

Stark County System of Care Expansion Planning

Treatment FAQs

1. Question: Why is a treatment subcommittee important?

Answer:

50% of all mental health conditions begin by age 14 and 75% of all mental health conditions occur by age 24.

- **“Mental illness regularly disrupts a person’s thinking, feeling, mood, ability to relate to others and function,”** but with early intervention and proper support and treatment, outcomes can be improved.¹

Without early diagnosis and treatment, children with mental disorders can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood.²

Children with behavioral health needs typically require an array of services to support their health and well-being, but the **current system often does not meet their needs**, resulting in inefficient care, costly utilization, and poor health outcomes.

- Children using behavioral health care represented fewer than 10 percent of the overall Medicaid child population, but an estimated 38 percent of total spending for children in Medicaid.
- Children in foster care and those on SSI/disability together represented one-third of the Medicaid child population using behavioral health care, but 56 percent of total behavioral health service costs.
- Almost 50 percent of children in Medicaid who were prescribed psychotropic medications received no identifiable accompanying behavioral health treatment.
- Children in Medicaid from racially/ethnically diverse backgrounds were less likely than white children to use behavioral health services.³

The Center for Health Care Strategies conducted a nationwide analysis to identify ways to improve behavioral health care. They identified three specific areas that can be used by policymakers and key stakeholders to inform quality improvement efforts for children’s behavioral health systems including:

- **Expanding access to appropriate and effective behavioral health care**, particularly therapeutic interventions with an existing or emerging evidence base, and home- and community-based services;
- **Investing in care coordination models** that use a wraparound approach to facilitate delivery of needed supports and services for vulnerable populations; and
- **Ensuring collaboration across child-serving systems** to increase care coordination and improve oversight and monitoring of psychotropic medication use.²

¹ Retrieved from NAMI: www.nami.org/Learn-More/Mental-Health-Conditions

² Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/Features/ChildrensMentalHealth/>

³ Center for Health Care Strategies, Inc. *IDENTIFYING OPPORTUNITIES TO IMPROVE CHILDREN’S BEHAVIORAL HEALTH CARE: An Analysis of Medicaid Utilization and Expenditures*. FACES OF MEDICAID DATA BRIEF December 2013. Retrieved from: http://www.chcs.org/media/Identifying_Opportunities_to_Improve_Childrens_Behavioral_Health_Care.pdf

2. Question: Who is invited to join this subcommittee?

Answer:

Youth, young adults, family members, community stakeholders, faith-based representatives, cultural representatives, and any other agency, organization, institution, or individual caring for or working with children, youth, and young adults with or at-risk for serious mental health needs and their families.

3. Question: How often and where does this subcommittee meet?

Answer:

The Treatment Subcommittee meets the 1st Thursday of every month from 3:30PM-5:00PM through August 2015. Meetings are held at the Kent State University at Stark campus (6000 Frank Ave NW, North Canton, OH 44720). Participants will be notified in advance of any changes in meeting times/locations.

There may be some additional hours (approximately 8) outside of subcommittee meetings necessary for research and preparation for meetings; however, we appreciate any time you can give to the planning process.

4. Question: What are the expectations of this subcommittee?

Answer:

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.

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

5. Question: Who facilitates this subcommittee?

Answer:

This subcommittee is facilitated by Dr. Sonia Alemagno, Dean of the College of Public Health at Kent State University, as well as by Ryan Tingler, a graduate assistant on the Facilitation Team at Kent State University.

6. Question: Who can I contact for more information about this subcommittee?

Answer:

Please contact Ryan Tingler for more information about this subcommittee at StarkSOC@gmail.com