planning meetings and Survey 4 will be sent via email. We ask that you would please take the opportunity to complete these, so that our final strategic plan accurately reflects the needs of child-and family-serving organizations, agencies and community members in Stark County.

DID YOU KNOW...

...that one of the core values of a system of care is to be:

- Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided? (emphasis added)

-TA Partnership for Child and Family Mental Health

We need your help gathering the voices of youth, young adults and family members to support this principle. We encourage you to use the hashtag #yourvoice matters on Facebook to share your experiences with and ideas for improving the current System of Care in Stark County. We also strongly encourage youth and family members to attend one of our planning meetings to tell us how to better serve them as a community. Please email starkSOC@gmail.com to find out how to join us.

*Names and identities are protected in these meetings to ensure anonymity.



PREVENTION AND RESILIENCY/ TREATMENT (UPDATES)

We held our fourth meetings for the Prevention & Resiliency Subcommittee and the Treatment Subcommittee this month. Thank you all for your input and participation!

At the fourth meeting of the Prevention & Resiliency Subcommittee, participants discussed ways to create opportunities from their top 5 priority areas. The areas that were identified include:

- 1) Adding prevention strategies into our strategic plan and the SOC implementation grant,
- 2) Using brain research applied to prevention,
- 3) Creating crossover funding opportunities,
- 4) Having strategic conversations about root causes, and
- 5) Utilizing Family Council committees.

Our next meeting will be held July 16th from 3:30-5:00PM at the University Center.

The Treatment subcommittee discussed a strategic communication plan during their meeting in June. Discussion topics included communication between agencies, communication with grassroots organizations, communication with families and ways to improve on all of them.

Our next meeting will be held on July 2nd from 3:30-5:00PM at the University Center.

In the coming months, the Prevention and Resiliency and Treatment Subcommittees will continue to discuss ways to improve our System.

If you are still interested in joining either subcommittee please email starkSOC@gmail.com for more information.

www.starkmhrsb.org/yourvoice * [KSU Resource Hub](#)

SOCIAL MARKETING (UPDATE)

The Social Marketing Subcommittee did not convene during the month of June. However, members were encouraged to attend the meetings of at least one other focus area of the grant in order to observe, take notes and brainstorm ideas about audiences, channels and messages to be incorporated into the final social marketing communications plan.

Due to time limitations, there will not be a social marketing expert at the next subcommittee meeting on July 9th. However, this meeting will still be very important to attend, as we will be reporting about the identified gaps in the Stark County System of Care that have been discussed in the other subcommittees. This information will be critical to determining the appropriate

strategies and measurable outcomes to be written into the social marketing plan.

In addition, please remember to leave your calendar open for August 13th from 1:00-5:00PM. We will be meeting at the [Mental Health and Recovery Services Board of Stark County](#) to collectively build the social marketing plan. Light snacks and beverages will be provided.

#yourvoice matters

TRAUMA-INFORMED CARE (UPDATE)



Dr. Cheryl Sharpe facilitating the ACEs are Not Destiny training at First Christian Church on June 3rd.

The organizations participating in the Trauma-Informed Care Learning Community attended a Midyear meeting on June 2nd. Cheryl Sharp and Karen Johnson from the National Council for Behavioral Health met with the organizations for a meeting that consisted of: group discussions on implementing trauma-informed care; individual organization reports

on the trauma-informed organizational goals and efforts (successes and challenges); group discussions on the National Council's seven domains of trauma-informed care; and discussions of next steps in the Learning Community - what we need to start doing, stop doing and do more of.

The National Council also presented on the topic of building community

resilience - what it involves and how to recognize it.

On June 3rd Cheryl Sharp and Karen Johnson conducted a community-wide training titled, *ACEs Are Not Destiny*. This training consisted of defining trauma, understanding ACEs, neuro/bio/psycho/social impact of trauma, resilience, trauma-informed care and compassion in the work force.

CULTURAL COMPETENCE (UPDATE)

The Cultural Competence Subcommittee met on June 11th at the KSU, Stark Campus to conduct a SWOT analysis regarding cultural and linguistic competence in the community. Kelly Bah, Tiffany Williams and Remel Moore co-facilitated this meeting, which was attended by various community stakeholders, including a new addition of faith-based leadership.

The subcommittee has been asked to invite youth and

family members to the next meeting on July 9th, which will involve a final discussion on Culturally and Linguistically Appropriate Services (CLAS) Standards as they apply to Stark County and a collective review of the Logic Models completed by subcommittee participants.

Registration is now open for the [How to Conduct a Cultural and Linguistic Competence Organizational Self-Assessment](#) training, which will be co-facilitated by Dr. Vivian

Jackson and Dr. Tawara Goode from the Georgetown National Center for Cultural Competence on July 14th from 9:00AM-4:00PM at Malone University.

This will be the last on-site visit from our Cultural and Linguistic Competence (CLC) national experts for this expansion planning year and will be an excellent opportunity to learn how to effectively assess organizational CLC,



Dr. Vivian Jackson and Remel Moore in conversation at the May 27th Cultural Competence training.

as well as how this assessment can be used to better support and serve youth with serious emotional disturbances and their families in the community.



RECENT AND UPCOMING EVENTS

<u>RECENT</u>	June 3	June 25	Social Marketing Subcommittee (3:30-5:00PM)	July 30
May 28	Stark County Trauma-Informed Care Training: <u>ACEs are not Destiny</u>	Youth and Young Adult Leadership Subcommittee (3:30-5:00PM)		System of Care
Executive Discussion Forum		<u>UPCOMING</u>	July 16	Expansion Planning
	June 4		Prevention and Resiliency Subcommittee (3:30-5:00PM)	Team Meeting at Kent State University, Stark Campus
*Youth and Young Adult Subcommittee Meeting	Treatment Subcommittee			*All individuals involved in the System of Care Expansion Planning Process are invited to attend this meeting.
<u>PERMANENT CHANGE OF LOCATION:</u> Stark County District Library, Main Branch*	June 11	July 2	July 23	
	Cultural Competence Subcommittee	Treatment Subcommittee (3:30-5:00PM)	Youth and Young Adult Leadership Subcommittee (3:30-5:00PM)	
June 2	June 18	July 9		
Trauma-Informed Care: Face-to-Face Midyear Meeting	Prevention and Resiliency Subcommittee	Cultural Competence Subcommittee (3:30-5:00PM)		

ADDITIONAL RESOURCES

Sources: Technical Assistance Partnership for Child and Family Mental Health, the Family Mental Health and Multiethnic Advocates for Cultural Competence and the Domestic Violence Project, Inc.

Local Trainings

- Hurricanes Within Rainbows
Friday, June 26, 8:30AM-4:30PM
[Click here to register.](#)
- How to Conduct a Cultural and Linguistic Competence Organizational Self-Assessment
Tuesday, July 14, 9:00AM-4:00PM
[Click here to register.](#)
- Information about additional Cultural Competence trainings can be [accessed here.](#)

Webisodes

- KSOC-TV: Addressing the Behavioral Needs of Adopted Children
[Click here to view.](#)
- Preventing Death by Suicide: Strategies to Help Children, Youth, and Families
[Click here to view.](#)

Resources

- Harnessing the Learning Community Model to Integrate Trauma-Informed Care Principles in Service Organizations
[Click here to access.](#)
- Preventing Suicide: A Toolkit for High Schools
[Click here to access.](#)
- Support Your LGBTQ Youth: A Guide for Foster Parents
[Click here to access.](#)

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING WEBSITES:

For more information about the Stark County System of Care Expansion Planning Grant newsletters, focus areas and #yourvoice matters resources, please visit:

www.starkmhrs.org/yourvoice

The College of Public Health at Kent State University is facilitating and evaluating this Expansion Planning. For more information about the Stark County System of Care Expansion Planning Grant, including access to subcommittee resources and research, please visit their website hub at:

<http://www.kent.edu/publichealth/stark-county-system-care-soc-planning-grant>

www.starkmhrs.org/yourvoice * [KSU Resource Hub](#)



Stark County's System of Care Expansion Planning Grant

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JULY UPDATE:

Welcome to our monthly e-newsletter! The Mental Health and Recovery Services Board (MHR SB) of Stark County will issue an update every month about what is happening here in Stark County with our System of Care Expansion Planning Grant.

What is the System of Care Expansion Planning Grant?

MHR SB was awarded a one-year Planning Grant for the Expansion of the Comprehensive Community Mental Health Services for Children and their Families by the Substance Abuse and Mental

WHAT'S NEW WITH THE SYSTEM OF CARE?

Health Services Administration (SAMHSA), Center for Mental Health Services. This grant is being used to involve youth, families, child and family organizations and the community in creating a culturally and trauma-informed comprehensive strategic plan (or map of coordinated services and supports) for children/ youth with, or at risk of, mental health challenges and their families in Stark County.

What is a System of Care?

Youth, families and members of

the community coming together to assist youth with, or at risk of, behavioral health challenges and their families by:

- Ensuring youth and families have a strong voice in deciding services and supports for youth, which allow them to remain in their communities and homes.
- Ensuring the services and supports available to youth and families reflect their cultural and linguistic needs.

(<http://www.tapartnership.org/SOC/SOCvalues.php>)



GRANT LEADERSHIP

Grantor:
Substance Abuse and Mental Health Services Administration

Grantee:
Mental Health and Recovery Services Board of Stark County

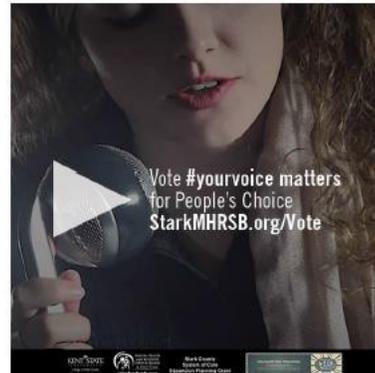
Grant Facilitator/Evaluator:
The College of Public Health at Kent State University

Grant Director:
Patti Fetzer

Grant Coordinator:
Jessica Zavala

STARK COUNTY WINS BRONZE AT THE NATIONAL ECCO RECOGNITION AWARDS!!

Congratulations to the Stark County System of Care! We are proud to announce that our county's #yourvoice matters youth recruitment video won Bronze in the category of Communications/Social Marketing Planning at the national 2015 Excellence in Community Communications and Outreach Recognition Awards, hosted this year by SAMHSA's Dr. Gary Blau and Laura Grimes from On Our Own Maryland. To check out the exceptional work of the other 2015 finalists, [click here](#).



DID YOU KNOW...

...that July is **National Minority Mental Health Month?**

...that although the stigma of mental health challenges is experienced by many youth and families in the United States, ethnic minorities may actually suffer a "double stigma" due to the stigma attached to both their emotional and behavioral needs, as well as their ethnic background?¹

...that a recent study reveals that a "double disadvantage" with regard to emotional health and well-being may exist for individuals over the age of 18 who occupy multiple minority statuses?²

Sources:

1. Gary, F. A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in Mental Health Nursing*, 26, 979-999. <http://dx.doi.org/10.1080/01612840500280638>
2. Grollman, E. A. (2014). Multiple Disadvantaged Statuses and Health: The Role of Multiple Forms of Discrimination. *Journal of Health and Social Behavior*, 55 (1) 3-19. [DOI:10.1177/0022146514521215](https://doi.org/10.1177/0022146514521215)

This week (July 26-August 1), SAMHSA is featuring multiple events to emphasize the emotional health of African Americans. For a full list of events, including access to webinars, please [click here](#).

To join the conversation about the mental health disparities faced by minority populations, use the hashtag #MinorityMentalHealth on social media.

EXPANSION PLANNING SURVEYS

Two surveys will be distributed to System of Care Expansion Planning participants before the end of September. Survey 3 will be disseminated at the subcommittee meetings and Survey 4 will be sent via email. We ask that you would please take the opportunity to complete these, so that our final strategic plan accurately reflects the needs of child-and family-serving organizations, agencies and community members in Stark County.

YOUTH AND YOUNG ADULT/FAMILY (UPDATES)

Last month was our first meeting at the Stark County District Library, Main Branch. Thank you to all who participated and provided your voice to help improve the System of Care in Stark County! We had a wonderful turnout of 15 youth and a few provider agency representatives. We

discussed a variety of topics, such as "What is a System of Care to you?" and "What would you like to see improved upon in the current System of Care?" Many youth voiced that they would like to have peer counselors or counselors with lived experience, as they are more relatable. Youth also voiced the importance of

having counselors and providers who talk "to" them instead of "at" them.

We would like to thank all of the courageous youth who are participating in this process. You are truly inspiring and encouraging. We look forward to hearing from you more because [#yourvoice matters!](#)

PREVENTION AND RESILIENCY/ TREATMENT (UPDATES)

Prevention

We held our fifth subcommittee meeting this month. Thank you to all who came out and participated! The subcommittee continued to work through its "Top 5 Priority Areas" and brainstormed ideas on how to improve them for the Stark County System of Care. Topics emerging in discussion include using evidence-based prevention strategies aimed at trauma and adverse childhood experiences, identifying and

implementing opportunities for shared funding and shared resources between organizations and using brain research to create systemic change. Our next meeting will be held on August 20th from 3:30-5:00PM at the University Center.

Treatment

The Treatment Subcommittee held its fifth meeting this month, and many thanks to those who came out to participate! The subcommittee discussed the

importance of partnering with the Department of Job and Family Services to determine if case managers may be helpful in linking clients to comprehensive services, and, also, to determine the best system navigator solution to implement, so that clients have access to comprehensive family services, including financial counseling. Our next meeting will be held on August 6th from 3:30-5:00PM at the University Center.



Prevention and Resiliency Subcommittee Participants at their June meeting

SOCIAL MARKETING (UPDATE)

The Social Marketing Subcommittee, comprised of community stakeholders, youth and family members, reconvened on July 9th at Kent State University, Stark Campus to discuss ambassador report-outs and next steps for the social marketing planning process. Participants who attended the meetings of the other focus areas of this grant shared about the

communication gaps in Stark County's System of Care with regard to Treatment, Prevention and Resiliency, Cultural Competence, Trauma-Informed Care and Youth and Young Adults. Additional time was spent discussing at what age individuals first become aware of behavioral health challenges in children, memorable social marketing campaigns and where

individuals first go for help. The next meeting will take place on August 13th from 1:00-5:00PM at the Mental Health and Recovery Services Board to begin the building of the final social marketing communications plan. Participants have been asked to come to the meeting with ideas for audiences, channels and messages. Light snacks and

beverages will be provided.

Special thanks goes to Lauren Mitchell, Bumble Media and all of the Expansion Planning participants for making the recognition of the #yourvoice matters video from the ECCO Awards possible. Great work, Stark County!

TRAUMA-INFORMED CARE (UPDATE)

The organizations participating in the Trauma-Informed Care Learning Community attended a Midyear meeting with the National Council for Behavioral Health on June 2nd, 2015. The organizations in attendance reported



about their successes thus far. These include bringing the diversity of service lines together as a team and getting buy-in; having the ability to make changes to the physical environment of their organizations; identifying some trauma-informed changes that had already occurred before their involvement in the Learning

Community and having a solid Core Implementation Team within their organizations. Challenges and opportunities to improve were also shared, including adding the voice of lived experience to the Core Implementation Team; challenges with staff turnover; making use of

other initiatives as they occur; ensuring forms remain trauma-informed as organizations transition to electronic health record (EHR); identifying staff training needs across organizations and getting all staff on board (not just clinical) and looking at Post-Traumatic Stress Disorder (PTSD) versus Conduct Disorder diagnoses assigned to clients.

CULTURAL COMPETENCE (UPDATE)

The Stark County System of Care CLC Subcommittee hosted an on-site visit with the National Center for Cultural Competence consultants, Dr. Vivian Jackson and Tawara Goode, for the final time this planning year. The training presented was titled *The Role of Self-Assessment in Achieving Cultural and Linguistic Competence*. Participants learned about the conceptual frameworks for advancing CLC at the individual and organizational levels. They also responded to a CLC organizational

self-assessment checklist. Many local organizations' CLC and diversity teams took advantage of afternoon office hours with Jackson and Goode, which allowed them to have individual consultations.

The overall long term goal for the CLC Subcommittee is to ensure that the Stark County System of Care adopts a systemic and strategic approach to increasing the cultural and linguistic competence of services and supports delivered to children, youth

and families; eliminates or reduces cultural, racial, ethnic or geographic disparities; and cultivates a sensitivity and appreciation for issues with regard to diversity and culture throughout the System of Care at all levels.

Immediate Next Steps for the CLC Subcommittee is to develop a culturally and linguistically competent plan that includes policy recommendations. A final extended meeting for drafting the CLC plan will



Grant Coordinator, Jessica Zavala, speaking at the July 14th CLC Training

commence at 2:00PM on August 13th at Kent State University, Stark Campus and will conclude at 4:30PM.



RECENT AND UPCOMING EVENTS

<i>RECENT</i>	July 16	August 6	August 20
July 2	Prevention and Resiliency Subcommittee	Treatment Subcommittee (3:30-5:00PM)	Prevention and Resiliency Subcommittee (3:30-5:00PM)
July 9	July 23	August 13	August 27
Cultural Competence Subcommittee	Youth and Young Adult Leadership Subcommittee	Cultural Competence Subcommittee (3:30-5:00PM?)	Youth and Young Adult Leadership Subcommittee (3:30-5:00PM)
Social Marketing Subcommittee	<i>UPCOMING</i>	Social Marketing Subcommittee (1:00-5:00PM)	September 24
July 14	July 30	*We will be writing the final social marketing/communication plan at the Mental Health and Recovery Services Board. Please see the Social Marketing Updates section (p. 3) of this newsletter for more information.	Final System of Care Expansion Planning Meeting *All individuals involved in the System of Care Expansion Planning Process are invited to attend this meeting.
<i>How to Conduct a Cultural and Linguistic Competence Organizational On-Site Training with Dr. Vivian Jackson and Tawara Goode</i>	System of Care Expansion Planning Team Meeting at Kent State University, Stark Campus *All individuals involved in the System of Care Expansion Planning Process are invited to attend this meeting.		

ADDITIONAL RESOURCES

LOCAL TRAININGS/ PRESENTATIONS

- Black Girls Matter: Community Dialogue centered around [this report](#) by Canton native, Kimberle Williams Crenshaw

*Discussion was held at the Canton YWCA on July 27, 2015 from 12:00-1:00PM. More information about future discussions to come.

- Integrating Culturally and Linguistically Appropriate Service (CLAS) Standards into Ohio Local Systems of Care

August 20, 2015 from 9:30AM-4:00PM

[Click here](#) to find registration details.

WEBINARS

- Youth Peer Support: Becoming a Medicaid Provider for Youth

August 6, 2015 from 2:00-3:30PM

[Click here](#) to register.

- Innovations with ISF: Integrating Restorative Practices in Schools

August 11, 2015 from 2:00-3:30PM

[Click here](#) to register

- Building an Intermediary Network of Evaluation and Improvement

July 29, 2015 at 2:00PM

[Click here](#) to register.

- Career Paths for Individuals with Lived Experience: Barriers and Strategies

July 29, 2015 from 2:00-3:30PM

[Click here](#) to register.

WEB CONFERENCE

- Responding to Suicide Clusters on College Campuses

August 20, 2015 from 1:30-5:00PM

[Click here](#) to register.

RESOURCES

- Mental Health Disparities: Lesbian/Gay/Bisexual/Transgender

[Click here](#) to access fact sheet.

Sources: Technical Assistance Partnership for Child and Family Mental Health, Canton YWCA, and Ohio Department of Mental Health and Addiction Services

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING WEBSITES

For more information about the Stark County System of Care Expansion Planning Grant *newsletters, focus areas* and *#yourvoice matters resources*, please visit:

www.starkmhrs.org/yourvoice

The College of Public Health at Kent State University is facilitating and evaluating this Expansion Planning. For more information about the Stark County System of Care Expansion Planning Grant, including access to *subcommittee resources* and *research*, please visit their website hub at:

<http://www.kent.edu/publichealth/stark-county-system-care-soc-planning-grant>



Stark County's System of Care Expansion Planning Grant

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GRANT LEADERSHIP

Grantor:
Substance Abuse and Mental Health Services Administration

Grantee:
Mental Health and Recovery Services Board of Stark County

Grant Facilitator/Evaluator:
The College of Public Health at Kent State University

Grant Director:
Patti Fetzer

Grant Coordinator:
Jessica Zavala

AUGUST UPDATE: WHAT'S NEW WITH THE SYSTEM OF CARE?

Welcome to our monthly e-newsletter! The Mental Health and Recovery Services Board (MHR SB) of Stark County will issue an update every month about what is happening here in Stark County with our System of Care Expansion Planning Grant.

What is the System of Care Expansion Planning Grant?

MHR SB was awarded a one-year Planning Grant for the Expansion of the Comprehensive Community Mental Health Services for Children and their Families by the Substance Abuse and Mental Health Services Administration

(SAMHSA), Center for Mental Health Services. This grant is being used to involve youth, families, child and family organizations and the community in creating a culturally and trauma-informed comprehensive strategic plan (or map of coordinated services and supports) for children/ youth with, or at risk of, mental health challenges and their families in Stark County.

What is a System of Care?

Youth, families and members of the community coming together to assist youth with, or at risk

of, behavioral health challenges and their families by:

- Ensuring youth and families have a strong voice in deciding services and supports for youth, which allow them to remain in their communities and homes.
- Ensuring the services and supports available to youth and families reflect their cultural and linguistic needs.

(<http://www.tapartnership.org/SOC/SOCvalues.php>)



THANK YOU, STARK COUNTY, FOR YOUR COMMITMENT TO YOUTH AND FAMILIES IN OUR COMMUNITY!



(Left to right) Patti Fetzer, Joy Raub, Lauren Mitchell, Jessica Zavala and Sarah Hayden holding Stark County's 2015 EOC00 Award at the Expansion Planning meeting on July 30th.

(Left to right) Ida Ross-Freeman, Thelma Coss, LaToya Hampton, Kay Conley and Amberlee Fullmer at the Cultural Competence meeting on August 13th.

Dr. Anju Mader presenting at the Expansion Planning meeting on July 30th.

WHAT DOES YOUR WEBSITE SAY ABOUT...

...Your Institution's Commitment to Cultural Competence and Inclusion?

The Access/Equity/Diversity Office of [Southeast Community College](#) created a scoring system ([click here](#)) to determine the level of cultural competence of an organization's website.



The following questions are taken directly from the November 2013 issue of *Dimensions in Cultural Competency*:

- Does your "home page" have a direct link to information/policies/procedures related to affirmative action, equity, diversity, cultural competence, multicultural initiatives? Is "diversity" one of the choices on the main menu?
- If your website has a "search" feature, will a search of diversity-related key words (e.g., affirmative action, equal opportunity, diversity, cultural competence, multicultural) produce relevant information?
- To what extent is diversity reflected in the images used on the Web page? Are the pictures, graphics, and "motifs" representative of racial/ethnic/cultural diversity, as well as in terms of gender, age, disability and other elements of the diversity equation?
- Are external links to diversity-related resources and information about diverse communities provided on the organization's website?
- Is your website, or relevant pages on your website, readily accessible to individuals with limited proficiency in English?

EXPANSION PLANNING SURVEY

There is one survey left to be distributed via email to System of Care Expansion Planning participants before the end of September. We ask that you would please take the opportunity to complete this, so that our final strategic plan accurately reflects the needs of child- and family-serving organizations, agencies and community members in Stark County.

CULTURAL AND LINGUISTIC COMPETENCE (UPDATE)

The Cultural and Linguistic Competence (CLC) Subcommittee held its final meeting on August 13th. CLC facilitators Kelly Bah (Executive Director, YWCA) and Tiffany Williams (Community Services of

Stark County) and CLC leaders Remel Moore (Coming Together Stark County) and Jessica Zavala (Mental Health and Recovery Services Board) would like to thank everyone for their

participation, input and feedback on building the CLC plan, and encourage all participants to view the [KSU hub](#) and [MHR SB website](#) for future trainings and presentations related to CLC.



(Left to right) Amberlee Fullmer, Nedra Petro, Danielle Bouhachem and Alisa Grass at the Cultural Competence meeting on August 13th.

YOUTH AND YOUNG ADULT LEADERSHIP (UPDATE)

Last month was our second meeting at the Stark County District Library. Thank you to all who participated and used [#yourvoice](#) to help improve the System of Care in Stark County! We had a great turnout of seven youth and several community stakeholders.

We asked youth and young adults if they believe their thoughts, opinions and feelings matter to the community outside of these subcommittee meetings; about their opinions regarding local prevention programs (i.e. DARE, PANDA and "Aim High Youth"); and why discussing mental health is

challenging for them.

Once again, we would like to thank all of the courageous youth who are participating in this process. You are truly inspiring. We look forward to continuing to hear more from you after these meetings because [#yourvoice matters](#) in Stark County.

TRAUMA-INFORMED CARE (UPDATE)

The 12 organizations in the Trauma-Informed Care Learning Community are continuing their internal work on improving domains of trauma-informed care. A [webinar on "compassion fatigue"](#) was made available to the Learning Community on



July 13th, 2015, and a [webinar on Domain 3: Educated and Responsive Workforce](#) occurred on July 27th, 2015. Each organization in the Learning Community also had an opportunity to participate in a cohort call in July with the National Council. A cohort call consists of a

phone call facilitated by the National Council with organizations, where progress is reported and challenges are offered up for feedback. Each organization will also be participating in an individual coaching call with the National Council for problem solving and consultation.

The organizations are preparing for the upcoming, final face-to-face meeting with the National Council on September 22nd, 2015. More information about this meeting can be found here: <http://www.starkmhrs.org/site/Calendar/296080956?view=Detail&id=111142>

SOCIAL MARKETING (UPDATE)



(Left to right) Elizabeth Bretz and Karen Vrabec at the Social Marketing meeting on August 13th.

This month, the Social Marketing Subcommittee met on August 13th to begin drafting the social marketing/communication plan that will be added into the final strategic plan for Stark County to expand the supports and services for

youth with, or at risk for, emotional health challenges and their family members.

Leaders of the Social Marketing Subcommittee worked prior to this meeting to identify any communication/marketing gaps regarding the System of Care that were listed in the meeting minutes of the other focus areas of this grant. Diagrams of these communication/marketing gaps were distributed to subcommittee members at the August meeting where participants voted to

determine which gaps they believe 1) could have the biggest impact on improving supports and services for youth with, or at risk for, behavioral health challenges and their families in Stark County; 2) were the most changeable and 3) most exemplified the System of Care Core Values and SAMHSA's Expansion Planning Grant requirements for Social Marketing. Lastly, subcommittee members broke into groups to create a social marketing plan

that addresses these gaps.

For more information about the Social Marketing Subcommittee, including access to meeting minutes and diagrams, please access the [KSU hub](#).



(Left to right) Stephanie Wilson and Seth Thomas at the Social Marketing meeting on August 13th.

PREVENTION AND TREATMENT (UPDATES)

Prevention

We held our sixth subcommittee meeting this month! Thank you to all who came out and participated in this meeting.

The subcommittee continued to work through their "Top 5 Priority Areas" to identify goals and objectives for each. Priority areas include adding prevention strategies into the strategic plan, using

brain research for prevention, creating cross-over funding opportunities, having strategic conversations about root causes and utilizing Family Council for implementing prevention strategies. A couple of the discussion topics included the need to add prevention training into the plan for individuals who work in the early-childhood field, the need to bridge the

trust gap between traditionally underserved communities and the mental health system and establishing a shared vision that allows for a community-wide conversation surrounding prevention.

Treatment

The Treatment Subcommittee held its sixth meeting this month,

which focused on the importance of staff training. In previous subcommittee meetings, participants discussed that they did not know what agency staff members needed with regard to training; thus, they decided that a formal training needs assessment would be beneficial in guiding the expansion planning process.

RECENT AND UPCOMING EVENTS

RECENT

July 30
System of Care
Expansion Planning Team
Meeting at Kent State
University, Stark Campus
*All individuals involved in the
System of Care Expansion Plan-
ning Process were invited to attend
this meeting.

August 6
Treatment Subcommittee

August 13
Cultural Competence
Subcommittee

Social Marketing
Subcommittee

August 20
Prevention and
Resiliency Subcommittee

August 27
Youth and Young Adult
Leadership
Subcommittee

UPCOMING

September 24
Final System of Care
Expansion Planning
Meeting at Kent State
University, Stark Campus
*All individuals involved in the
System of Care Expansion
Planning Process are invited to
attend this meeting.

11:00AM-1:00PM

ADDITIONAL RESOURCES

RESOURCES

- Mental Health America's Back to School Outreach Toolkit
[Click here](#) to access.
- Promoting Resiliency for Gender Diverse and Sexual Minority Students in School
[Click here](#) to access pamphlets.

WEBINARS

- Peer Support Specialists: Roles of an Emerging Workforce
September 10 from 3:00-4:00PM
[Click here](#) to find registration details.
- Predictors and Health Consequences of Secondary Traumatic Stress Among Public Child Welfare Workers
September 17 from 10:00-11:30AM
[Click here](#) to register.

- Assessing Family Support

September 24 from 2:00-3:30PM
[Click here](#) to register.

- Family Support for Transition-Aged Youth

September 29 from 1:00-2:30PM
[Click here](#) to register.

Sources: Technical Assistance Network for Children's Behavioral Health, SAMHSA, Children's Mental Health Network, and Mental Health and Recovery Services Board of Stark County.

STARK COUNTY SYSTEM OF CARE EXPANSION PLANNING WEBSITES

For more information about the Stark County System of Care Expansion Planning Grant *newsletters*, *focus areas* and *#yourvoice matters resources*, please visit:

www.starkmhrs.org/yourvoice

The College of Public Health at Kent State University is facilitating and evaluating this Expansion Planning. For more information about the Stark County System of Care Expansion Planning Grant, including access to *subcommittee resources* and *research*, please visit their website hub at:

<http://www.kent.edu/publichealth/stark-county-system-care-soc-planning-grant>

Appendix 1: SOC Strategic Planning Effort Stakeholders

- Action for Social Equality
- AHEAD, Inc.
- Alternative Paths
- Canton City Health Department
- Canton City School District
- Case Western Reserve University/Center for Innovative Practices
- Child and Adolescent Behavioral Health
- City of Massillon
- City of Massillon, Mayor's Office
- City of Canton, Police Department and City Council
- Coleman Professional Services
- Coming Together Stark County
- Community Services of Stark County
- Congressman Bob Gibbs Office, Representative
- Crisis Intervention and Recovery Center
- Domestic Violence Project, Inc.
- Domestic Violence Shelter of Alliance
- Early Childhood Resource Center
- Family/Youth Representatives
- Foursquare Church in Canton
- First Christian Church
- Foundations: A Place for Education & Recovery
- Help Me Grow
- Hope Whispers Community Organization
- Kent State University
- Latino Business League
- Lifecare Family Health and Dental Services
- Malone University
- Mental Health and Recovery Service Board of Stark County
- National Association for the Advancement of Colored People Massillon
- National Alliance on Mental Illness (NAMI) Stark County
- Ohio Department of Youth Services
- Ohio Guidestone
- Ohio Means Jobs
- Pathway Caring for Children
- Pegasus Farm
- Philomatheon Society
- Phoenix Rising
- Project Rebuild
- Quest Recovery and Prevention Services
- Sisters of Charity Foundation
- Stark Community Foundation
- Stark County Board of Developmental Disabilities
- Stark County Educational Service Center
- Stark County Family Council
- Stark County Family Council/Family Engagement Committee
- Stark County Family Court
- Stark County Health Department
- Stark County Job and Family Services
- Stark County Kid Summit Against Drugs
- Stark County Regional Planning Commission/Stark County Homeless Council
- Stark County Social Workers Network
- Stark County Treatment Accountability for Safer Communities, Inc.
- Stark County Urban Minority Alcoholism and Drug Abuse Outreach Program
- Stark County Urban League
- Stark State University

- TomTod Ideas
- Triad Deaf Services
- United Way of Greater Stark County
- United Health Care/Managed Care

Appendix 2: Readiness to Change Survey Questions

Part I: Implementing Policy, Regulatory, and Partnership Changes

Q1a. Creating or assigning a viable, ongoing, focal point of management and accountability at the state level (e.g., agency, office, staff).

Q1b. Creating or assigning viable, ongoing focal points of accountability and management at the county level (e.g., agency, office, staff).

Q2. Developing and implementing strategic plans that establish the system of care philosophy and approach as goals for the county's service delivery system.

Q3a. Developing Interagency structures to set policy, guide, and support expansion of the system of care approach.

Q3b. Incorporating the system of care philosophy and approach into memorandum of understanding and interagency agreements.

Q3c. Cultivating strong interagency relationships and partnerships to coordinate and/or finance systems of care.

Q4a. Promulgating rules and regulations that require elements of the system of care philosophy and approach.

Q4b. Developing guidelines, standards, or practice protocols based on the system of care philosophy and approach.

Q5. Incorporating requirements for elements of the system of care philosophy and approach in RFPs and contracts with providers and managed care organizations.

Q6. Passing legislation that supports the system of care philosophy and approach.

Q7. Incorporating the system of care philosophy and approach into protocols to monitor compliance with system of care requirements among providers and managed care organizations.

Q8. Incorporating the system of care philosophy and approach into data systems for outcome measurement and quality improvement efforts.

Q9. Linking with and building on existing and emerging systems change initiatives in the county (e.g., health reform, parity legislation, reforms in other systems).

Q10. Creating or expanding family and youth involvement and partnerships at the policy and system level.

Q11. Incorporating strategies to improve the cultural and linguistic competence at the system level and to eliminate disparities.

Part II: Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach

Q1. Creating or expanding a broad range of home- and community-based services and supports that are consistent with the system of care philosophy and approach to improve outcomes.

Q2. Creating or expanding an individualized, wraparound approach to service planning and delivery.

Q3. Creating or expanding care management entities to serve as the focal point of accountability and responsibility for managing the services, costs, and care management for children with intensive service needs and their families.

Q4. Creating or expanding care coordination and care management approaches.

- Q5. Creating or expanding family-driven and youth-guided services and expanding family and youth involvement in the planning and delivery of their own services to improve outcomes.
- Q6a. Creating, expanding, or changing the provider network by adding new types of home- and community-based providers, changing licensing and certification, etc.
- Q6b. Creating, expanding, or changing the provider network by retooling community and residential providers to provide services that are aligned with the system of care philosophy and to diversify the services they offer.
- Q7. Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches within systems of care that improve outcomes.
- Q8. Creating or expanding the use of culturally and linguistically competent approaches to service delivery to improve outcomes.
- Q9. Developing and implementing strategies directed at reducing racial, ethnic, and geographic disparities in service delivery across child-serving systems.
- Q10. Implementing or expanding the use of technology (e.g., electronic medical records, telemedicine, videoconferencing, e-therapy).

Part III: Creating or Improving Financing Strategies

- Q1. Increasing the use of Medicaid to finance services by adding new services, changing existing service definitions, obtaining waivers, using EPSDT (Early Periodic Screening, Diagnosis, and Treatment), using the rehabilitation option, etc., to finance services and supports.
- Q2a. Maximizing the use of federal system of care grants to develop infrastructure and/or services and to leverage other long-term funding.
- Q2b. Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services.
- Q2c. Maximizing other federal grant funds to finance infrastructure and/or services.
- Q3. Redeploying, redirecting, or shifting funds from higher-cost to lower-cost services to finance infrastructure and/or services.
- Q4. Implementing case rates or other risk-based financing approaches to increase flexibility in financing services and supports.
- Q5a. Obtaining new or increased county mental health funds to support system of care infrastructure and services.
- Q5b. Obtaining new or increased county substance use funds to support system of care infrastructure and services.
- Q6a. Obtaining new or increased funds from other child-serving agencies to finance infrastructure and/or services.
- Q6b. Coordinating, braiding, blending, or pooling funds with other child-serving agencies to finance infrastructure and/or services.
- Q7. Obtaining new or increased local funds (e.g., taxing authorities, special funding districts, county funds) to finance infrastructure and/or services.
- Q8. Increasing the use of federal entitlements other than Medicaid to finance infrastructure and/or services.

Q9. Accessing new financing structures and funding streams (e.g., health reform, parity legislation).

Part IV: Providing Training, Technical Assistance, and Coaching

Q1. Providing ongoing training, technical assistance, and coaching on the system of care philosophy and approach.

Q2. Creating the capacity for ongoing training, technical assistance, and coaching on systems of care and evidence-informed services (e.g., institutes, centers of excellence, TA centers, other intermediary organizations, partnerships with higher education).

Q3. Providing ongoing training on evidence-informed and promising practices and practice-based evidence approaches to support high-quality and effective service delivery.

Part V: Generating Support

Q1a. Establishing a strong family organization to support and be involved in expansion of the system of care approach (e.g., through funding, involvement at the system and policy levels, contracting for training services).

Q1b. Establishing a strong youth organization to support and be involved in expansion of the system of care approach (e.g., through funding, involvement at the system and policy levels, contracting for training and services).

Q2a. Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the state level for expansion of the system of care approach.

Q2b. Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the local level for expansion of the system of care approach

Q3a. Using data on the outcomes of systems of care and services.

Q3b. Using data on cost avoidance across systems and comparison with high-cost services.

Q4a. Cultivating partnerships with provider agency and organization leaders, managed care organizations, etc.

Q4b. Cultivating partnerships with civic leaders and other key leaders.

Q5. Informing key constituencies about the value and merits of expanding the system of care approach through social marketing and strategic communications.

Q6. Cultivating ongoing leaders and champions for the system of care philosophy and approach to support expansion of the system of care approach (e.g., through training, leadership development activities).

Q7. Select 5 Specific strategies that have been the most significant in your progress in expanding systems of care to date:

Establishing an Ongoing Locus of Management and Accountability for Systems of Care (1)

Developing and Implementing Strategic Plans (2)

Strengthening Interagency Collaboration (3)

Promulgating Rules, Regulations, Standards, Guidelines, and Practice Protocols (4)

Incorporating the System of Care Approach in Requests for Proposals (RFPs) and Contracts (5)

Enacting Legislation (6)
Incorporating the System of Care Approach in Monitoring Protocols (7)
Implementing Outcome Measurement and Quality Improvement Systems (8)
Linking With and Building on Other System Change Initiatives (9)
Expanding Family and Youth Partnerships at the Policy Level (10)
Improving Cultural and Linguistic Competence at the Policy Level and Incorporating Strategies to Eliminate Disparities (11)
Creating or Expanding a Broad Array of Services (12)
Creating or Expanding an Individualized Approach to Service Delivery (13)
Creating or Expanding Care Management Entities (14)
Creating or Expanding Care Coordination and Care Management (15)
Creating or Expanding Family-Driven and Youth-Guided and Expanding Family and Youth Involvement in Service Delivery (16)
Creating, Expanding, or Changing the Provider Network (17)
Creating or Expanding the Use of Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (18)
Improving the Cultural and Linguistic Competence of Services (19)
Reducing Racial, Ethnic, and Geographic Disparities in Service Delivery (20)
Implementing or Expanding the Use of Technology (21)
Increasing the Use of Medicaid (22)
Increasing the Use of Federal Grants to Finance Systems of Care (23)
Redeploying Funds for Higher-Cost to Lower-Cost Services (24)
Implementing Case Rates or Other Risk-Based Financing Approaches (25)
Increasing the Use of State Mental Health and Substance Use Funds (26)
Increasing the Use of Funds from Other Child-Serving Systems (27)
Increasing the Use of Local Funds (28)
Increasing the Use of Federal Entitlements Other than Medicaid (29)
Accessing New Financing Structure and Funding Streams (30)
Providing Training, Technical Assistance, and Coaching on the System of Care Approach (31)
Creating Ongoing Training and Technical Assistance Capacity (32)
Providing Training, Technical Assistance, and Coaching on Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (33)
Establishing Strong Family and Youth Organizations (34)
Generating Support Among Administrators and Policy Makers (35)
Using Data (36)
Cultivating Partnerships with Other Key Leaders (37)
Generating Broad-Based Support Through Social Marketing and Strategic Communications (38)
Cultivating Leaders (39)

Q8. County-Community Partnerships for Expanding the System of Care. Indicate ways in which county-community partnerships have been created to support expansion of the system of care approach: Communities are strategically engaged as partners in system of care expansion to do the following (Check all that apply):

- Test, pilot, demonstrate, and explore the feasibility of approaches to developing and expanding systems of care that can be applied in other communities in the county (1)
- Provide training and technical assistance to other communities in the county (2)
- Provide data on the outcomes of systems of care at the system and service delivery levels and cost avoidance for making the case for expanding the system of care approach (3)
- Participate in planning for expansion of the system of care approach (4)
- Generate support and commitment for the system of care philosophy and approach among high-level policy makers and administrators (5)
- Contribute to the development of family organizations in the county (6)
- Provide seasoned leaders who then contribute to future system of care expansion efforts at the county and/or local levels (7)
- Other (specify) (8) _____

Q9. Potential Challenges to Countywide System of Care Expansion. Indicate the potential challenges and barriers to countywide system of care expansion.

- Fiscal crises and budget cuts (1)
- Changes in administration or leadership that result in policy changes (2)
- Lack of institutionalization of the system of care philosophy and approach in legislation, plans, regulations, and other policy instruments (3)
- Inability to obtain Medicaid financing for services and supports (4)
- Inability to obtain or redirect other funds for services and supports (5)
- Lack of data to make the case for statewide development of systems of care (6)
- Lack of ongoing training (7)
- Lack of a children's mental health workforce trained in system of care philosophy and approach (8)
- Insufficient buy-in to the system of care philosophy and approach among high-level administrators and policy makers at the county level (9)
- Insufficient buy-in to the system of care philosophy and approach among high-level administrators and policy makers at the county level (10)
- Insufficient buy-in to the system of care philosophy and approach among provider agencies, program managers, clinician, managed care organizations, etc. (11)
- Insufficient buy-in and shared financing from other child-serving systems for expansion of the system of care approach (12)
- Lack of support and advocacy among families, family organizations, youth, youth organizations, advocacy groups, and so forth for expansion of the system of care approach (13)
- Shift in focus to the implementation of health care reform and parity legislation (14)
- Lack of coordination and linkage with other system change initiatives in the county (e.g., health reform, parity legislation, reform initiatives in other child-serving systems) (15)

Other (specify) (16) _____

Part II: Developing or Expanding Services and Supports Based on the SOC Philosophy and Approach Responses by Percentages

Q3. Creating or expanding care management entities to serve as the focal point of accountability and responsibility for managing the services, costs, and care management for children with intensive service needs and their families. (24% responded "not sure")

Part III: Creating or Improving Financing Strategies Responses by Percentages

Q2b. Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services. (24% responded "not sure")

Q2c. Maximizing other federal grant funds to finance infrastructure and/or services. (29% responded "not sure")

Q4. Implementing case rates or other risk-based financing approaches to increase flexibility in financing services and supports. (35% responded "not sure")

Q8. Increasing the use of federal entitlements other than Medicaid to finance infrastructure and/or services. (33% responded "not sure")

Q9. Accessing new financing structures and funding streams (e.g., health reform, parity legislation). (29% responded "not sure")

Part V: Generating Support Responses by Percentages

Q2a. Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the state level for expansion of the system of care approach. (25% responded "not sure")