

ENGAGE

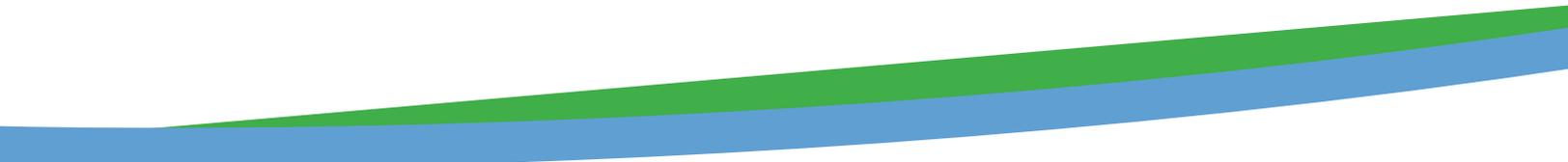


ENGAGING THE NEW GENERATION TO ACHIEVE THEIR GOALS THROUGH EMPOWERMENT

Final Report September 2012



Ohio's Four Year Implementation Plan to Expand System of Care Statewide for Youth and Young Adults in Transition



Our Mission:

ENGAGE's mission is to develop a statewide system of care framework that coordinates and adapts policy, fiscal and administrative actions to support the transition of Ohio's youth and young adults in transition. In four years, the State of Ohio's policy, fiscal and administrative actions operate from a system of care framework to achieve improved outcomes for youth and young adults in transition.



Target Population:

ENGAGE will focus on youth and young adults in transition, ages 14-21 years, with serious emotional disturbances or serious mental illness, including co-occurring disorders and multi-systemic needs. The acronym used throughout the plan referring to this target population is YYAT.



Background

The Ohio Department of Mental Health (ODMH) applied for the Substance Abuse and Mental Health Services Administration's (SAMHSA) System of Care Expansion Planning grant and was informed in September 2011 that it was one of twenty-four states selected to receive this opportunity. The purpose of Ohio's planning grant was to develop a cross-system four year strategic plan focused on expanding the system of care framework statewide for youth and young adults in transition, ages 14-21 with serious mental health conditions and co-occurring disorders.

In October 2011, ODMH, serving as the federal grant's fiscal agent, convened the Management Team for the planning project called "Engaging the New Generation to Achieve their Goals through Empowerment" (ENGAGE). The Management Team consisted of a principal investigator, project director, youth and young adult engagement specialist, family engagement specialist, state-local liaison, social marketer, two evaluators, and a contracted planning consultant. The Management Team met weekly to develop the planning process.

Needs Statement

Ohio undertook this Strategic Planning process to establish a statewide System of Care because of the need for treatment of youth in our public mental health system. There are more than 90,000 adolescents with serious emotional disturbances or serious mental illnesses in Ohio (NASMHPD, NRI, State Data Infrastructure Coordinating Center, 2011). And with the percentage of children living in households below the 200% Federal Poverty Level threshold is increasing (54.2% in 2010, 45.4% in 2008; Ohio Family Health Survey, 2011), the need for public mental health system treatment of youth is similarly increasing.

Ohio focused on expanding the System of Care for transition-age youth because of the need is high for young adults with mental health impairments; they are more likely to be uninsured (50%), living in poverty (59% live below 100% FPL), and have a higher unemployment rate (56%) than the general population (Ohio Family Health Survey, 2011). Furthermore, a departmental study (Carstens, 2009) of service patterns in the 14 to 24 age group showed that adolescents eligible for high intensity services in the children's mental health system have low service use in the adult system. Of the 25% of adolescents served in Ohio's public mental health system treated for Severe Emotional Disturbances such as oppositional defiant and conduct disorders, youth benefit from residential treatment, counseling and/or community psychiatric

support treatment. However oppositional defiance and conduct disorder diagnoses do not support an adult psychiatric disability determination for Medicaid eligibility. As such the Y/YAT population can be described as falling off the cliff at the divide between child-serving and adult-serving health and human service systems.

This planning process sought to address the numerous service gaps and barriers identified by Ohio Y/YAT and their families, including access to appropriate employment and vocational services and supports, resources that support participation in post-high school and secondary educational institutions, and access to safe, affordable housing.

Additionally, this process explored the issues with traditional adult service delivery outreach that did not address the cultural norms of this population. This planning process sought to take advantage of the Affordable Care Act planning efforts to address gaps in coverage and growing awareness and commitment among policy makers and program designers to address the unique needs of the

YYAT population.

Ohio's Planning Process

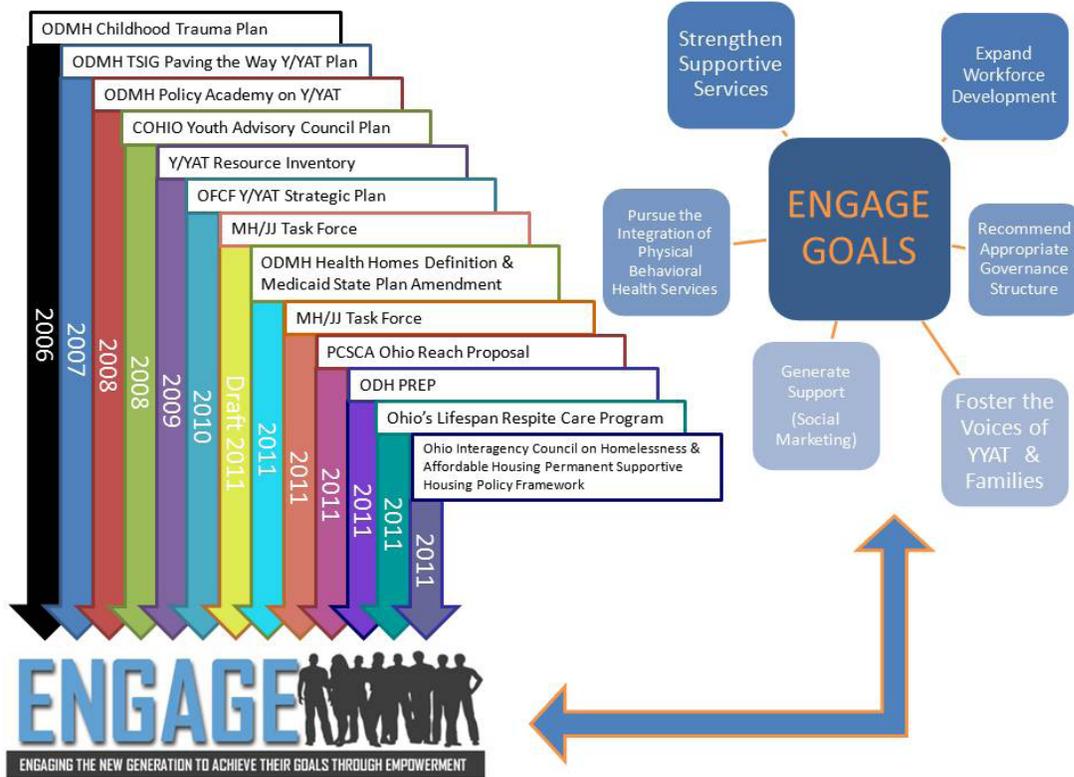
The ENGAGE planning process foundational tenet was to build upon the previously generated, solid planning work and system recommendations from various state agencies. ENGAGE viewed this as similar to a "secondary research" approach that builds upon the smart work that has come before. The philosophy recognized that the State of Ohio's System of Care process did not need to create a plan where none exists, but instead focused energy and expertise on updating and aligning existing plans and data, filling in gaps where necessary, to craft an inclusive, modern System of Care plan that meets the needs of Youth and Young Adults in Transition (YYAT) through a high-fidelity System of Care framework, that includes realistic implementation and sustainability.

The ENGAGE Management Team identified thirteen state level plans developed between 1998 – 2011 that focused on System of Care, Youth and Young Adults in Transition, and/or issues impacting YYAT, ages 14-21 as illustrated above. After reviewing the plans, the Management Team developed the ENGAGE Plan Comparison Matrix that captured a condensed version of the objectives or major action steps recommended by the 13 state level plans that focused on improving services and supports for the YYAT population. The matrix also matched objectives to the appropriate ENGAGE goal area and System of Care requirement. This matrix provided a rich foundation to launch the ENGAGE planning process.

Number of adolescents with serious emotional disturbances or serious mental illnesses in Ohio

90,000

ENGAGE Plan Comparison Matrix



Once the matrix was finalized, the Management Team began the recruitment of planning participants for the (then) six ENGAGE Goal Areas: (1) Youth and Family Voice; (2) Cross-System Coordination and Infrastructure; (3) Treatment, Recovery, and Prevention Services; (4) Supportive Services; (5) Education and Employment; and (6) Social Marketing.

In addition, an ENGAGE Leadership Team was established and charged with reviewing and providing feedback on the draft plan and approving the final plan. The Leadership Team was comprised of the Ohio Family and Children First Deputy Directors representing the 11 health and human services state agencies and the currently or previously funded local System of Care Communities.

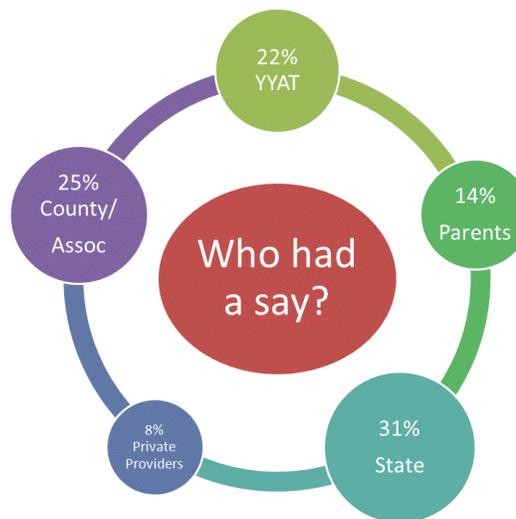
Planning Participants

Nearly 120 participants participated in the ENGAGE planning process that was launched in February 2012 and concluded in June 2012 (4 total day-long planning meetings). The Management Team focused efforts on

identifying and recruiting participants that would bring new perspectives, expertise, and energy to the ENGAGE planning process. In addition, the Management Team

worked to ensure equal representation of multiple stakeholder perspectives on all six Goal Area Workgroups, as well as cultural diversity.

Each Goal Area Workgroup was led by at least two co-chairs and one facilitator. At least one of the co-chairs either participated on the ENGAGE Management Team and/or represented a state agency. Prior to the first planning meeting, the contracted consultant provided training to the co-chairs and facilitators regarding their roles and responsibilities, how to use the planning matrix and guidance, what the expectations were, and facilitation techniques.



Youth Leadership Team

In addition to the ENGAGE Leadership Team, the Management Team created a youth- and young adult-driven leadership team to inform and ensure youth voice throughout the planning process. Ohio is blessed to have four very strong youth and young adult advocacy groups. These four groups came together in late January 2012 to

develop the team, set expectations, and determined meeting schedules. The four groups that comprised the Youth Leadership Team included the Ohio Legacy Council which represents young adult consumers, ages 18-26; Ohio Youth Advisory Board which represents current and former foster youth; the Youth Empowerment Program which represents YYAT from various systems who have experienced homelessness; and YouthMOVE which represents YYAT with mental health conditions.

The Youth Leadership Team met the Saturday before each planning meeting to prepare the YYAT for the day and provide youth leadership training and networking opportunities. The Youth Leadership Team met again near the end of each planning meeting to debrief on how the day went, what they liked about it, and areas for improvement. The team then reported out on their thoughts and ideas to the large planning group prior to the day's adjournment.

Two adults served as "coaches" to the YYAT throughout the planning process. The coaches ensured that the YYAT understood the discussion, that they had the opportunity to seek clarification and ask questions, and that youth voice was always present in the planning meetings. Coaches were trained prior to the first planning meeting regarding their roles and responsibilities and given tips on how to coach YYAT and methods to address issues that might arise.

Finally, the Youth Leadership Team presented the draft plan to other YYAT throughout the state in July 2012 to obtain additional feedback and ideas about the ENGAGE plan. This team was instrumental for Ohio in ensuring youth and young adult voice was always at the table.

System of Care

A system of care is a spectrum of effective, community-based services and supports for children, youth, and young adults with or at risk for mental health or other challenges

and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life. The community-based services and supports may include the following:

ENGAGE System of Care Values are to be:

1. Youth-guided, family- and young adult-driven,
2. Culturally, linguistically and developmentally competent, and
3. Community based.

ENGAGE System of Care Guiding Principles are to:

1. Support youth, young adult, family, and community safety and stability,
2. Value youth, young adult, and family's self-advocacy in decisions that affect their lives,
3. Provide a broad continuum of flexible, coordinated services and supports that are individualized, strength-based, and developmentally, culturally, and linguistically appropriate,
4. Assure timely access to care proven to be effective through evidence or practice that is trauma-informed and delivered in the least restrictive and most-normative environment,
5. Facilitate peer and family support,
6. Expect shared accountability for results with youth, young adults, and families and between system and service providers, and
7. Ensure sustainability.

ENGAGE Goal Areas

The ENGAGE plan focuses on 5 main goal areas in building a System of Care for YYAT: (1) Infrastructure; (2) Youth and Family Voice; (3) Treatment, Care, and Home; (4) Education and Employment; (5) Awareness and Connections.

As stated earlier, there were originally six goal areas but the

Non-Residential Services Array	Residential Services Array	Supportive Services Array
<ul style="list-style-type: none"> • Assessment and Evaluation • Individualized "wraparound" service planning • Intensive case management • Outpatient therapy • Medication management • Intensive home-based services • School-based behavioral health services • Substance abuse intensive outpatient services • Day treatment • Crisis services • Mobile crisis response • Therapeutic behavioral aid services • Behavior management skills training 	<ul style="list-style-type: none"> • Therapeutic foster care • Therapeutic group home care • Residential treatment center services • Inpatient hospital services • Inpatient medical detoxification • Crisis stabilization services 	<ul style="list-style-type: none"> • Peer youth support • Peer family support • Youth and family education • Respite services • Therapeutic mentoring • Mental Health consultation • Supported education and employment • Supported housing • Transportation • Food assistance

Organizational Chart

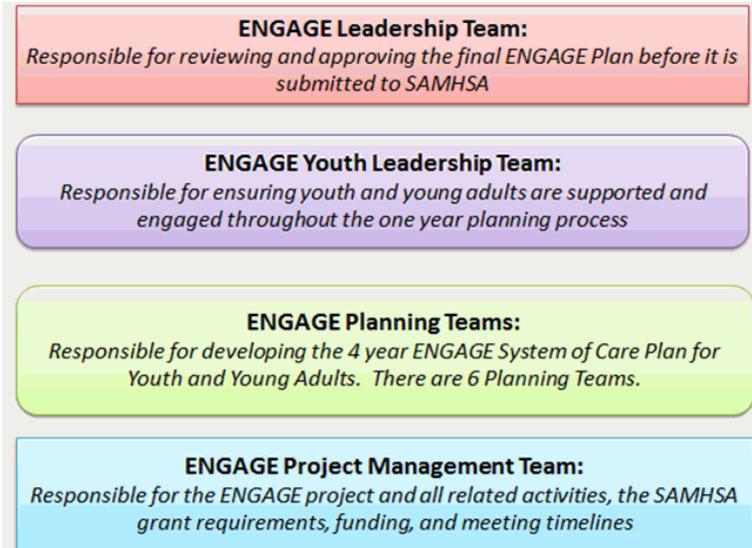
The picture below depicts the ENGAGE Organizational Chart used for the planning process. The ENGAGE Management Team met weekly; the ENGAGE Planning Teams met monthly (February – June 2012); the ENGAGE Youth Leadership Team met monthly (January – June 2012); and the ENGAGE Leadership Team met three times (January, July, and September 2012).

ENGAGE's Four Year Implementation Plan

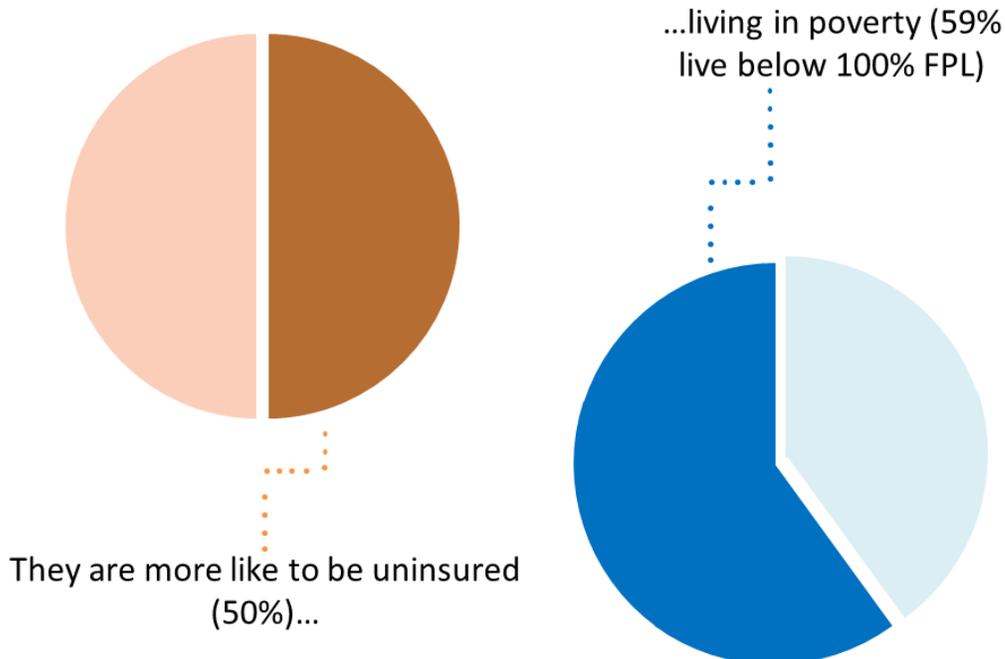
ENGAGE will focus on expanding the System of Care framework statewide to achieve improved outcomes for Youth and Young Adults in Transition (YYAT) in Ohio, pending continued funding. Implementation will begin in October 2012 with statewide expansion accomplished by September 2016.

ENGAGE Population of Focus

ENGAGE will focus on YYAT in transition, ages 14-21 years, with serious emotional disturbance or mental illness, including co-occurring disorders and multi-systemic needs. "YYAT" is the acronym used throughout the plan to refer to members of the population of focus, both singular and plural.



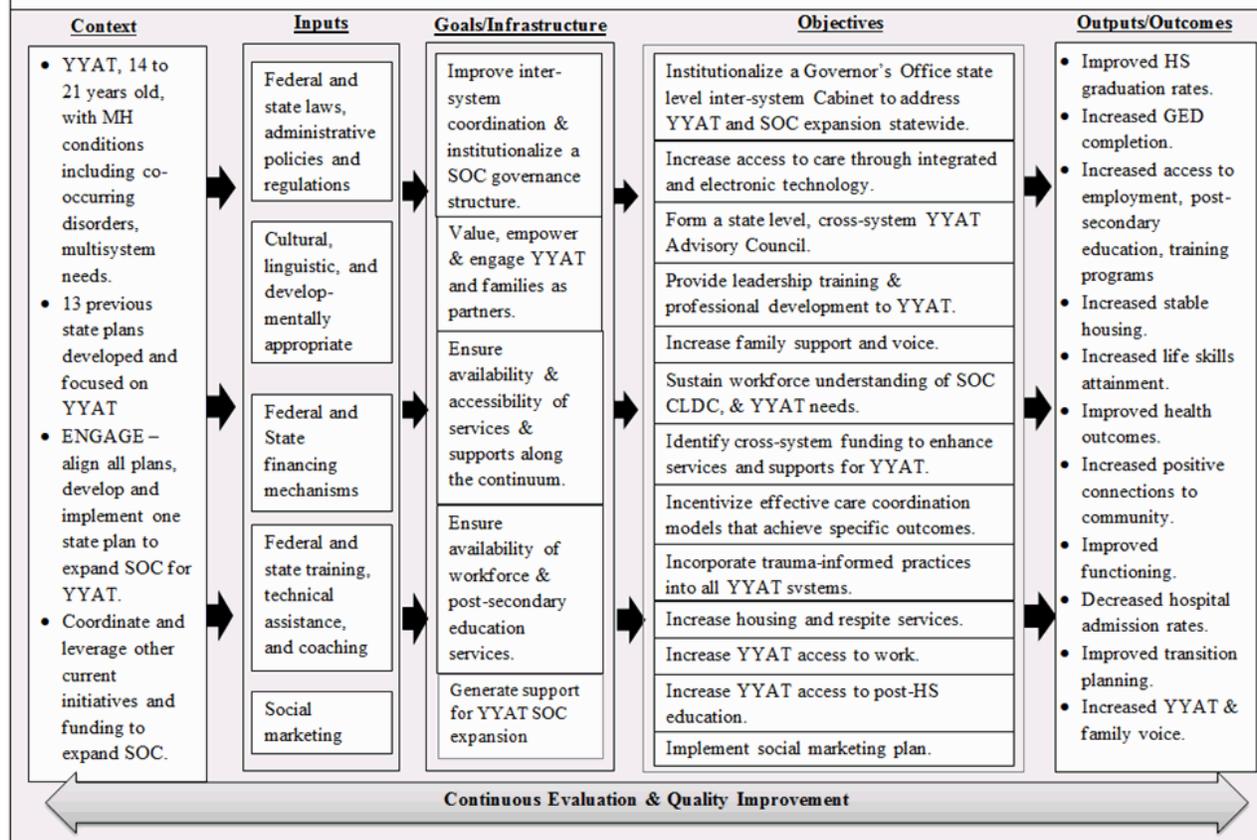
Ohio focused on expanding the SOC for YYAT because



ENGAGE Logic Model

ENGAGE Vision: Ohio's policy, fiscal and administrative actions operate from a system of care framework to achieve improved outcomes for youth and young adults in transition.

ENGAGE Mission: To develop a statewide system of care framework that coordinates and adapts policy, fiscal and administrative actions to support the transition of Ohio's youth and young adults to adulthood.



treatment, prevention, and recovery goal area and the supportive services goal area were combined in the final plan under “Treatment, Care, and Home”.

GOAL ONE: INFRASTRUCTURE

Preface

The Goal One Workgroup was comprised of 24 individuals who represented YYAT, family members, state representatives, local government, private providers, and statewide associations. The workgroup was charged to determine how Ohio could improve its cross-system coordination and if a state level governance structure was needed for ENGAGE.

The workgroup identified that Ohio lacks the infrastructure needed to comprehensively address the needs of YYAT who are challenged with serious mental health conditions and their families. Current policies, programming, services, and funding are fragmented across multiple child- and adult-serving systems; access to developmentally-appropriate, culturally and linguistically competent services throughout the state is inconsistent; development of cross-system public policy and investment strategies is compromised by limited data describing this population;

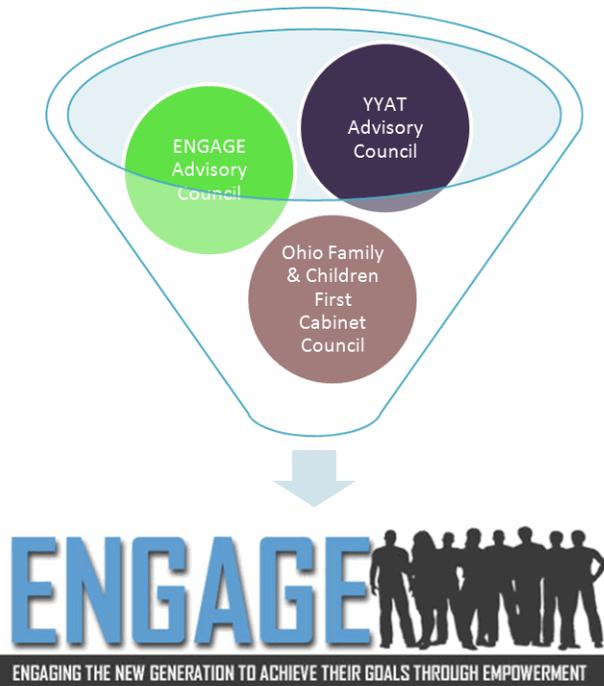
youth involvement in public policy and program design has been limited to date; and performance-based incentives are needed to promote consistent use of effective practices at the local level.

The workgroup noted that institutionalizing a state governance structure is essential to ensuring needed coordination of all public systems that serve YYAT. Most important, the Governor's commitment is critical to the success of an effective statewide system of care. Under the Governor's direction, Cabinet leaders develop policies, align funding streams, establish protocols, identify expectations, implement training programs to build system capacity, and incentivize best practices at the local level. In addition, Cabinet-defined mechanisms, including establishment of an ENGAGE Advisory Council, a YYAT Advisory Council, and local council membership, facilitate stakeholder participation, including youth, young adults, and their families. Multi-system accountability is achieved through reporting of SOC impact on well-being outcomes and use of electronic technologies.

Established under the Governor's Office in 1993, the Ohio Family and Children First (OFCF) Cabinet Council has been recommended to serve as the governance structure

for ENGAGE. The Cabinet consists of the Ohio Departments of Aging (ODA), Alcohol and Drug Addiction Services (ODADAS), Developmental Disabilities (ODODD), Education (ODE), Health (ODH), Job and Family Services (ODJFS), Mental Health (ODMH), Rehabilitation and Correction (ODRC), Youth Services (ODYS), Rehabilitation Services Commission (ORSC), Medicaid, and the Office of Budget and Management (OBM). The Board of Regents (BOR) will be added to ensure the involvement of institutions of higher education. In addition, ENGAGE activities will be aligned with the Governor's Office of Health Transformation's Statewide Data Sharing Project, the integrated Health Homes initiative, cross-system regulatory simplification processes, workforce development efforts (e.g., trauma-informed care; effective service coordination models), and cross-system programs designed to improve availability and access to employment and educational services. Local system of care models will emphasize flexibility to promote economy of scale (e.g., via regionalization).

The most significant issue explored by the workgroup was the establishment of an effective state level governance structure to guide this work. Workgroup members stressed the importance of ensuring commitment to this vulnerable population by those who had the authority to act and impact all public YYAT-serving systems. Inasmuch as the OFCF Cabinet Council already exists and holds the statutory authority to coordinate care for all children and youth, the workgroup concluded that it continues to be the most appropriate entity to oversee the multi-system, collaborative initiatives needed to improve care for YYAT. Authorization of the OFCF Cabinet Council structure was further supported from the feedback received through the Stakeholder review of the draft Plan that occurred in July 2012 via Survey Monkey. Another governance option that was discussed by the workgroup and suggested during the review was the Governor's Office of Health Transformation's Health and Human Services Cabinet. If that structure were to be used, then the departments currently not serving on that Cabinet will need to be included for ENGAGE implementation.



Goal One: Improve inter-system coordination and institutionalize a governance structure for statewide System of Care (SOC) expansion focused on YYAT.

Objective A: Institutionalize a Governor's Office state level intersystem Cabinet Council to comprehensively address the needs of YYAT and expand the SOC framework by developing an accountability system to award communities' attainment of YYAT outcomes.

- i. Established under the Governor's Office in 1993, the Ohio Family and Children First (OFCF) Cabinet Council (referred to as "Cabinet") is recommended to serve as the governance structure for ENGAGE. The Cabinet consists of ODA, ODADAS, ODODD, ODE, ODH, ODJFS, ODMH, ODRC, ODYS, ORSC, Medicaid, and the OBM.
- ii. The Cabinet, mandated through statute, will identify interagency state strategies and align policies, procedures, and funding across agencies.
- iii. The Cabinet will meet quarterly.
- iv. The Cabinet will be required to work directly with the ENGAGE Advisory Council (EAC) representing culturally diverse consumers with serious emotional disturbances and serious mental illness, their families, state department representatives, Supreme Court of Ohio, Governor's Office of Faith-Based and Community Initiatives, providers, county governmental entities, associations, private businesses, and funded SOC communities.
- v. The Cabinet will produce an annual report outlining state and local level system of care accomplishments, adjustments needed, and a plan for the upcoming year.
- vi. The EAC will oversee grant activities, determine gaps and needs, and make recommendations to the Cabinet regarding specific mental health services and recovery supports, transitional supports, and approaches that are individualized, culturally and linguistically competent, and developmentally appropriate. These grant activities include: providing technical assistance and training; increasing family and youth voice; and facilitating policy, statutory, and regulatory changes.
- vii. The EAC will collaborate with organizations addressing racial and ethnic minorities, LGBTQ (Lesbian, Gay, Bisexual, Transgendered, and Questioning)

- persons, and military families.
- viii. The EAC will monitor and assure services are being delivered in SOC communities within a family- and young adult-driven, and youth-guided framework.
 - ix. The Cabinet will work directly with the EAC to:
 - a. Develop and monitor a set of key outcomes (e.g., improved graduation; GED completion; employment; enrollment and completion of post-secondary education or vocation training; stable housing; life skills attainment; improved health; positive connections to community supports; improved functioning; decreased hospital admission rates).
 - b. Set forth key infrastructure outcomes (e.g., policy changes; number of organizations adopting SOC; braided finance strategies; level of youth and family involvement) by establishing guidelines, training and technical assistance for communities to become ready to implement the SOC framework for YYAT.
 - c. Select 22 SOC communities to roll out the framework each year based on criteria the Cabinet and the EAC set including but not be limited to: SOCIS assessment, ability to implement Wraparound or Transition to Independence Process (TIP), prioritizing YYAT and plans for YYAT engagement, demonstrated history of collaboration among YYAT serving systems with the assurance of commitment from education and workforce representatives, and identification of local system of care goals to achieve.
 - d. Develop a financing plan for funding SOC for YYAT.
 - e. Monitor, evaluate, and maintain continuous quality improvement (CQI) of SOC throughout Ohio and accomplished through a CQI Sub-Council of the ENGAGE Advisory Council.
 - f. Provide financial incentives to SOC communities that achieve defined outcomes based on SOCIS survey and other community readiness criteria.

This population is more likely to be uninsured
(Ohio Family Health Survey, 2011)

50%

- Health Homes to provide integrated (behavioral/primary) care for SED and SMI.
- ii. Establish uniform data policies and practices to monitor the impact of services and supports rendered through public systems on key YYAT outcomes. This will be accomplished by using the ODMH's new client level outcome data system (NOMs) and supporting statewide access to Synthesis for service level outcome tracking.
- iii. Develop policies and procedures to facilitate access to clinical records for YYAT and families, with consultation from the YYAT Advisory Council (YYAT AC).
- iv. Implement cross-system training across all YYAT serving agencies to train staff about using automated information systems and making data-informed decisions to promote individualized and culturally, linguistically, and developmentally appropriate care.
- v. Improve capacity to provide YYAT treatment services through regulatory simplification, workforce development, and identification of performance measures.

GOAL TWO: YOUTH AND FAMILY VOICE

Preface

The Goal Two Workgroup consisted of ten individuals, including YYAT, parents, state representatives, local government, and statewide associations. The original goal and primary focus of this group was to foster the voices of YYAT and families in System of Care expansion as it pertained to the needs of the population of focus. The importance of youth and family voice to eliminate disconnect between those who influence/drive systems and those who use these systems was emphasized. The goal was revised not only to ensure YYAT have a voice, but also to ensure partnerships between YYAT, families, and decision makers.

The team stressed the importance of YYAT advocacy to eliminate system barriers; youth need to be prepared and have experience in advocating at an early age. To effectively prepare YYAT, transition planning, advocacy training, and education must begin at the age of 14. To create inclusion in decision-making and partnership with those who drive the various systems at all levels of System of Care, a statewide cross-system YYAT Advisory Council (YYAT AC) is needed to make recommendations to the Governor and the Cabinet. Recommendations will focus on advising and influencing policy changes throughout state systems that address statutory, administrative, and regulatory effects on this population. Participating in state level councils

Objective B: Increase access to and accountability of the continuum of care across all service agencies for YYAT through integrated and electronic technology.

The Cabinet will:

- i. Partner with the Governor's Office of Health Transformation (OHT) on its Statewide Data Sharing Project, which will develop business and technical standards to integrate information sharing across Ohio's health and human service systems and in

and influencing change will not only eliminate the barriers which impact decisions or limit access to services and processes, but will safeguard that those decisions are made based on what is best for youth, young adults, and their families.

The inability for youth to have access to their records, data protection, and knowledge of rights was of great concern to the workgroup. Data and early transition planning were also discussed in another workgroup and this team felt access to records and transition planning best fit under another goal group.

In summary, leadership development, advocacy training for YYAT and parents, peer support, coaching, and mentorships were identified by the workgroup as necessary strategies to develop future leaders and advocates throughout SOC communities, leading to empowerment and strengthening of this population in the future.

Goal Two: YYAT and their parents or youth-defined families will be valued, empowered, and engaged partners at the state and local levels.

Objective A: Establish a centralized and statewide cross-system YYAT Advisory Council (YYAT AC) to advise the Governor and the OFCF Cabinet Council.

The YYAT AC will:

- i. Be governed by YYATs. The YYAT AC will be made up of four to six culturally diverse representatives from four YYAT advocacy groups (Youth MOVE with Ohio Federation for Children’s Mental Health; Ohio Youth Advisory Board (OYAB) representing current and former foster YYAT; Youth Empowerment Program (YEP) with the Coalition on Housing and Homelessness (COHHIO); and the Ohio Empowerment Coalition’s (OEC) Legacy Council). A taskforce consisting of YYAT, YYAT leaders, family members, and state staff will develop the YYAT AC structure and pursue statutory language for sustainability.
- ii. Make recommendations to the Governor and the Cabinet including the importance of addressing YYAT cultural, linguistic, and developmental needs.
- iii. Develop guidelines on establishing local YYAT advocacy councils, and identify and train locally interested YYAT councils on core competencies.
- iv. Be compensated by the Cabinet for participation and travel expenses, and to fund training, all of which will be included in the financial plan for this project.



Objective B: Provide youth leadership training and professional development to all YYAT consumers that become involved or want to become involved on local, regional, and state advisory boards, committees, and councils.

The YYAT AC in partnership with the EAC will:

- i. Make a recommendation to the Cabinet to formally establish standards for each system that YYATs be added to local and state agency committees and boards when the focus, topic, or issue impacts this population. The standards will require YYAT to be active participating members on SOC teams. YYAT members of these boards and committees will be recruited and trained by the YYAT AC.
- ii. Develop a training that is culturally, linguistically, and developmentally competent and incorporates all learning styles.
- iii. Provide guidelines, tool-kits, training, and other resources on advocacy skills to YYAT and families.
- iv. Promote cross-system training to develop skills, knowledge, and awareness of each system’s services and resources.

Objective C: To increase family support and voice through parent advocacy, leadership development, and parent/professional partnerships.

The Cabinet Council will:

- i. Enhance parent advocacy services and supports through the NAMI-Ohio Parent Advocacy Connection (PAC) program to assist and support families with YYATs.
- ii. Provide parent advocacy training and coaching to parents of YYATs.
- iii. Recommend and distribute a nationally recognized “best practice” training curriculum for parent advocacy and family and YYAT peer support certification.
- iv. Network parent advocacy, leadership, and parent/professional partnership training, resources, and organizations through www.RedTreehouse.org, which was created by the Cabinet Council.

GOAL THREE: TREATMENT, CARE, AND HOME

Preface

The planning team for Goal Three was actually two separate workgroups for the planning meetings. This was deliberate to ensure equal focus on treatment, prevention, resiliency, and recovery services and supportive services for YYAT and

their families.

The Treatment, Prevention, and Recovery Workgroup was comprised of eighteen members representing YYAT, family members, state representatives, local government, private providers, and statewide associations. This workgroup was charged to identify strategies that would enhance the availability of quality services along the prevention, treatment, resiliency, and recovery continuum and pursue the integration of physical and behavioral health services for YYAT.

Given this fairly broad mission, the Treatment, Prevention, and Recovery Workgroup was challenged to determine what would be feasible and sustainable for the state to implement over the next four years. Much of the discussion focused on Medicaid expansion opportunities for treatment services known to be effective for this population. This workgroup felt strongly that Ohio had quite a few communities implementing either wraparound or TIP, and thus Ohio should build on this accomplishment by supporting these two models for care coordination efforts with YYAT. The workgroup also spent considerable amount of time focusing on the need to increase prevention, trauma-informed, and resiliency services in Ohio but struggled with how the state could feasibly finance these services.

The Supportive Services Workgroup was comprised of 16 members representing YYAT, family members, state representatives, local government, and statewide associations. This workgroup was charged to identify strategies to increase the availability of appropriate supportive services and psychosocial education for YYAT and their families in Ohio.

The Supportive Services Workgroup reviewed needs assessment data to determine the most needed supportive services for YYAT and their families. The results revealed that YYAT were greatly in need of respite care, housing, mentors, peer support, and transportation. The workgroup then discussed how local communities could best develop plans to ensure access to these services.

For the final plan, the two workgroups' objectives and strategies were collapsed into one goal area as described above. This goal area now focuses on expanding availability and accessibility of treatment, prevention, resiliency,

and recovery services and supports. While the workgroups identified other needed services not identified in this final plan, those included in this final plan were deemed to be the most feasible and sustainable by the management and leadership teams.

Goal Three: Ensure the availability and accessibility of a continuum of effective prevention, treatment, resiliency, and recovery services and supports.

Objective A: Develop and sustain workforce understanding of the SOC philosophy and the developmental stages/domains, needs, and challenges of YYATs.



The Cabinet will:

i. Develop and implement a statewide required training program through Ohio's existing Coordinating Centers of Excellence (CCOE) for all YYAT serving providers. Training will be trauma-informed, developmentally appropriate, culturally and linguistically competent, and embrace the SOC framework. The training will focus on services, supports, and resources (e.g. peer support, wraparound, TIP, resiliency, Strategic

Prevention Framework, technology utilization for service delivery, evidence based practices, and housing). Family members and YYAT will be recruited to serve as co-trainers and will be compensated.

ii. Require all 17 ODMH funded Residency and Training Programs at colleges and universities to train psychiatry residents and nurses in Health Homes, IHBT, ACT, Peer Support, and other evidence based treatment models for YYAT, as well as SOC delivery models, through didactic and practical experiences.

Objective B: Identify cross-system funding opportunities to enhance services and supports, streamline public assistance eligibility for YYAT, and expand the continuum of care, including seeking Medicaid coverage for additional evidence based services.

The Cabinet will:

i. Develop a finance plan that identifies various funding sources to expand services and support for YYAT and incentivize SOC communities for achieving outcomes (e.g. MH block grant, Title IV-B, Parts I and II, Home Choice, State General Revenue).

ii. Explore the possibility of ODMH establishing a

line item in the state's biennial budget that reflects ODMH and OHT "hot spots" investments focused on YYAT.

- iii. Work in partnership with OHT to ensure YYAT eligibility in federally and state funded service programs are streamlined (i.e. income only enrollment) and that access can be prepared prior to age 18.
- iv. Increase access to integrated physical and behavioral health services and supports by promoting Health Homes for YYAT with SED, SMI, and co-occurring disorders.
- v. Explore aligning administrative rules to allow the delivery of episodic care for SED/SMI.
- vi. Work to expand Medicaid services including but not limited to: ACT, Intensive Home-Based Treatment (IHBT), Partial Hospitalization, Day Treatment, Peer Support (adult), YYAT Peer Support (youth), Parent Support Model (family), Integrated Dual Disorders Treatment (IDDT), Health Homes, Supported Employment, Supportive Housing, Clubhouse, and Outreach.
- vii. Explore waiver opportunities through the Center for Medicare and Medicaid Services to support mental health, substance abuse, and other services for YYAT.
- viii. Develop a targeted service utilization plan to maximize the use of Medicaid, including EPSDT, and the continued strategic use of state dollars as match.
- ix. Explore the reinstatement of Medicaid or presumptive eligibility for youth held in public institutions for longer than one year.
- x. Explore funding options for prevention, health promotion, and wellness services.
- xi. Establish policies that support and incentivize providers for dual diagnosis capability and adoption of IDDT and Integrated Co-Occurring Treatment (ICT).
- xii. Incentivize a continuum of promising, emerging, and evidence based interventions for diverse YYAT populations.

Objective C: Incentivize effective care coordination models that achieve specific outcomes for YYAT and ensure integration of transition planning into all service/care coordination efforts and treatment plans beginning no later than age 14.



The Cabinet will:

- i. Establish policies and rules, and recommend statutory changes, if needed, to integrate transition planning beginning no later than age 14 for all systems providing care/service coordination to YYAT.
- ii. Adopt a universal, culturally, linguistically, and developmentally relevant transition plan for all systems to use, and specify expectations for its use.
- iii. Increase transition plan accessibility via the web-based Ohio Benefit Bank that will manage, store information, and authorize others to access the YYAT transition plans.
- iv. Support the development of transition teams in SOC ready communities that use an integrated, cross-system, youth-guided, young adult-driven, and family-driven care coordination process through rules, policies, and/or law.
- v. Provide needed training (i.e. Wraparound, TIP) to advance local SOC communities' readiness to serve diverse YYAT populations. The transition teams will utilize Wraparound or TIP to identify needed services (e.g., life skills development, peer support, integrated care, housing, legal, supportive employment, education, and transportation).
- vi. Incentivize effective SOC communities that successfully meet identified performance measures (e.g., improved graduation; GED completion; employment; enrollment and completion of post-secondary education or vocation training; stable housing; life skills attainment; improved health; positive connections to community supports; improved functioning; decreased hospital admission rates).
- vii. Explore setting provider requirements for integration of the coordination of primary and behavioral health care.

Objective D: Incorporate trauma-informed care practices into all YYAT serving systems.

The Cabinet and the EAC will:

- i. Identify valid and reliable trauma screening tools which are culturally, linguistically, and developmentally appropriate.
- ii. Establish standards for implementing trauma-informed care, with emphasis on intervening at the earliest points of contact, particularly with youth who are involved with child welfare, juvenile justice, and

human trafficking.

iii. Promote statewide use of effective practices through training on recommended assessment, intervention, and treatment models as well as the state standards for trauma-informed care.

Increase housing and respite options for YYAT.

The Cabinet and EAC will:

i. Identify housing options available to YYAT, and provide training on unique and specific housing needs, barriers, and options for YYAT.

ii. Support SOC communities working with local Housing Authorities to prioritize Section 8 vouchers for YYAT and set aside housing resources to address the YYAT housing eligibility requirements separate from the adult population.

iii. Partner with the OHT's Housing Initiative to improve the alignment of Ohio's policies and resources for YYAT Permanent Supportive Housing (PSH) expansion in order to leverage federal and local PSH resources (i.e. ODMH Community Capital Housing Program; Federal Low Income Housing Tax Credits; DODD Capital Housing Program; National Housing Trust Fund; and New Federal Section 811 Demonstration Program).

iv. Explore the possibility of establishing a tax benefit program for residential property owners who agree to lease living quarters to YYAT.

v. Partner with Ohio Lifespan Respite Coalition (OLRC) to identify and implement best practices that improve the quality and quantity of developmentally appropriate and culturally and linguistically competent respite services for diverse YYAT.

vi. Collaborate with the OLRC to identify policies within each YYAT serving system that impede access to quality respite care services for YYAT.

vii. Partner with the OLRC to expand the availability of emergency respite services for YYAT.

viii. Explore current effective housing models for YYAT who lack alternative housing options for college breaks and support expansion of such models with additional colleges and universities.

GOAL FOUR: EDUCATION AND EMPLOYMENT

Preface

The Goal Four Workgroup was comprised of 22 members representing YYAT, family members, state representatives, local government, private providers, and statewide associations. This workgroup was charged with expanding the availability of workforce development services for YYAT,

including post-secondary education. The team began by assessing current efforts and initiatives related to workforce (employment) and post-secondary education. Following the assessment, the workgroup decided to break into two sub-teams with one focused on workforce development and the other on post-secondary education.

While the state is investing in quite a few initiatives related to workforce development and post-secondary education, the workgroup struggled with how to connect such initiatives to ENGAGE and what methods to use to expand current pilot efforts statewide or to a larger population, especially for students with mental health challenges but without an Individualized Education Plan. Many of the current efforts are primarily funded with federal grants and localities often apply for and receive such opportunities, thus bypassing possible management by state agencies. In addition, most efforts driven by state agencies are not to scale due to the lack of state match for federal funding opportunities.

After the workgroup concluded, many of the strategies presented in the final plan were identified by the ENGAGE Leadership Team as feasible for the state to achieve.

Goal Four: Ensure the availability and accessibility of quality and appropriate workforce development and post-secondary educational services and supports.

Objective A: Increase YYAT access to employment.

The Cabinet and EAC will:

i. Identify evidence based and culturally relevant employment models and provide implementation training to SOC communities.

ii. Partner with the Governor's Employment First initiative to align employment efforts focused on the YYAT population with disabilities.

iii. Expand Project SEARCH High School Transition Program and other supportive-like internship models statewide and broaden the program's reach to YYAT with mental health challenges and particularly those without an IEP.

iv. Explore institutionalizing Career Passport, a career exploration and planning program, beginning in middle school (no later than age 14) and support the new transitional planning program between RSC and ODE for youth with IEPs. Explore expanding the RSC-ODE model by focusing also on YYAT with mental health challenges without IEPs.

v. Disseminate information about available employment services and supports, monitor such services, and explore incentivizing best practices (e.g., Ohio Career Information System, WIA programs, youth apprenticeship programs, pre-apprenticeship services).



vi. Explore in conjunction with OHT increasing the state's capacity to provide benefits planning for YYAT to understand how work and education choices impact current and future benefits.

Objective B: Increase YYAT access to post-secondary education.

The Cabinet and EAC will:

- i. Explore and finance innovative models (such as AVID and Early College) for supporting YYAT in their exploration and understanding of college along with their families.
- ii. Research and explore available and needed remedial programs to assist those needing a bridge between high school and post-secondary education and vocational training.
- iii. Explore the possibility of waiving college application fees for diverse YYAT and ways the Board of Regents may encourage colleges and universities to establish a scholarship program for YYAT with mental illness who wish to pursue higher education.
- iv. Explore establishment of a Board of Regents fiscal incentive for colleges and universities that improve a YYAT year-one (or shorter time frame) completion rate.
- v. Explore implementing policy changes to require school districts to give credit for academic work performed regardless of location.
- vi. Explore implementing policy change(s) to require digital school records analogous to electronic health records to improve portability and continuity.
- vii. Develop mechanisms to promote smooth transitions of diverse YYAT from high school to post-secondary education (e.g., transferring IEPs, aptitude test results).
- viii. Explore establishing regional liaisons between education and post-secondary settings and the business community for YYAT, and provide guidance to local SOC communities regarding available resources and supports (e.g., E-Tutoring, application assistance).

This population is more likely to be living in poverty
(Ohio Family Health Survey, 2011)

59%

GOAL FIVE: AWARENESS AND CONNECTIONS

Preface

The Goal Five Workgroup was comprised of 18 members representing YYAT, family members, state representatives, local government, private providers, and statewide associations. This workgroup was charged with creating and initiating implementation of a marketing plan to educate and inform the public and stakeholders about the

advantages of Systems of Care for YYAT. The plan utilizes a variety of methods to ensure that the message is delivered to a variety of audiences effectively and efficiently.

The workgroup had to come to a consensus about the target audience, core messaging, and methods of delivery. The workgroup came up with 5 targeted goals and one core message.

Social Marketing Goals

1. Reduce stigma associated with mental illness and promote mental health.
2. Use social marketing strategies to help increase the likelihood that YYAT and their families are appropriately served and treated.
3. Increase awareness of mental health needs and services for YYAT with serious emotional disturbances among state policy makers, mental health providers, System of Care communities, intermediary groups/organizations, and the public.
4. Demonstrate to communities/stakeholders that the mental health needs of YYAT with serious emotional disturbances are best met through the utilization of systems of care.
5. Use social marketing strategies to help build capacity within System of Care communities to sustain services and support to children, youth, and young adults with serious emotional disturbances and their families.

One Core Message: ENGAGE ME Campaign

The team is developing an ENGAGE ME campaign where youth will learn how to advocate for themselves as well as spread the word about the system of care philosophy. This project will be guided by young adults to afford them the opportunity to directly reach those they determine need to be touched by their experiences. The management team will ensure that all programs/products are culturally and linguistic compliant and that all messages are positive and consistent with ENGAGE's mission and vision.

Goal Five: Generate support for statewide SOC expansion for YYAT increase YYAT awareness, educate multiple stakeholders about ENGAGE SOC, and reduce stigma.

Objective A: The YYAT AC in partnership with the EAC will develop the following developmentally appropriate and culturally and linguistically relevant social media activities:

- i. Facebook page that will seek input and monitoring assistance from EAC representatives.
- ii. Videos to post online via YouTube where YYAT

participation in workforce activities. In addition, a family coordinator and two YYAT coordinators will be employed to assist with leading related engagement activities.

iii. The Cabinet will establish standards for local communities on how to assure services are delivered within a family- and young adult-driven, youth-guided framework and are individualized, culturally competent, and developmentally appropriate. Standards will require the SOC communities to use the Wraparound or TIP models, which embrace the SOC framework, and provide flexible funding for the needed YYAT non-clinical services and supports.

iv. Consumers will be integrally involved in governance by serving on the EAC and the YYAT AC which will oversee grant activities, make recommendations to the Governor and the Cabinet, and assist local SOC development.

v. ENGAGE will use the existing governance infrastructure, OFCF Cabinet Council, as its statewide inter-agency infrastructure. The Cabinet will be the locus of authority and have overall responsibility for oversight of Ohio's SOC expansion. In addition, local SOC-ready communities will be prioritized based on criteria that include demonstrated history of collaboration among YYAT serving systems. The expectation will be for local SOC communities to identify a governance structure that can be sustained, along with completion of the SOCIS and a prioritization of the YYAT population.

vi. Family and YYAT involvement will be expanded by participation on the EAC and YYAT AC, providing parent advocacy to SOC-ready communities, serving as co-trainers for the workforce training program, and serving on SOC community governance structures.

vii. The regulatory structure will be the Cabinet, along with the 2 advisory councils—the EAC and the YYAT AC. The advisory councils will make recommendations to the Cabinet regarding policies and regulations that need to be addressed to successfully expand SOC statewide including: (1) institutionalizing the governance structures in statute; (2) key outcomes to be achieved; (3) SOC readiness criteria; (4) guidelines, technical assistance, and trainings needed; (5) uniform and integrated data; (6) expanding treatment services and access; (7) YYAT participation; (8) YYAT provider training program; (9) care coordination through Wraparound/TIP transition teams (10) requirements for utilizing a family- and young adult-driven, youth-guided framework; (11) rewards or incentives for outcomes obtainment; (12) screening and assessment tools; (13) CLDC requirements; (14) trauma-informed care standards; (15) peer to peer, housing, respite, employment, post-secondary education, and other support services policies; (16) dual diagnosis capability; and (17) social marketing policies.

viii. The Cabinet will continue collaboration and

partnerships built during the ENGAGE expansion planning grant year. The mandated members of the Cabinet include ODMH, ODJFS, Medicaid, ODADAS, ODODD, ODH, ODE, ODA, ODYS, ODRC, ORSC, and OBM.

The OBR will be added. In addition, the EAC will include senior level representatives from the above state departments, as well as YYAT and family consumers and representatives of providers, businesses, county YYAT serving entities, associations, and SOC communities. The YYAT AC will be comprised of four to six diverse YYAT from four YYAT advocacy organizations (Youth MOVE, OYAB, YEP, and the OEC Legacy Council). Local SOC communities will be required to build bridges between providers and YYAT programs; and strengthen relationships between community based YYAT programs and residential treatment settings.

ix. Ohio's state and local behavioral health (BH) systems represent an infrastructure supporting the integration of mental health and substance abuse services. Currently, 48 of 50 BH county authorities that have oversight of alcohol, drug addiction and mental health are integrated. In May 2012, Governor Kasich's administration announced ODMH and ODADAS will merge effective July 1, 2013, pending legislative approval. ENGAGE includes YYAT with co-occurring substance use disorders as part of the population of focus. The Cabinet will implement cross-system workforce training for all YYAT-serving providers that emphasizes best practices to integrate behavioral health services, and explore the possibility of expanding Medicaid to cover Integrated Co-Occurring Treatment.

x. Outcomes measurement will be incorporated into agencies' Electronic Health Records (EHR) through Ohio's Treatment Episode Outcomes (TEO) system. TEO captures all SAMHSA required National Child Outcome Measures (NOMS) for both children and adults, including overall functioning and recovery, and a variety of indicators for physical health and chronic disease. All SOC communities will be required to use TEO. Furthermore, ENGAGE intends to purchase Synthesis, a case management software system specifically designed to align with all SOC values and principles. SOC Communities will be required to enter service and cost data into Synthesis in order to track effectiveness of local SOC implementation. Synthesis has been used in several SAMHSA SOC sites across the United States, including Tapestry in Cuyahoga County.

xi. The multi-system finance plan, as described under Goal One, Objective A, ix., d., will guide how SOC strategies will be funded through Medicaid expansion, block grants, federal funds, state GRF, and other funding opportunities. The Cabinet will partner with OHT to streamline Medicaid and other public assistance programs' eligibility, implement electronic health records, and leverage health care reform efforts to expand coverage and support to YYAT.

xii. Since 2000, Ohio has promoted the use of trauma-

informed care statewide that includes: Early Childhood MH Consultation; Child Trauma Task Force; implementation of trauma-informed practices within the juvenile justice system; systemic trauma training for the child welfare system, Project LAUNCH; and the Early Childhood MH-Child Welfare pilots. In addition, Ohio is home to four National Child Traumatic Stress Networks (NCTSN) located in Cuyahoga, Franklin, Hamilton, and Lucas counties. Ohio has named trauma as a public health issue and departments are identifying methods to incorporate trauma-informed care throughout the state's human service delivery systems. ENGAGE will identify valid and reliable CLDC trauma screening tools, establish standards for implementing trauma-informed care in all systems, and promote statewide use of effective practices, interventions, and treatment models through the workforce training program.

xiii. ENGAGE will have a Social Marketing manager working with the Cabinet, YYAT AC, the EAC, and ODMH to implement the social marketing plan that was developed during the ENGAGE expansion planning grant. Social marketing activities include development of a Facebook page, Twitter, videos, webinars, website, and a speaker's bureau, as well as new strategic communications activities in response to issues that emerge during ENGAGE implementation.

xiv. Training and technical assistance efforts of the EAC will include: a professional workforce training program focused on the YYAT needs and challenges, SOC operations, CLDC, and related services (e.g., use of a uniform transition plan; provision of effective treatment models; peer support; financial strategies; benefit options; and use of technology to increase access to services). A local SOC community readiness program will focus on SOC orientation, Wraparound and TIP, evidence based employment models, housing options, educational resources, and CQI requirements. Statewide trainings will include YYAT and CLDC relevant assessments, interventions, and treatment models; trauma-informed care standards; consumer engagement practices; YYAT leadership development; YYAT effective communication skills; and family self-advocacy skills. In addition, ENGAGE regional coordinators will provide on-going technical assistance to SOC-ready communities. All trainings and technical assistance will employ multiple methods to disseminate information and be CLDC relevant.

III. Other Organizations that Will Participate, Including Roles, Responsibilities, and Demonstration of Commitment

As previously described, the OFCF Cabinet Council will be the intersystem state governance structure, the locus of authority and responsibility for ENGAGE. The Cabinet consists of the Directors of: ODMH, ODJFS, Medicaid, ODADAS, ODODD, ODH, ODA,

ODE, ODYS, ODRC, ORSC, OBM; and will add OBR. The ENGAGE Advisory Council will oversee the grant activities and make recommendations to the Cabinet. The ENGAGE Advisory Council will consist of but not be limited to: YYAT and family consumers, senior level state department representatives, and representatives of the Supreme Court of Ohio, Governor's Office of Faith-Based and Community Initiatives, providers, county governmental entities, associations, businesses, and local SOC communities. Organizations that will participate on the ENGAGE Advisory Council include: Ohio Council of Behavioral Health and Family Services Providers; Ohio Family and Children First Coordinators Association; Public Children Services Association of Ohio; Ohio Association of Child Caring Agencies; Ohio Association of County Behavioral Health Authorities; Circle of Care grantee, the Native American Indian Center of Central Ohio; and local SOC projects from Cuyahoga, Clermont, Hamilton, and Stark Counties, and the Southern Consortium. The YYAT AC will make recommendations to the Governor and Cabinet regarding YYAT needs and will consist of representatives from Youth MOVE, OEC Legacy Council, YEP, and OYAB.

IV. Demographics, Language, Literacy, Sexual Identity, and Disability Addressed

ENGAGE builds on ODMH's history of developing strong partnerships with the people it serves. For more than twenty years, ODMH has been committed to cultural and linguistic competence (CLC) by supporting research, enhancing workforce development, making statewide policy changes, and supporting a Cultural Competence Lead position within ODMH. ODMH utilizes federal block grant funds to support the Multiethnic Advocates for Cultural Competence (MACC), the State's lead resource for CLC training to guide best practice. MACC worked with all the state health and human services agencies to develop the following Ohio working definition: "Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services". ENGAGE will continue to draw from the work of MACC and other CLC experts in Ohio to provide training and technical assistance and to inform development of the ENGAGE Advisory Council and YYAT Advisory Council, SOC-ready communities, and statewide service planning. ENGAGE will increase the capacity of its professional workforce to appropriately respond to Ohio's diversity across the spectrum. The finance plan will explore flexible dollars to meet the individualized needs of all diverse populations where appropriate services have yet to be developed.

YYAT in Ohio who identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) are emerging with unique needs regarding mental health and recovery support. LGBTQ YYAT often remain hidden in the public MH system, as data collection efforts historically have not routinely provided ways for young people to identify their sexual orientation and gender identities (Elze, 2005). A survey is currently under development for county BH systems to identify services which address the clinical needs of LGBTQ populations. In addition, leaders focused on LGBTQ issues will consult with ENGAGE to ensure the LGBTQ voice and representation in SOC efforts.

ENGAGE will broaden the existing workforce by adding diverse family and YYAT consumers as coordinators, local SOC members, co-trainers, and through PAC. The EAC will: work to resolve inequities where geographic access to culturally relevant resources is more challenging; identify developmentally appropriate reliable and valid screening tools for diverse populations; and identify YYAT at risk of and/or already impacted by trauma. The CLDC Sub-Council will include diverse family members and YYAT to ensure CLDC considerations remain constantly in focus.

A Cultural, Linguistic and Developmental Competence (CLDC) Sub-Council will be established to help guide statewide SOC expansion. The CLDC will be led by ODMH Cultural Competence Lead and include family, YYAT, and other Ohio CLDC experts. The CLDC Sub-Council will work with SOC communities to ensure CLDC services and supports for YYAT and their families are available and can be accessed.

V. ENGAGE's Finance Plan to Guide Statewide SOC Expansion. The Cabinet will develop and adopt the ENGAGE finance plan before the end of the 1st year of the implementation grant. The finance plan will identify how the activities will: be funded and sustained through various funding streams; support the 4 year rollout of SOC throughout Ohio while focusing on sustainability by targeting block grant funds, Title IV-B Parts I and II, Title IV-E, state general revenue, and other funding sources; and address: (1) ENGAGE key staff leads; (2) consumer stipends, compensation, mileage for participation in grant activities, and on state and local committees; (3) YYAT AC support (stipends, mileage, support activities, trainings, transportation, etc.); (4) awards to SOC communities for achieving desired outcomes; (5) integrated data sharing, (6) electronic technology; (7) parent advocacy; (8) state general revenue line for YYAT; (9) Medicaid expanded services, including ACT, IHBT, Partial Hospitalization, Day Treatment, Peer Support, Parent Support Model, IDDT, ICT, Supported Employment, Supportive Housing, Clubhouse, Outreach, Health Homes; (10)

Medicaid waiver opportunities; (11) streamlined eligibility; (12) transition team support; (13) trauma-informed and other screening tools; (14) housing, respite, employment, post-secondary education, and other non-clinical support services; (15) cross-system trainings on technology, providers' workforce development, peer to peer support, parent advocacy, resiliency, Strategic Prevention Framework, housing, evidence based treatment models, Wraparound, TIP, life skills, CQI, and CLDC; (16) CQI activities; (17) funding to meet individualized needs and be CLDC; and (18) social marketing.

VI. ENGAGE's Expansion and Sustainability Plan
If implementation funds are received, ENGAGE will expand statewide throughout the next four years, targeting 22 SOC-ready communities each year (all 88 counties by year 4) and ensuring sustainability can occur locally. ENGAGE will provide technical assistance, training, and incentives for YYAT SOC outcome obtainment. Flexible funding will be provided to assist with initial non-clinical support needs of YYAT. The finance plan for ENGAGE will focus on sustainability of services, supports, and technical assistance past the grant's four years, thus ensuring commitment to SOC expansion and YYAT.

ENGAGE's sustainability will be built on: solid infrastructure; strong partnerships, including with YYAT and families; promotion of effective, CLDC services; streamlined service delivery; and on-going efforts to generate support for a statewide SOC. ENGAGE will align with other related state initiatives such as: OHT; health care reform; behavioral health integration; supportive housing; trauma-informed care; lifespan respite; youth employment; juvenile justice; child welfare; and human trafficking. In addition, this work will be aligned with state implementation of the federal Affordable Care Act, the Mental Health State Block Grant, and the Title IV child welfare programs. Because so many YYAT are served in multiple systems, it is essential that Ohio align all related efforts in order to better meet their needs and to maximize scarce resources through coordination.

Based on recommendations from YYAT groups, the OFCF Cabinet will serve as the coordinating body for aligning such efforts across state and local systems for YYAT, ages 14-26. ENGAGE will be the lead initiative under the Cabinet focusing on YYAT, ages 14-21 with SED and SMI. The OFCF Cabinet, established in statute in 1993, ensures continuity of this work throughout administration changes as the institutionalized governance structure for SOC. OFCF has a history of successful joint programming and braiding funding streams to support the needs of YYAT with multi-system needs and their families. This shared accountability reflects enduring commitment for the YYAT population and ensures SOC sustainability past the grant period.

Feedback About ENGAGE

"I LOVE the outcome from our ENGAGE meetings. You and your team did a tremendous job targeting the needs of YYAT and their families. If I had to start all over again with a child the proposed changes would make navigating systems, access to services and life in general easier."

- From a parent with a young adult with mental health challenges that participated in the ENGAGE planning process, July 2012.

Additional ENGAGE Resources

ENGAGE Website: <https://sites.google.com/site/engageohio/home>

This was used to communicate ENGAGE's planning progress to team members and other key stakeholders.

ENGAGE Prezi Presentation: <http://prezi.com/8ddfziiqhj32/engage-ohio/>

This presentation provided a great visual tool to communicate to stakeholders about ENGAGE.

ENGAGE YYAT Sharing Your Story Webinar: <http://odadas.adobeconnect.com/p6wisujbv4r/>

The purpose of this webinar is to educate YYAT on how they can effectively tell their story but reduce emotional triggers. This training was created by ENGAGE's YYAT Engagement Specialist and ENGAGE's Family Engagement Specialist.

ENGAGE System of Care 101 and 102 Trainings - Coming soon!

These trainings will be available via <http://www.ebasedacademy.org/index.php>. The purpose of the trainings will be to educate communities about system of care and increase their readiness in becoming a system of care community. Users will be able to view the presentation, take a learning test, and receive continuing educational credits.

ENGAGE's Timeline with Key Activities

YEAR ONE (Oct 1, 2012 – Sept 30, 2013)	1st Quarter	2nd Quarter
	<ul style="list-style-type: none"> • OFCF Cabinet Council authorized • ENGAGE Advisory Council and its sub-councils form • YYAT Advisory Council forms • Social marketing begins 	<ul style="list-style-type: none"> • Key outcomes established • YYAT AC core competencies established • Parent engagement curricula established • Expand YYAT respite and housing services • Parent advocacy services provided
	3rd Quarter	4th Quarter
	<ul style="list-style-type: none"> • YYAT access BH services – Health Homes • Training begins for 1st rollout-ready SOCs • Begin providing ACT, IHBT, Peer Support, Health Homes, Day Treatment, pending CMS approval 	<ul style="list-style-type: none"> • ENGAGE finance plan developed • Transition teams developed, WA, TIP training provided to SOC communities • Improvements to ENGAGE plan folded in • Begin developing needed policy changes for workforce education
YEAR TWO (Oct 1, 2013 – Sept 30, 2014)	1st Quarter	2nd Quarter
	<ul style="list-style-type: none"> • Begin awarding SOC communities for achieving outcomes & effective care coordination 	<ul style="list-style-type: none"> • Explore streamlined YYAT eligibility and enrollments in Medicaid and public assistance • Explore Medicaid waiver opportunities • Training begins for 2nd rollout-ready SOC communities
	3rd Quarter	4th Quarter
	<ul style="list-style-type: none"> • Establish YYAT standards & TA for YYAT participation on boards, committees 	<ul style="list-style-type: none"> • YYAT provider workforce training program begins • Improvements to ENGAGE plan folded in
YEAR THREE (Oct 1, 2014 – Sept 30, 2015)	1st Quarter	2nd Quarter
	<ul style="list-style-type: none"> • Begin implementing workforce and education policy changes • Review and modify care coordination performance incentives, if needed 	<ul style="list-style-type: none"> • Training begins for 3rd rollout-ready SOCs
	3rd Quarter	4th Quarter
	<ul style="list-style-type: none"> • Integrated data sharing begins • Explore Peer Support for 14-17 & families 	<ul style="list-style-type: none"> • YYAT regional councils established if possible • Improvements to ENGAGE plan folded in
YEAR FOUR (Oct 1, 2015 – Sept 30, 2016)	1st Quarter	2nd Quarter
	<ul style="list-style-type: none"> • Training begins for 4th rollout-ready SOCs (remaining communities) 	<ul style="list-style-type: none"> • Begin finalizing sustainability plan for ENGAGE
	3rd Quarter	4th Quarter
	<ul style="list-style-type: none"> • Review and finalize final policy and fiscal changes needed 	<ul style="list-style-type: none"> • Evaluate and submit final implementation report to SAMHSA

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ENGAGE



ENGAGING THE NEW GENERATION TO ACHIEVE THEIR GOALS THROUGH EMPOWERMENT

