



HEALTHY MINDS

**Solutions for Promoting Resilience,
Recovery and Well-Being**

**A CONSUMER/FAMILY DRIVEN ACTION PLAN FOR TRANSFORMING
BEHAVIORAL HEALTH IN WASHINGTON COUNTY.**



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INTRODUCTION



Too many in our county struggle with mental health and addiction alone, without the supports and behavioral health treatments they need.

Dear Reader,

Mental health is essential to our wellbeing. But, here in Washington County, as in other places in the state and nation, mental illness and substance use disorders are common. Half of us are likely to experience a mental illness and/or substance use disorder in our lifetime and 20% of us will have a behavioral health need in any given year. It goes without saying that 2020 is not an ordinary year. As we release this plan, the COVID-19 pandemic is further eroding mental health; and residents of Washington County are experiencing rising levels of anxiety, depression, and substance use. Washington County's service delivery system is inadequate to meet the needs of our residents and, as a result, increasing numbers of people seek help at our hospital emergency departments or experience crises that involve local police departments. Emergency Departments and police interactions are not the best pathway to access behavioral health care. But, for many people and families in crisis, the emergency system becomes the default avenue to care in a system with many gaps and too few resources. Too many in our county struggle with mental health and addiction alone, without the supports and behavioral health treatments they need.

For all these reasons, Healthy Bodies, Healthy Minds Washington County, the County's Health Equity Zone, charged its sub-committee on Behavioral Health Planning to develop a long-term strategic plan for improving mental health outcomes in Washington County. To ensure that this plan was shaped by first-hand experience and addressed issues most important to consumers and families, we created a local Consumer and Family Advisory Committee to guide and inform the process. This plan was designed with, and is accountable to, people with lived experience and their families. Approximately 50 consumers or families with lived experience participated on the Consumer and Family Advisory Committee or in a focus group that explored their perceptions of behavioral health and substance use in Washington County. We have been inspired by the experiences and stories shared with us by consumers and family members and their voices and solutions are reflected in this plan.

We are steadfast in our commitment to implement this plan. To achieve our vision, multi-sector collaboration and continued family/consumer engagement will be required. If you want to be part of this process, let us know.

While ambitious, our plan does not address all the gaps we identified. But it does put us on the path to creating the recovery-oriented system of care our county desperately needs.

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OUR PLAN AT A GLANCE

Healthy Bodies, Healthy Minds (HBHM) is a vigorous, collaborative, long-term effort to transform community health in Washington County. Launched in 2015, HBHM was one of 10 Health Equity Zones (HEZ) established throughout Rhode Island. South County Health is the backbone agency for HBHM.

Healthy Bodies, Healthy Minds takes a data driven approach to addressing the intersection of mental illness and substance use disorder in Washington County and the unique needs of people experiencing either illness, or both. Health disparities are preventable differences that are found in socially disadvantaged populations and are driven by upstream factors such as poverty, poor quality or unstable housing, lack of transportation, toxic stress and abuse, lack of access to nutrition and recreation, and structural factors including stigma and discrimination. Addressing these disparities in Washington County is at the heart of the health equity work of Healthy Bodies, Healthy Minds. The mission of HBHM is to advance the health & well-being of Washington County residents through collective community action to address disparities.



Guiding Principles

Foster Culture Change: develop new mindsets to dispel stigma, recognize important health connection between body and mind, and view health as more than medical care.

Create Enabling Conditions: to improve access to care and make healthier choices the easy choices.

Work Upstream: act early and implement evidence-based prevention programs.

Execute Resident Informed/Led Action Plans: to address health disparities.



HBHM Mission

Advance the health & well-being of Washington County residents through collective community action to address disparities.



HBHM Vision

A Washington County where everyone has equal opportunity for a healthy life.



2023 Goal

Progress towards a trauma-informed recovery-oriented system that is peer-driven and designed with, and accountable to, people with lived experience and their families.



Priorities

Culture Change:

Reduce stigma and fear of seeking treatment by:

- Supporting, promoting, and participating in mental health awareness efforts.
- Increase the number of towns committed to training residents in mental health first aid from 2 to 5.
- Implement, with fidelity, Zero Suicide across all health care organizations.

Key Strategies:

- Partner with organizations to support, promote, and participate in mental health awareness efforts.
- Invest in mental health promotion and wellness.
- Advocate for towns to propose and pass Mental Health First Aid resolutions.
- Provide Mental Health First Aid training for residents (for both Youth & Adults).
- Train healthcare providers in suicide prevention best practices.
- Use data to identify opportunities for suicide prevention.
- Implement universal mental health screening.
- Implement a Suicide Attempt Survivors (SAS) support group.



Self Determination and Inclusion:

Ensure that people with lived experience and their families are valued and drive the design, delivery, and evaluation of a new system focused on wellness, recovery, and resilience by:

- Ensuring that each priority in this plan involves people with lived experience and their families in the design, delivery, and evaluation of initiatives.
- Embedding the Consumer and Family Advisory Committee into the Healthy Bodies, Healthy Minds governance structure.
- Building a movement for recovery, led by people with lived experience and their families.

Key Strategies:

- Fund and develop a Behavioral Health Consumer and Family Advisory Committee.
- Provide staff support to the Committee.
- Create appropriate levels of input, accountability, communications, and reporting for the Committee within the Healthy Bodies, Healthy Minds governance structure.
- Provide an infrastructure for consumers and families to develop a support group network.
- Foster coordination between advocacy organizations towards shared goals.

Parity and Treatment:

Improve network adequacy, parity, and accountability along a full continuum of care by:

- Advocating for insurance parity.
- Increasing access to high quality services and supports along a full continuum of care.

Key Strategies:

- Develop and implement a policy and advocacy platform.
- Increase access to high quality behavioral health providers with a focus on prescribers and integrated behavioral health services.
- Develop a scorecard for excellence aligned with a Recovery-Oriented System of Care (ROSC).

Crisis System:

Address gaps in the crisis system by:

- Ensuring that behavioral health is treated as a public health issue and not a criminal issue.
- Improving the patient experience across the crisis system.
- Coordinating follow-up and bridging to behavioral health treatment.

Key Strategies:

- Implement a first responder approach that includes: Crisis Intervention Teams (CIT), police clinicians, EMS Mobile Integrated Health Care (MIH), and reimbursement for crisis services.
- Include peer and family supports across the crisis system.
- Implement a 24/7 crisis triage call line (for local resources).
- Explore the feasibility of a local behavioral health crisis center.
- Implement Community Care Teams at both local hospitals.

PLANNING TEAM

This plan is a product of a partnership and dynamic dialogue between four committees of Healthy Bodies, Healthy Minds Washington County (HBHM):

Consumer and Family Advisory Committee:

This committee of adults and young adults with lived experience was charged with developing the plan. This included making recommendations regarding the most important behavioral health priority areas for Washington County and strategies to address them.

Washington County Behavioral Health Planning Committee:

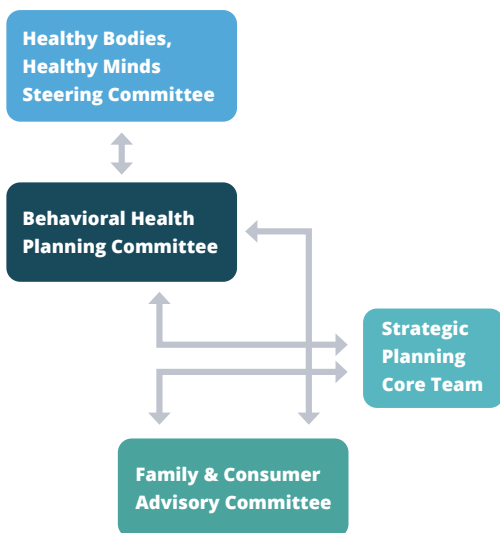
The Behavioral Health Planning Committee is a cross sector group of healthcare, human services, education, and public safety organizations charged with partnering with residents and consumers to improve access to and quality of behavioral health services in Washington County through planning, coordination of services, and targeted improvement projects. The Behavioral Health Planning Committee provided input and feedback to the Consumer and Family Advisory Committee as they developed the plan.

Strategic Planning Core Team:

The Core team included the co-chairs of the Family and Consumer Advisory Committee, the chair and project director of the Behavioral Health Planning Committee, HBHM Director, and Co-chair of the HBHM Steering Committee. This group worked together to synthesize, organize, and document the work of the Consumer and Family Advisory Committee into a written plan.

Healthy Bodies, Healthy Minds Steering Committee:

The HBHM Steering Committee approved the final plan and helped the team make connections in support of the planning process and plan.



PROCESS

This plan was designed with, and is accountable to, people with lived experience and their families. We went beyond asking consumers and families to provide input and charged them with creating the plan using the latest data and the voices and perspectives of people with lived experience, including their own. The planning process included 3 phases:

1. **Gathering and integrating needs assessment data**
2. **Identifying system gaps and deciding on recommended priorities and strategies**
3. **Seeking feedback and refining the plan**

Integrated Needs Assessment

Healthy Bodies, Healthy Minds launched its planning process with a comprehensive assessment of resident needs that included several components:

1. **Focus groups with people with lived experience.**

Participants included:

- Young Adults
- Parents/Guardians of children under < 5 born substance exposed
- Parents of children < 21 with behavioral health issues
- Adults with substance use disorders
- Families impacted by the opioid epidemic
- Veterans
- People with persistent mental health conditions
- Business owners/managers

(For focus group results, see [Appendix A](#))

2. **A synthesis of all available population and behavioral health data for Washington County.**

The needs assessment results were used to inform the development of priorities and strategies. (For a full copy of the needs assessment including data sources in this report see [Appendix A](#))

Developing Priorities and Strategies

Next the Consumer and Family Advisory Committee was formed (see prior page for more detail) to establish priorities and shape the plan. Their first task was to:

Identify System Gaps:

The team considered their own experience and the needs assessment data to

identify the biggest barriers to positive outcomes. Then they generated recommendations regarding the most important behavioral health priorities for Washington County.

Brainstorm Strategies:

For each priority area, the team took a first pass at identifying changes that could result in the biggest improvements in outcomes for residents. (See [Appendix A](#) for system gaps, priority areas and strategies)

Re-imagine the System from the Perspective of the Consumer and Their Families:

Then the team stepped back from focusing on problems and solutions to considering what the ideal consumer experience would look like. They developed composites (aka avatars) of 4 different consumers to anchor their visioning work and then imagined what the ideal system would look like from the perspective of each consumer composite and their families. Finally, they identified critical touch points in the consumer and family experience – turning point moments where the consumer and/or family experience can shift dramatically in either a positive or negative direction depending on what happens. (See [Appendix B](#) for avatar profiles)

Bring It Together:

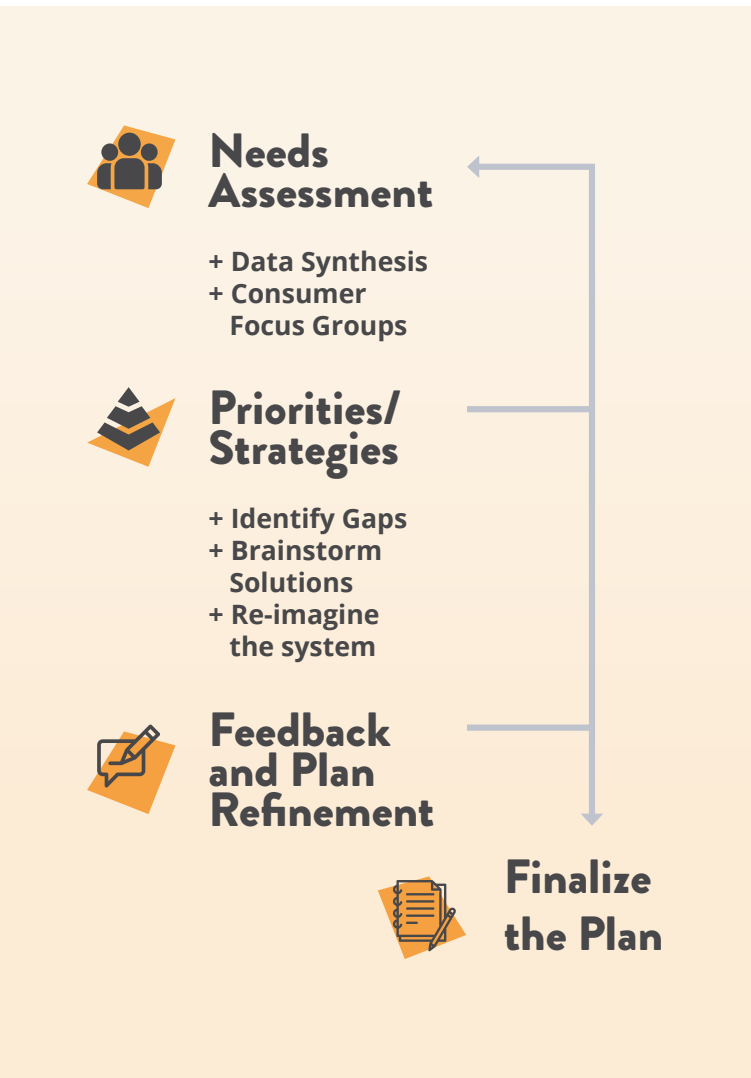
Finally, the team brought all their thinking together in a proposed set of priorities and strategies to share with the Behavioral Health Planning Committee for feedback.

Seeking Feedback and Refining the Plan

The Core Team finalized the plan by refining the priorities and strategies based on feedback from the Behavioral Health Planning Committee and hours of discussion to ensure clarity, consistency, and viability across the plan.

Final Plan

The final plan was reviewed and approved by the Healthy Bodies, Health Minds Steering Committee.



UNDERSTANDING OUR CHALLENGE

Washington County (also known as South County), consists of nine cities and towns along the southern coast of Rhode Island, including Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, and Westerly.

Although the region is generally more affluent than other parts of the state, tucked within the county are pockets of poverty where residents experience health disparities compared to the rest of Washington County's population of more than 128,000 people.

Who We Are

Washington County is a rural community of 128,703 residents living in 21 zip codes with no major urban center. The birth rate for all reported racial and ethnic groups in Washington County is lower than Rhode Island and the U.S. with the population expected to slightly decrease through 2023. Washington County has a greater proportion of residents age 55 and older and fewer young people compared to the state or the nation. The majority of its population is White, far more than Rhode Island, and more than 20 percentage points greater than the US in general. It is also home to the Narragansett Indian Nation reservation located in Charlestown, Rhode Island.

Washington County needs to address socioeconomic disparity among its residents to improve the well-being and quality of life of all Washington County residents and serve as a protective factor for behavioral health issues.

With the University of Rhode Island centrally located in Washington County, residents are well educated. Only 5.2% of adults have less than a high school diploma, and nearly half (47.5%) of adults have a bachelor's degree or higher. When stratified by race, the proportion of adults who have completed a bachelor's degree or higher is greater than Rhode Island and U.S. proportions for Whites, Blacks/African Americans, and Hispanics/Latinx.

When viewed at the county-wide level, Washington County appears more affluent than most other Rhode Island Counties and the US in general. The median household income in Washington County is high (\$78,882), while the percent of people in poverty and households with food stamps/SNAP benefits is low compared to Rhode Island and the nation. The county unemployment rate is low (2.8%) and the majority of workers are employed in white collar jobs (66.0%), which typically offer competitive salaries and benefits.

WASHINGTON COUNTY



However, when reviewed at the town level, socioeconomic disparity exists, even in the most affluent areas. Washington County has the highest median household income in the state, but the second highest percentage of individuals who live in poverty. Black and African American people residing in the county are nearly four times as likely to live in poverty and one-third less likely to have attained a bachelor's degree or higher. Also, Westerly and Hopkinton residents experience some of the greatest socioeconomic disparity in the county. Addressing disparity in these towns and others will work to improve the well-being and quality of life of all Washington County residents and serve as a protective factor for behavioral health issues.

Access to Health Care

The overall percent of uninsured residents in Washington County is low and has trended downward consistently since 2012. Most households in Washington County are covered by private employer-based health insurance. However, when stratified by race, the percentage of uninsured Asian people in Washington County is higher than other races in Washington County, and higher than Rhode Island and U.S. percentages. In all other categories of race (White, Black/African American, Hispanic/Latino) the percent of uninsured is lower than state and national percentages.

The demand for mental health services in Washington County is greater than the supply.

More than 90% of adults in Washington County report having a primary care provider and receiving a routine checkup in the last two years. Less than 1 in 10 adults report cost being a barrier to seeing a doctor. However, while the rate of providers for primary care in Washington County is higher than national rates, it is lower than overall rates for Rhode Island. In addition, all of Washington County is designated as a "Health Professional Shortage Area" (HPSA) for mental health. The rate of mental health providers per 100,000 is steadily increasing, but the demand for services is greater than the supply. New Shoreham or "Block Island" is designated as a HPSA for primary care. This presents an opportunity to increase access to care, through either expansion, improved transportation, and/or partnership with Federally Qualified Health Centers (FQHCs) or other primary care providers.

Life Expectancy and Health Behaviors

Washington County residents have a higher life expectancy (81.1) than Rhode Island (79.8) and the U.S. (79.1). With abundant parks and access to miles of beaches, bike paths, and hiking trails, local residents are most likely to be physically active. The 2016 percent of adult smokers in Washington County (12.7%) nearly meets the Healthy People 2020 target (12%) and declined from 15% in 2012.

Adverse Childhood Experiences

Residents of Washington County are less likely to be food insecure when compared to the state and the nation. Yet, in 2019 over 1 in 5 (21.2%) of the county's school children received Free or Reduced-Price School Meals. In 2017, three Washington County towns - Hopkinton (40%), N. Kingstown (38%), and Charlestown (35%) - ranked in the top 10 Cities/Towns in RI with the highest percentages of domestic violence incidents with children present. In addition, in 2019, two Washington County towns - Westerly (11.9) and Charlestown (10.0) - ranked in the top 10 Cities/Towns in RI with the highest rate of indicated child abuse and neglect investigations.

Mental Health and Substance Use in Washington County

Washington County has elevated rates of depression and other behavioral health disorders. Nearly 20% of adults in Washington County and 23% of adults statewide report ever being diagnosed with a depressive disorder, higher than the national average. The suicide rate is declining in Washington County and lower than state and national rates, but the death rate

Washington County has elevated rates of depression and alcohol misuse.

for mental health and substance use disorders is increasing and higher than the nation. The percent of Washington County adults reporting excessive drinking (21.4%) and the percent of driving deaths due to DUI (50.0%) are significantly greater than Rhode Island (17.4% and 39.1%) and the nation (18.0% and 29.0%). While the age-adjusted drug-induced death rate (26.1) is lower than Rhode Island (28.0), it exceeds the nation (17.9) and is more than double the Healthy People 2020 goal (11.3). Trending data suggest the rate is increasing.

Mental Health and Substance Use Disorder Hospital Discharge Data

Behavioral health (combined mental health and substance use) disorders comprised 9.5% of all hospitalizations (primary diagnosis) by Washington County residents in 2018 down from 11.5% in 2016. Mental health-related hospitalizations by Washington County residents declined from 2016 to 2018 but constituted 66% of all behavioral health hospitalizations (primary diagnosis). The number of substance use-related hospitalizations at South County Hospital increased 50% from 2016 to 2018, while the number of mental health-related hospitalizations

The mental health hospitalization rate for Black, Non-Hispanic residents is double the rate of hospitalization for White, Non-Hispanic Residents.

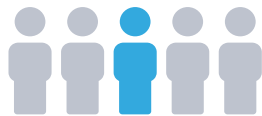
at Westerly Hospital more than doubled. In addition, the mental health hospitalization rate for Black, Non-Hispanic residents is double the rate of hospitalization for White, Non-Hispanic residents, suggesting opportunity to address disparities in root causes and access to

treatment. Washington County residents hospitalized for substance use are more than twice as likely to have Medicaid versus private or Medicare insurance.

Behavioral health conditions (primary or secondary diagnosis) were present among 55% of all hospitalizations and 33% of all Emergency Department (ED) visits by Washington County residents. Approximately 22% of hospitalized patients and 15% of ED patients with a behavioral health condition had co-occurring mental health and substance use disorders.

The number of emergency department visits with a behavioral health condition present is increasing

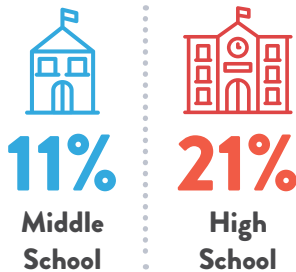
The number of ED visits with a behavioral health condition present (primary or secondary diagnosis) increased by 2,700 visits from 2016 to 2018. Among Washington County residents hospitalized for a primary diagnosis of substance use, 67% had a co-occurring mental illness.



Nearly 1 in 5 adults in Washington County report ever being diagnosed with a depressive disorder, higher than the national average.

Youth

Report Attempting Suicide



Adults

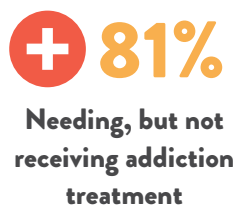
The mental and behavioral health disorders death rate increased by 4 or more points over the past six years.



Mental health hospitalization rate for Black, Non-Hispanic residents is double the rate of hospitalization for White, Non-Hispanic Residents.



Substance Use



Substance use-related hospitalizations at South County Hospital increased 50% from 2016 to 2018, while the number of mental health-related hospitalizations at Westerly Hospital more than doubled.



2X

Drug induced death rate is double the Healthy People 2020 Goal.



Highest rate of excessive drinking and deaths due to DUI in the state.

Highest rate of newborns having neonatal abstinence syndrome (NAS) in the state.

Among residents hospitalized for a primary diagnosis of mental illness, 52% had a co-occurring substance use disorder. This highlights opportunities to increase access to treatments that address co-occurring mental health and substance use conditions concurrently.

Mood disorders are the most common diagnoses among Washington County residents hospitalized for a behavioral health condition, but the number of inpatient hospitalizations is declining. Alcohol-related disorders are the second most common diagnoses among residents hospitalized for a behavioral health condition and are increasing. Among Washington County residents, women are more likely to be hospitalized for mental illness, while men are more likely to be hospitalized for substance use.

Washington County has a significantly higher rate of newborns having neonatal abstinence syndrome (NAS) than the rest of the state.

The number of overdose deaths among Washington County residents has been stable over the past four years at approximately 21 to 25 deaths annually. Although the number of deaths due to overdose in Washington County for a single year may appear to be a relatively small number compared to other counties in the state, each incident has an impact on the community. In addition, Westerly and Hopkinton had the 9th and 10th highest overdose death rates in the state, respectively, for 2014-2018. And the towns of Westerly and Exeter had a rate of overdose-related ED visits of more than 400 per 100,000, among the highest in the state.

Washington County has a significantly higher rate (133.9 per 10,000 delivery hospitalizations) of newborns having neonatal abstinence syndrome (NAS) than the rest of the state (96.1).

Youth Mental Health and Substance Use Measures

Middle school and high school students in Chariho Regional, Narragansett, Exeter/W.Greenwich, and Westerly School Districts are more likely to be bullied than other students statewide, contributing to mental health concerns. In 2020, 25% of students reported experiencing bullying and 15% said they were bullied online. Of those students, 40% reported having trouble getting help from an adult. The highest rates of bullying occurred in Westerly and Exeter/W.Greenwich.

In addition, 1,268 (32.6%) Washington County high school respondents admitted they had experienced signs/symptoms of depression. In 2017, 32.09% of middle school students and 43.15% of high school students reported recent suicide ideation. 10.88% of middle school

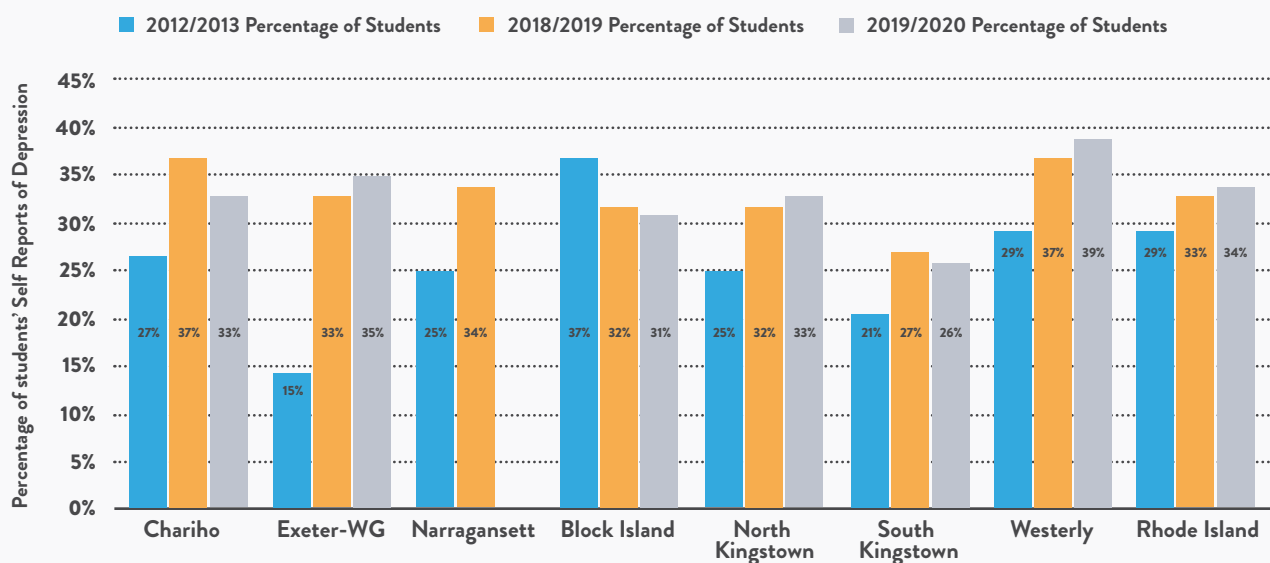
81% of students needing addiction treatment are not receiving it.

students and 20.80% of high school students had a recent suicide attempt. (Questions about suicide are asked only to those who responded affirmatively to having depression.)

Across Washington County, approximately 60% of students in grades 6-12 report that stress interfered a tremendous amount in participating in school and other activities. In 2017, the percentage of students in Washington County who reported non-medical use of pain relievers and the percent reporting drug dependence slightly exceeded the national average¹. The percent needing, but not receiving, addiction treatment was 81.3%, on par with the state.

“ She would go see somebody [at school] and there would be nobody there because they’re only there two days a week, because they can’t afford to pay for them the other three days a week. As a parent, the same thing would happen when I would call. I couldn’t understand why it would take them three or four days to get back to me. Well, nobody told me. I didn’t know that they aren’t there five days a week. I assumed they should be there five days a week. If they’re there for the kids, they should be there five days a week.” - Focus Group Participant

PERCENTAGE OF STUDENTS SELF REPORTING DEPRESSION 2012-2020



STAKEHOLDER INPUT: SUMMARY OF KEY THEMES

As mentioned, this plan was designed with, and is accountable to, people with lived experience and their families. Approximately 50 consumers or families with lived experience participated on the Consumer and Family Advisory Committee or in a focus group that explored their perceptions of behavioral health and substance use in Washington County.

“People who have mental health issues need stable homes or housing and stable environments to help them.” - Focus Group Participant

Below is a summary of the most commonly mentioned themes.

Key Themes

Ensure the System and Programs are Consumer and Family Centered

Multi-generational treatment models across the life course are needed for adults as well as for children and youth, because behavioral health conditions impact the entire family. Programs are/should be supporting the WHOLE family, with the consumer taking the lead. Specifics that were highlighted include: communication with family, consumer driven/tailored services, non-judgmental and respectful care, cultural competency, trauma informed approaches, family voice, and quality over quantity.

Reduce Stigma and Increase Public Awareness and Education

The general community does not understand substance use or mental health disorders and view them as character or moral failings. There is stigma associated with receiving treatment. Consumers fear possible consequences of being seen seeking treatment (loss of job, child custody, security clearance, etc.).

Veterans said that they avoid seeking help because the unspoken culture of the armed forces is that getting help is a sign of weakness.

Advocate for Housing

There are few housing options in Washington County – especially sober housing and residential treatment. Decent, safe, affordable housing is one of the most important factors that affect mental health – recovery requires a stable home. Lack of housing or poor housing, such as housing that is too expensive, run-down or overcrowded, can lead to poor overall health. It can also make recovery from mental health or substance use problems much more difficult. In addition, people with mental health disabilities are vastly overrepresented in the population of people who experience homelessness. The extreme stress, anxiety, isolation, and sleep loss that come with homelessness worsen mental and physical health problems, demonstrating the vicious cycle between homelessness and mental illness. And yet, our housing and behavioral health systems are still disconnected.

Decriminalize mental illness and substance use

People with severe mental illness are still more likely to be incarcerated than hospitalized. There is more work to be done to make the care of those with behavioral health needs a medical matter rather than a law enforcement matter. Washington County has made progress with the launch in 2019 of the “gold standard” for police training in mental health, Memphis Model Crisis Intervention Team training for all our local police departments, but more work is needed.

Ensure a Recovery Oriented Approach

The ideal system described by people with lived experience is people-first, *dynamic*, and characterized by a recovery-oriented approach, working directly *with* consumers, people in recovery, and their families to develop, implement, evaluate, and continually improve services and supports.

Transformation of the county’s outdated and receding behavioral health service system and structure is needed so that services, supports, and social determinants of health can be organized and coordinated to deliver person-centered, self-directed care within this framework. The new system must be strengths-based, integrated with physical healthcare, relevant to the lived experience of consumers and their chosen family, and allow individuals and their families to take responsibility for their sustained health, wellness, and recovery.

Increase Accountability to the Consumer

People with lived experience should be involved in shared decision-making around the design, implementation and evaluation of the system. Treatment models and providers should be accountable to the consumer.

People with lived experience want measures of success in behavioral health to evolve beyond the usual “go to” measures such as satisfaction surveys, inpatient hospital days, readmissions, and ED visit frequency. These are important measures, but they are not enough. Time in the community is not the same thing as a full and rewarding life as a member of a community. Prioritizing wellness, self-determination, and inclusion means that an ideal system will measure improvements in symptoms and functioning and improvements in quality of life.

Simply put by a consumer with lived experience of mental illness; “Am I better off, do I feel better, is my life better?” Wellness, community, purpose, and hope are at the core of a Recovery Oriented System.

Increase Accessibility to Treatment, Services, and Supports

Consumers perceived a profound inequity in how behavioral health problems are treated as compared to physical health concerns. Their experiences suggest it is still more difficult to access mental health or substance use treatment, services, and supports than other types of health care.

In addition to a lack of adequate numbers of mental health providers in Washington County (especially prescribers) there are many obstacles to accessing services including transportation, childcare and after school options. Specifics that were highlighted include: access to trained staff in schools, long wait lists, limited in-network providers, and high provider turnover.

Remove Insurance Barriers

A critical component of access is insurance coverage. Even with strong state and federal parity laws, coverage for mental health is limited by long waits, provider capacity, high co-pays, and frequent changes to coverage especially for medications. Approval processes are complex with changing rules and policies that often undermine best practice in treatment.

In addition, poor reimbursement rates contribute to limited provider availability. Many providers have stopped taking insurance as a result.

<p>Offer High Quality Services/Evidence-based</p>	<p>Treatment and services should be high quality, culturally appropriate, and trauma informed. Themes include: increased access to prescribers, more integrated behavioral health, and access to 24/7 triage services to local resources. All providers need to be trained in behavioral health so they are able to refer consumers and families to needed services.</p>
<p>Integrate Behavioral and Physical Health</p>	<p>Behavioral and physical health systems are disconnected leading to disjointed care and barriers to care coordination.</p>
<p>Invest in Peer Recovery Support and Respite</p>	<p>Peer recovery specialists provide essential support for consumers experiencing mental illness and/or substance use disorders and more are needed in Washington County.</p>
<p>Focus on Screening, Prevention and Early Access to Treatment</p>	<p>The system should focus on helping consumers before they get to a point of crisis.</p>
<p>Serve Vulnerable Families / Priority Populations</p>	<p>The most vulnerable people and families should have access to highly experienced providers. Socioeconomic disparities that exist within Washington County are a root cause of poor outcomes for vulnerable people and families and should be addressed by focusing on social and structural determinants of health.</p>
<p>Ensure Consistent Access to Trained Staff in Schools</p>	<p>Schools do not have the capacity or trained and credentialed staff to provide services to children, youth, and young adults with behavioral health needs.</p>
<p>Help Small Business Owners Hire and Retain People in Recovery</p>	<p>Small businesses avoid hiring people with behavioral health issues because they fear legal issues, worry about costs of absenteeism, and do not know what services are available to support employees.</p> <p>Recovery friendly employer resources could help address these concerns while also improving work satisfaction and retention for people with behavioral health conditions and their families.</p>

Provide Trauma Informed Care

Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments, and/or the use of force. These situations can re-traumatize individuals at the worst possible time, leading to worsened symptoms and reluctance to seek help in the future. Trauma-informed care is an essential element of crisis treatment. These are the established guiding principles for trauma-informed care:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality;
5. Empowerment, voice and choice; and
6. Ensuring cultural, historical, and gender considerations inform the care provided.



VISION FOR RECOVERY ORIENTED SYSTEMS TRANSFORMATION

We envision a trauma-informed, recovery-oriented system of behavioral health care in Washington County. Through this plan we intend to make progress towards a system that is grounded in SAMHSA's working definition of recovery:

Recovery emerges from hope. Recovery is...

- Person-driven
- Occurs via many pathways
- Holistic
- Supported by peers and allies
- Supported through relationship and social networks
- Culturally based and influenced
- Supported by addressing trauma
- Involves individual, family, and community strengths and responsibility
- based on respect

Recovery-Oriented System of Care (ROSC)

Consumers, people in recovery, and family members who developed this plan told us that a Recovery Oriented System of Care is self-directed, relationship based, holistic, dynamic, and characterized by a recovery-oriented approach to care. A ROSC includes a framework, system level structures, and processes that enable professionals and policy makers to work directly with consumers, people in recovery, and their families to develop, implement, evaluate, and continually improve services and supports. In a ROSC lived experience is valued and people are empowered to steer the direction of their own lives and services. Services and supports are designed with, and are accountable to, the people who use those services and their families.

A Recovery Oriented System of Care includes framework, system level of structures, and processes that enable professionals and policy makers to work directly with consumers, people in recovery, and their families to develop, implement, evaluate, and continually improve services and support.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines the four dimensions that are essential to a life in recovery as health, home, purpose, and community. Recovery is highly personal- it is not a straight, steady road. Rather there are ups and downs, new discoveries and setbacks. Even though some people with serious mental illness and/or substance use disorder never achieve full recovery, the goal is to help individuals and their families optimize their potential.

Recovery-oriented care is not a destination, it is a values-based process and a philosophy of care characterized by shared decision making, respect, dignity, excellence, and accountability. Self-directed care, self-determination, and inclusion are central goals in recovery-oriented care. Stabilization, improved functioning, and symptom management are also often goals for treatment, and are necessary components to facilitate recovery. But unlike many current treatment options, especially those limited by insurance coverage, maintenance and stability of symptoms are not the endpoint for an episode of care in a recovery-oriented model. Recovery oriented care facilitates the four dimensions of recovery health, home, purpose, community to help the consumer, person in recovery, and/or family meet their recovery goals.

A **recovery-oriented system of care** is a coordinated network of services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk of mental illness and/or substance use disorders. The central focus of a ROSC is to create an infrastructure or system of care to effectively address the full range of mental illness and/or substance use disorders within communities. A full continuum of care includes prevention, early intervention, treatment, continuing care and recovery and is delivered in partnership, and increasingly through integrated care models, with other disciplines such as primary care. A ROSC encompasses an array of individualized, person-centered, and strength-based services within a self-defined network. By design, a ROSC provides individuals and families with more options to make informed decisions regarding their care. Services are designed to be accessible, welcoming, and easy to navigate. A fundamental value of a ROSC is the involvement of people in recovery, their families, and the community to continually improve access to and quality of services.

The table on the following chart illustrates the range of treatment and services that may be offered in a ROSC.

Progression of Services in the Mental Health and Substance Use System

Health Promotion & Prevention	Identification of Need/ Engagement [Emergent]	Basic Outpatient Treatment	Intensive Day Programs [Diversion]	Crisis Emergency	Most Restrictive/ "Safe" Setting	Long Term Care
Awareness/ Education Eg. Mental Health First Aid, Change Direction, etc.	Universal Screening	Integrated BH services in Primary Care	Home/ Community Treatment	Peer to Peer Models	Crisis Residence	BH Case Management
Mindfulness, Yoga, etc.	Diagnosis/ Assessment	Medication Management	Intensive Outpatient (IOP)	Urgent Care (eg. BH link)	MH Emergency Department	Home Care (RN) Psych program/ Community Health Team
Peer Recovery Community	School Based Supports & Services	Office Based Outpatient Treatment	Partial Hospitalization Program	Mobile Crisis	Inpatient Psychiatric Hospital (Acute)	Geri-Psych Nursing Home
Mental Health Wellness Accounts	Assertive Outreach	Behavioral Health Home	Daily Treatment Program	Emergency Department		Specialty Psychiatric Hospital

LESS
Intensive
MORE

Recovery/Self-Determination, Family Voice & Choice
 What recovery/family supports are needed at each point along the progression of Services?
 What would change if the system was more recovery oriented?

Funding Stream Color Coding

Private Insurance	Medicaid & Private	Medicaid	All Payer	Self-Pay	No Funding/ Not Available	Grant/School
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GUIDING PRINCIPLES

Throughout the planning process, the Consumer and Family Advisory Committee and the Core Team identified the following set of guiding principles to guide the plan. Whereas the priorities and strategies may change, Healthy Bodies, Healthy Minds views these principles as fixed, basic truths. They underlay strategy design and delivery. No matter the conditions of our environment, and no matter how complex and challenging our strategic goals, the guiding principles below under gird our shared work and all the collaborative work of Healthy Bodies, Healthy Minds.

Foster Culture Change

We recognize the important health connection between body and mind, and view health as more than medical care. New mindsets are needed to dispel stigma around mental illness and substance use disorder. Stigma often leads to discrimination. Discrimination includes the inequitable treatment of individuals, which occurs when a stigmatized person is directly denied a resource (e.g. access to housing or a job), and structural oppression, which describes disadvantages stigmatized groups of people experience at economic, social, legal, and institutional levels. The Consumer and Family Advisory committee prioritized stigma and discrimination towards individuals with mental illness and/or substance use disorder as the most important barrier to overcome in Washington County and identified eight supporting strategies that align with this principle:

Supporting Strategies:

1. Partner with organizations to support, promote, and participate in mental health awareness efforts.
2. Invest in mental health promotion and wellness.
3. Advocate for towns to propose and pass Mental Health First Aid resolutions.
4. Provide Mental Health First Aid training (for both Youth and Adult) residents.
5. Train healthcare providers in suicide prevention best practices.
6. Use data to identify opportunities for suicide prevention.
7. Implement universal mental health screening.
8. Implement a Suicide Attempt Survivors (SAS) support group.

Create Enabling Conditions

It is vital to protect and promote mental well-being, and to create conditions that enable people (and their families) to recover from mental illness and/or substance use disorders. We enable recovery by improving access to care and treatment across the entire continuum of care that is family and person-centered, inclusive of family and peer involvement, and focused on wellness and resilience. The Consumer and Family Advisory Committee emphasized an increased need for this kind of care and treatment and identified five supporting strategies that align with this principle.

Supporting Strategies:

1. Advocate for compliance with insurance parity regulations, increased provider reimbursement rates, pay equity between medical/surgical and behavioral health providers, expanded insurance eligibility, and accountability to state and federal mental health laws requiring self-determination and community inclusion.
2. Increase access to high quality behavioral health treatment providers.
3. Develop a scorecard for excellence aligned with a Recovery Oriented System of Care (ROSC).
4. Include peer/family supports across the crisis system for both mental illness and substance use.
5. Advocate for an adequate reimbursement structure for certified peer recovery specialists.

Work Upstream

We know that when we act early, we can prevent or mitigate the effects of mental illness and substance use disorders and so individuals can live fulfilling, productive lives in the community. From the influence of genetics and prenatal health all the way into early adulthood, we are learning more and more about the critical points in brain development and life experiences that increase the risk for or provide protection against the development of behavioral health disorders. With this knowledge, we can continue to implement evidence-based prevention programs to address risk factors and increase protective factors in order to promote the prevention and early intervention of mental illness. The Consumer and Family Advisory Committee emphasized the need to stay focused on prevention and identified five supporting strategies that align with this principle:

Supporting Strategies:

1. Train healthcare providers in suicide prevention best practices.
2. Use data to identify opportunities for suicide prevention.
3. Implement universal mental health screening.
4. Implement a Suicide Attempt Survivors (SAS) support group

Execute Resident Informed/Led Action Plans

We believe it is critical that people with lived experience are included as partners and consulted at all levels of decision-making—from service planning and delivery to policy and oversight. We know partnerships work best when there is an open and inclusive dialogue that builds trust. Involvement should be meaningful. It is not enough to measure successful engagement only by the extent to which people feel that they have been involved.

Meaningful inclusion requires that we are accountable to ensure that the participation of people with lived experience results in changes and improvements to people’s lives and our county’s behavioral health system. We want to make sure that a variety of consumer and family voices are heard, and that their experience impacts decisions. We involve people in their care and in our work because we believe that people are experts in their own lives. Inclusion promotes hope and recovery for individuals, their families and the communities we serve. The Consumer and Family Advisory Committee emphasized the importance of resident informed systems building and identified five supporting strategies that align with this principle:

Supporting Strategies:

1. Maintain funding to build the capacity of the Consumer and Family Advisory Committee.
2. Ensure that the HBHM structure creates appropriate levels of input, accountability and back and forth communication and reporting.
3. Invest in the development of leadership and advocacy skills among Consumer and Family Advisory members.
4. Provide an infrastructure for families to develop a support group network
5. Foster communication and coordination between advocacy organizations toward shared goals.



PRIORITIES AND STRATEGIES FOR BEHAVIORAL HEALTH IN WASHINGTON COUNTY

Systems change is challenging work. The landscape of behavioral health is complex and our vision is big. We were guided on this journey by strong and thoughtful facilitation, meaningful deliberation, and commitment to change, but at the end of the day, consumers, people in recovery, and their families decided where we should start and what our priorities should be for the next three years.

True systems change is not possible without acknowledging all the factors that are connected to consumer and families' abilities to achieve health and well-being in the face of mental illness and substance use. Social determinants of health, such as access to safe and affordable housing, transportation, quality childcare, and economic and educational opportunities, are inexorably linked to recovery from mental illness and/or substance use and are vital elements that impact self-determination, health, and well-being. Housing, in particular, was repeatedly raised as a critical need in Washington County. These issues are captured in this strategic plan, yet are currently beyond the scope of direct action by Healthy Bodies, Healthy Minds. However, it is our intent to actively support and advocate for efforts to expand housing in Washington County, especially sober and respite housing. We will also explore whether to bring housing advocacy into the future scope of work for Healthy Bodies, Healthy Minds.

“There’s still stigma across the community” - Focus Group Participant

Finally, an overarching priority of Healthy Bodies, Healthy Minds is advancing health equity and ensuring inclusion so that everyone has access to quality health care regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to the full continuum of services and high quality, effective treatment for mental and substance use disorders.

Pillar 1: Culture Change

The role that our community culture plays in behavioral health care has an enormous impact on the outcomes for residents. The prevailing beliefs, norms and values about behavioral health can impact whether or not you or a loved one seeks help, what type of help you seek and what support you have around you. It is critical that our community create a culture that supports the behavioral health needs of our loved ones and encourages treatment and services along the continuum of care when it’s needed most.

Here are four ways the culture in Washington County can impact the behavioral health of our residents:

- 1. Cultural Stigma.** Every culture has a different way of looking at behavioral health. For many there is a stigma around behavioral health, and behavioral health challenges are considered a weakness and something to hide. This can make it harder for those struggling to talk openly and ask for help.
- 2. Understanding Symptoms.** Culture can influence how people describe and feel about their symptoms. It can affect whether someone chooses to recognize and talk about only physical symptoms, only emotional symptoms or both.
- 3. Community Support.** Cultural factors can determine how much support someone gets from their family and community when it comes to mental health. Because of existing stigma, people are sometimes left to find behavioral health treatment and support alone.
- 4. Resources.** When looking for behavioral health treatment, people want to talk to someone who understands their specific experiences and concerns. It can sometimes be difficult or time-consuming to find resources and treatment options that take into account specific cultural factors and needs.

These are only a few ways culture can impact the perception of and treatment for behavioral health. Every person is different and face a unique journey to recovery.

Key Strategies

- **Partner with organizations to support, promote, and participate in mental health awareness efforts.**
- **Invest in mental health promotion and wellness.**
- **Provide Mental Health First Aid training (for both Youth & Adult) residents.**
- **Train healthcare providers in suicide prevention best practices.**
- **Use data to identify opportunities for suicide prevention.**
- **Implement universal mental health screening.**
- **Implement a Suicide Attempt Survivors (SAS) support group.**



PILLAR: CULTURE CHANGE



Priority Goal Statement:
Reduce stigma and fear of seeking treatment.
Prevention and Promotion

3 Year measure
Decrease deaths by suicide by 10%

Objective 1

Support, promote, and participate in community mental health awareness efforts

Objective 2

Increase the number of towns committed to training residents in Mental Health First Aid from 2 to 5

Objective 3

Implement, with fidelity, Zero Suicide across all healthcare organizations in Washington County

Strategies

1. *Partner with organizations to support, promote, and participate in mental health awareness efforts.*
2. *Invest in mental health promotion and wellness.*

Strategies

1. *Advocate for towns to propose and pass Mental Health First Aid resolutions.*
2. *Provide Mental Health First Aid (Youth & Adult) for residents.*

Strategies

1. *Train Healthcare providers in suicide prevention best practices.*
2. *Use data to identify opportunities for suicide prevention.*
3. *Conduct Universal Mental Health Screening.*
4. *Implement Suicide Attempt Survivors (SAS) Support Group.*

“Have community-based organizations help raise awareness of the cause. Put mental health in the spotlight and show how it is affecting a lot more people than people might actually realize and how it could affect anybody really, how you could conquer it, know when it’s happening and know how to deal with it.” - Focus Group Participant

In Washington County, we recognize the importance of changing the culture to reduce stigma and promote a culture that supports the behavioral health needs of our residents. Over the next 3 years, we will seek to do that by:

- **Supporting, promoting, and participating in behavioral health awareness efforts:** Building awareness in our community is an important investment toward culture change. Talking about mental illness and mental health builds understanding and compassion, opens our minds to the experience of others, and reduces stigma. Even if we are not naturally comfortable talking about it, behavioral health is a part of all of our lives and affects all of us. When we adopt the perspective of being open and aware and face our fears head-on, we will be making a significant step forward toward reducing stigma, ending suffering, and removing barriers to receiving care.
- **Advocate for towns to propose and pass [Mental Health First Aid](#) resolutions and increase the number of towns committed to training residents in mental health first aid from 2 to 5:** Everyone should be able to recognize warning signs - changes in behavior, loss of interest in usual activities, withdrawing from others, changes in relationship patterns or interest in relationships, and of course any comments made that seem out of character, whether directed toward others or toward oneself - and respond to the signs of mental illness and substance use disorders. Mental Health First Aid training gives our residents - both youth and adults - the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
- **Implement, with fidelity, [Zero Suicide](#) across all health care organizations:** Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools. Over the past 2 years, 8 healthcare organizations in Washington County committed to implementing the Zero Suicide framework. The Zero Suicide framework is defined by a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. It represents a culture shift away from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement and to the safety and support of staff, who do the demanding work of treating and caring for patients who are suicidal. Organizations that use this approach have found a 60-80% reduction in suicide rates among those in care. Over the next 3 years, we will continue to work with committed organizations to ensure that the framework is implemented with fidelity to the model. This will include the implementation of the seven Zero Suicide elements:
 1. **Lead** system-wide culture change committed to reducing suicides.
 2. **Train** a competent, confident, and caring workforce
 3. **Identify** individuals with suicide risk via comprehensive screening and assessment.
 4. **Engage** all individuals at-risk of suicide using a suicide care management plan.
 5. **Treat** suicidal thoughts and behaviors using evidence-based treatments.
 6. **Transition** individuals through care with warm hand-offs and supportive contacts.
 7. **Improve** policies and procedures through continuous quality improvement.

Pillar 2: Self Determination and Inclusion

The motto for self-determination and inclusion in the recovery community is, “Nothing about us without us.” A behavioral health system that includes consumers, people in recovery, and families at all levels of decision making will be more accessible, more accountable and more effective at helping people along their recovery journey. We want to make sure that people with lived experience and their families are at the center of every change Washington County Healthy Bodies, Healthy Minds is making.

Over the next 3 years, we will intentionally ensure people’s voices, concerns and ideas are heard, not only in the public domain, but in every arena where decisions are being made as we co-create a new system focused on wellness, recovery, and resilience. A growing body of evidence shows that services designed in collaboration with those who use them are more effective. That’s a model we would like to see a lot more of in the future. Specifically, we will:

- **Ensure that each priority in this plan involves people with lived experience and their families in the design, delivery, and evaluation of initiatives:** Their input, direction, and leadership are vital to improved outcomes in our community.
- **Embed the Consumer and Family Advisory Committee into the Healthy Bodies, Healthy Minds governance structure:** The voices of consumers and family members are needed on an ongoing basis to drive the systems transformation we seek.
- **Build a movement for mental health and recovery:** Most importantly, we will work together to build a movement for mental health and recovery in our county with leadership from people with lived experience and their families. We will support the development of a support group network and foster coordination and advocacy between support and advocacy organizations toward shared goals.

Key Strategies

- Fund and develop a Consumer and Family Advisory Committee.
- Provide staff support to the Committee.
- Create appropriate levels of input, accountability, communications, and reporting for the Committee within the Healthy Bodies, Healthy Minds governance structure.
- Provide an infrastructure for consumers and families to develop a support group network.
- Foster coordination between advocacy organizations toward shared goals.



PILLAR: SELF-DETERMINATION & INCLUSION



Priority Goal Statement:

*People with lived experience and their families are valued and drive the design, delivery, and evaluation of a new system focused on **Wellness, Recovery, and Resilience***

3 Year measure

Progress is measured and goals are set according to a recognized model of community inclusion

Objective 1

Consumer and Family Advisory Committee has funding and influence

Objective 2

Each priority in this plan has activities that prioritize the role of people with lived experience and their families in the design, delivery, and evaluation of initiatives

Objective 3

Support and build a movement for recovery, led by people with lived experience and their families

Strategies

- 1. Maintain funding for the Consumer and Family Advisory Committee.*
- 2. Invest in development of leadership and advocacy skills of committee members.*

Strategies

- 1. Create appropriate levels of input, accountability, communications, and reporting within the HBHM structure.*
- 2. Provide staff support to the committee to facilitate program development activities.*

Strategies

- 1. Foster coordination between advocacy organizations toward shared goals.*
- 2. Provide an infrastructure for consumers and families to develop a support group network.*

Pillar 3: Parity and Treatment

There is no health without mental health. Unfortunately, mental illness is often treated differently than other health conditions by health insurance plans. Each year many Washington County residents with mental illness and/or substance use disorders struggle to find care. People who seek treatment or services navigate a fragmented system full of obstacles and often cannot access care when they need it most. Despite the passage of the Mental Health Parity and Addictions Equity Act of 2008 and the Affordable Care Act (ACA), significant barriers remain which keep many residents from accessing behavioral health treatment and support. Our residents are finding it difficult to access care for several reasons. People lack the same access to mental health providers as they have for other medical providers. And when they can find a mental health professional, many are forced to go out-of-network to do so (at a higher out of pocket cost) or have trouble getting treatment approved by their health plan. In addition, some forms of coverage, like those provided by Medicare and the Veterans Administration, are not required to provide parity for mental health coverage.

There are multiple factors that lead to inadequate networks in Washington County. For instance, insurance companies can have difficulty finding mental health providers who are willing to be a part of their network, particularly in specialized areas that have provider shortages, such as child psychiatry. In addition, many mental health providers feel the reimbursement rates being offered by insurers are too low, and they would rather not accept insurance. Many providers point to significant discrepancies between the rates for medical and surgical providers and those offered to mental health providers.

Key Strategies

- **Develop and implement a policy and advocacy platform.**
- **Increase access to high quality providers with a focus on prescribers and integrated behavioral health services.**
- **Develop a scorecard for excellence aligned with a Recovery-Oriented System of Care (ROSC).**

Over the next 3 years, we will strive to improve access to quality, affordable behavioral health care for all residents by advocating for improved network adequacy and parity across the full continuum of care. In addition, we will work to increase the system's accountability to the consumer. Specifically, we will:

■ ***“Make it easier to access [services]” - Focus Group Participant***



PILLAR: PARITY AND TREATMENT



Priority Goal Statement:

Improve network adequacy, parity, and accountability along a full continuum of care.

Treatment

3 Year measure

*Decrease Preventable ED Visits for BH by X%**

Objective 1

Advocate for insurance parity

Objective 2

*Increase access to **high quality** services and supports along a full continuum of care*

Strategy

Develop and implement a policy and advocacy platform that includes:

- **Parity Compliance**
- **Payer accountability**
- **Provider rates**
- **Pay Equity**
- **Insurance eligibility**
- **Access to telehealth**
- **Network adequacy**

Strategy

1. *Increase access to **high quality providers** with focus on prescribers and integrated Behavioral Health (BH) services in primary care.*
2. *Develop a score card for excellence aligned with a Recovery Oriented System of Care (ROSC).*

• Advocate for insurance parity:

We will develop position statements and advocate for policy that seeks to address a myriad of insurance parity issues including:

- Parity compliance
- Payer accountability for outcomes.
- Increased provider rates
- Pay equity between med/surgical and behavioral health providers
- Expanded insurance eligibility
- Access to telehealth
- Payer accountability to state and federal mental health laws requiring self-determination and community inclusion.

• **Increase access to high quality services and supports along a full continuum of care:** We will work to improve access to providers, including increasing the number of local mental health providers who can prescribe psychotropic medications and integrated health/behavioral health care services.

• **Develop a scorecard for excellence aligned with a Recovery-Oriented System of Care (ROSC):** We will work with the Behavioral Health Planning Committee members and the Consumer and Family Advisory to collaboratively develop a scorecard for excellence that is aligned with the elements of a recovery-oriented system of care. The scorecard will help Healthy Bodies, Healthy Minds assess how well we are integrating and responding to the needs and requirements of consumers and their families. Through the scorecard, we will create a culture of accountability between Healthy Bodies, Healthy Minds partner organizations and consumers and their families.

Pillar 4: Crisis System

People of all ages with serious behavioral health conditions often experience frequent and recurrent crises. Many of these crises are avoidable and related to the interaction of many factors, including lack of access to timely treatment, disjointed levels and episodes of care that leave gaps in support and services, poverty, unstable housing, co-existing disorders, other health problems, and victimization. Homelessness, police contact, institutionalization, violence and other adverse events are in themselves crises too frequently experienced by people with behavioral health disorders. For all of these reasons, mental health crisis services are an integral and important part of the healthcare continuum.

Key Strategies

- **Implement a first responder approach that includes: Crisis Intervention Teams (CIT), police clinicians, EMS Mobile Integrated Health Care (MIH), and reimbursement for crisis services.**
- **Include peer and family supports across the crisis system**
- **Implement 24/7 crisis triage call line (for local resources).**
- **Explore feasibility of a local behavioral health crisis center.**
- **Implement Community Care Teams**

Ultimately breaking the cycle of crisis is a core measure of a well-functioning system of care. To accomplish this goal the continuum of care must be accessible to people at the right time, in the right place, with the right service. This is not the current state of our behavioral health system. And so, the crisis system is currently over-taxed and in need of partnership and integration with behavioral health and recovery supports to meet the current needs of residents and visitors to Washington County. Though we have and will continue to prioritize improvements to the emergency crisis response system, we understand that ultimately, we must transform the current system by moving upstream, improving access and by supporting wellness and recovery. In 2019, Healthy Bodies, Healthy Minds implemented a series of strategies to improve the crisis system response to emergency behavioral health events. This plan will build and expand on those strategies by:

INTERRUPTING THE CYCLE OF CRISIS

We will continue to implement a series of first responder strategies to interrupt the cycle of crisis and reduce the criminalization of mental illness including:

- **First Responder Mobile Crisis Teams:**
First responders in Washington County —police officers, firefighters, and paramedics— are increasingly called on to handle situations involving mental health crises.

Encounters with first responders can be upsetting to someone already experiencing a mental health crisis, potentially exacerbating anxiety or paranoia. In addition, stigma has been a major barrier between first responders and those who might display signs of a mental health condition, creating fear and mistrust. As a result, people with serious mental illness are disproportionately represented in the criminal justice system.

To help emergency personnel better recognize mental health symptoms, relate to people experiencing a crisis, and access appropriate care or services for those in need, Healthy Bodies, Healthy Minds implemented First Responder Mobile Crisis teams in Fall 2019 using the Crisis Intervention Teams (CIT) model in Westerly, Richmond, Narragansett, and South Kingstown. In 2020, North Kingstown and Block Island police departments joined the county-wide collaboration. To date, all police departments in Washington County have trained at least one officer in the CIT model and commit to expanding their participation as HBHM builds capacity to cover the entire county. The CIT model is designed to improve first responders' ability to safely intervene, link individuals to mental health services, and divert them from the criminal justice system to treatment and recovery resources. The CIT model is a research-based, national model with decades of evidence that it leads to positive outcomes for people with behavioral health conditions, increases officer safety and well-being, and strengthens the community's mental health system.

“Another part of time we had EMTs from Westerly who came and would say to my son, “When are you going to stop this so we don’t have to come here everyday?” It’s like, he already knows that there is a problem and that he can’t stop it, why talk to him like that? Anyway that was an issue ” - Focus Group Participant

In the CIT model, call dispatchers are trained to identify calls where there are signs of mental illness and assign these calls to CIT trained officers. CIT officers safely deescalate the situation and assess if referral to services or transport for mental health evaluation is appropriate. During training and after, CIT officers familiarize themselves with a variety of mental health services in the county and state that they can utilize to resolve mental health related calls in the future.

This strategy has already resulted in better outcomes for crisis encounters in Washington County. We will continue to expand CIT to all towns in Washington County to ensure that a minimum of 25% of all first responders are CIT credentialed by 2023.

- **Embedded Police Behavioral Health Clinicians:** In addition to CIT, police departments in Westerly, South Kingstown, Richmond, and Narragansett are partnering with the Providence Center to employ a mental-health diversion model that pairs a behavioral health clinician with police to co-respond to calls where individuals are experiencing emotional distress, psychiatric symptoms, and/or substance use. Currently, the

clinician responds to over 100 mental health crisis calls per month with increasing demand. To ensure countywide reach, we plan to expand the program to two clinicians working across all towns in Washington County by 2023.



- **Integrated Mobile Health Care Pilot:** Integrated Mobile Healthcare (IMH) expands the role of emergency responders to provide non-emergent medical assessment and preventive healthcare education to residents in an out-of-hospital environment to ensure that their non-emergency medical needs are met and that they are connected with appropriate support resources. We continue to advocate for sustainable funding for the program through third party reimbursement.
- **Reimbursement for crisis services:** To date, our efforts to interrupt the cycle of crisis have been primarily funded through grants. To sustain the work, we will advocate for payer reimbursement for crisis services, including Crisis Intervention Teams, embedded behavioral health clinicians, and emergency management service integrated mobile health care services.

Improving the Patient Experience

Between 2018 and 2020 Healthy Bodies, Healthy Minds took steps to improve the patient experience in the emergency department by working to shorten the time to treatment for behavioral health involved emergency department visits through a telepsychiatry pilot. When patients come to South County Hospital Emergency Department with a primary or secondary behavioral health diagnosis, we are able to provide psychiatric consultations using Telehealth and shorten patient's time to treatment. As a result, inpatient hospital admission and referral to treatment is streamlined for adults. South County Hospital and Butler Hospital also developed shared medical clearance protocols to create a "glide path" to Butler Hospital for adults who need inpatient care, reducing the time patients board in the ED and expediting admission to Butler. We also took the first step toward shared decision-making with consumers by adding a consumer and family representative to the Behavioral Health Planning Committee and have launched the Consumer and Family Advisory Committee, whose first task was to create this plan.

Over the next 3 years, our goal is to continue to improve patient experience by increasing shared decision-making with consumers and families ([see page 33](#)) and expanding peer and family supports for both mental illness and substance use across the crisis system.



PILLAR: CRISIS SYSTEM



Priority Goal Statement:
 Address gaps in the crisis system
Decriminalization and Emergency/Crisis

3 Year measure
 Length of stay in ED for BH visits by X% or X minutes*

Objective 1
 Behavioral health is treated as public health issue, not a criminal justice issue

Objective 2
 Improve patient experience across the crisis system

Objective 3
 Coordinate, follow-up, and bridge to treatment

Strategies

1. Implement first responder approach, including:
 - CIT
 - Police Clinicians
 - EMS Mobile Integrated Healthcare (MIH).
2. Pursue reimbursement for first responder crisis services.

Strategy

Include peer and family supports across the crisis system

Strategies

1. Develop 24/7 Crisis Triage Call Line (for local resources).
2. Explore feasibility of local Behavioral Health (BH) crisis center.
3. Implement Community Care Teams.

* Specific target yet to be determined

Peer and Family Supports Across the Crisis System

Certified peer recovery specialists (CPRS) offer hope, guidance, advocacy, and camaraderie to people with mental illness or substance use disorders, and their families. Certified Peer Recovery Specialists (CPRS) are trained and certified professionals who self-identify as being in recovery from mental illness and/or a substance use disorder. In an emergency, CPRS's can engage with people who are experiencing a mental health or substance use crisis, including an opioid or other substance overdose. CPRSs are uniquely qualified to offer support and encouragement because of their lived experience and training. Peer support, provided in the emergency department to someone who has just experienced a behavioral health crisis, can change the course of someone's life and recovery. Our plan calls for increasing access to this service by expanding the number of certified peer recovery specialists available in South County and Westerly Hospital emergency departments.

Coordinating Follow-up and Bridging to Treatment

Finally, over the past 2 years, Healthy Bodies, Healthy Minds implemented two strategies to improve follow-up and access to treatment after emergency room discharge. First, Westerly Hospital, a Healthy Bodies, Healthy Minds partner, implemented a Community Care Team (CCT) to foster multi-sector, community problem-solving and resource leveraging to support patients with multiple medical, behavioral, and social/economic concerns. The team assesses patients' needs, connects patients with relevant community-based resources, and provides linkages to needed care after discharge. The goal is to improve the patient experience by reducing duplication of services and improving health outcomes for high-need patients, while reducing costs. Over the next 3 years, we plan a launch a second team at South County Hospital.



We will also work to implement a 24/7 crisis triage line for Washington County residents that will be available around the clock to provide both crisis intervention and professional consultation services, including triaging requests for mental health evaluations. The phone line will be staffed by crisis/triage clinicians that can provide brief phone assessments and assist the community and clients in determining what mental health services are most appropriate for the current mental health crisis. This could include crisis intervention, suicide prevention, information & referral, and brief supportive counseling to clients who are in emotional distress and/or seeking information on available mental health services.

In addition, we plan to explore the feasibility of a behavioral crisis center located in Washington County that can provide 24/7 care for residents experiencing behavioral health crises, including substance use disorder, and the families and friends of those individuals struggling to find help.

CONCLUSION

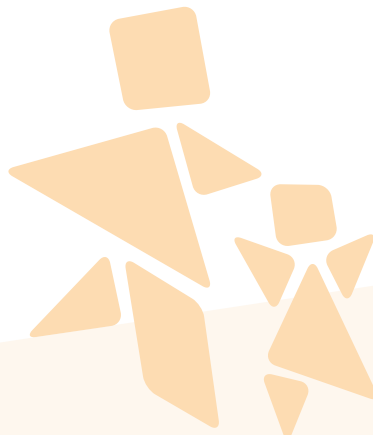
In conclusion, this is a big plan, but we know it is not a comprehensive plan. We know that to be effective, we cannot do everything all at once. For example, housing was identified as a top priority by all stakeholders. And while we commit to work with housing advocates and leaders, we chose to focus on cross cutting strategies where we can effect the most change in three years. That said, we will continue to grow our collaborative and leverage the power of collective impact to generate system level change. This plan is a start, a course of action for the next three years. But it is not a static document. We expect that our plan will grow and evolve as we move forward and create change. You are invited to join us as we work toward our shared vision for Healthy Bodies, Healthy Minds Washington County.

To get involved, contact Susan Jacobsen at susanj@thundermisthealth.org

For more information about Healthy Bodies, Healthy Minds Washington County, go to: <https://bodiesminds.org>

Or join our digital community engagement platform at <https://ourbodiesminds.org> And join or start an action group!

Find us on facebook [@schealthybodyeshealthyminds](https://www.facebook.com/schealthybodyeshealthyminds)



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GLOSSARY

Term	Definition
Adverse Childhood Experiences	Adverse Childhood Experiences (ACEs) refer to events that a child can experience, which lead to stress and can result in trauma and chronic stress responses. ACEs include: physical, emotional, and sexual abuse; physical and emotional neglect; growing up in a household with domestic violence, parental divorce, separation, or incarceration; or having a parent struggling with mental illness or a substance use disorder.
Avatar	An avatar is the embodiment of a composite consumer and their family. The strategic planning process developed avatars to nudge the group outside of their own perspectives and gain a more diverse understanding of what is important to consumers and their families.
Behavioral Health	Behavioral health includes both mental health and substance use, encompassing a continuum of prevention, intervention, treatment and recovery support services.
Certified Peer Recovery Specialists	Certified Peer Recovery Specialists are individuals who are in recovery from substance use and/or mental health disorders. Their life experiences, recovery, training, and certification allow them to provide recovery support in such way that others can benefit from their experiences.
Care Coordination	The deliberate organization of family support activities between two or more providers involved in a family to facilitate the appropriate delivery of family services.

<p>Crisis Intervention Team (CIT)</p>	<p>The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors. It also promotes officer safety and the safety of the individual in crisis. See https://www.citinternational.org/ for more information on the model.</p>
<p>Crisis System</p>	<p>A system of direct services that assist with deescalating the severity of a person’s level of distress and/or need for urgent care associated with a substance use or mental health disorder.</p>
<p>Guiding Principles</p>	<p>Ideas or beliefs that will guide Healthy Bodies, Healthy Minds in all circumstances, irrespective of changes in its goals, strategies, type of work, or leadership.</p>
<p>Health Equity Zone</p>	<p>A collaborative community structure designed to eliminate health disparities using place-based strategies to promote healthy communities. There are 10 health equity zones across RI.</p>
<p>Mobile Integrated Healthcare</p>	<p>Mobile Integrated Healthcare (MIH) is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community para medicine care, chronic disease management, preventive care or post-discharge follow-up visits; or transport or referral to a broad spectrum of appropriate care, not limited to hospital emergency departments.</p>

<p>Mental Health First Aid</p>	<p>Mental Health First Aid (MHFA) is an evidence-based mental health literacy course that teaches participants:</p> <ul style="list-style-type: none"> • risk factors and warning signs for mental health and addiction concerns • strategies for how to help someone in both crisis and non-crisis situations • where to turn for help
<p>Mental Illness</p>	<p>Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, and eating disorders.</p>
<p>Mental Health</p>	<p>Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.</p>
<p>Mission</p>	<p>A description of what Washington County is currently doing and why it is important.</p>
<p>Mobile Crisis Team</p>	<p>Mobile Crisis, or Mobile Crisis Rapid Response Team (MCRRT), is a mental health service in the United States and Canada (typically operated by hospital or community mental health agency) which services the community by providing immediate response emergency mental health evaluations.</p>

<p>NAMI</p>	<p>National Alliance on Mental Illness. NAMI Rhode Island, a state affiliate of the National Alliance on Mental Illness, is a partner in HBHM’s planning process and in the local and statewide roll out of CIT. NAMI Rhode Island and National NAMI provide a wide array of evidence-based educational programming to raise awareness & improve understanding of mental illness, including “Peer to Peer”, “Inside Mental Illness”, “Family to Family”, and more. For more information on NAMI educational programming and family and recovery supports visit: https://namirhodeisland.org/ or https://www.nami.org/Home</p>
<p>Parity</p>	<p>Mental health parity describes the equal treatment of mental health conditions, substance use disorders, and physical health in insurance plans.</p>
<p>Priority</p>	<p>The highest impact areas of strategic focus for Washington County’s behavioral health system.</p>
<p>Recovery Oriented System of Care (ROSC)</p>	<p>A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk of mental illness and/or substance use disorders. The central focus of a ROSC is to create an infrastructure or system of care with the resources to effectively address the full range of mental illness and/or substance use disorders within communities.</p>

<p>Self Determination and Inclusion</p>	<p>Self-determination is the right to exercise personal control, make decisions, and to learn and grow through experience. Inclusion means that individuals with behavioral health conditions have the opportunity to participate in every aspect of life to the fullest extent possible. In the context of behavioral health this means that:</p> <ul style="list-style-type: none"> • Staff interactions with people using mental health services promote increased personal control. • Mental health services respect people as partners in decisions affecting their mental health care. • People’s personal experiences, understandings, priorities and preferences shape decision making concerning service responses. • Mental health services ensure the safety and promote the wellbeing and personal growth of people and commit to reducing, if not eliminating, coercion and involuntary interventions. • People have the right to live in the least restrictive setting possible and to be active members of their community of choice.
<p>Strategy</p>	<p>How resources should be allocated to accomplish the key priorities.</p>
<p>Substance Use Disorder</p>	<p>Substance use disorder is a disease that affects a person’s brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication.</p>

<p>Trauma-informed care</p>	<p>Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”</p> <p>Trauma-informed care is guided by the following guiding principles:</p> <ol style="list-style-type: none"> 1. Safety; 2. Trustworthiness and transparency; 3. Peer support and mutual self-help; 4. Collaboration and mutuality; 5. Empowerment, voice and choice; and 6. Ensuring cultural, historical and gender considerations inform the care provided.
<p>Vision</p>	<p>An aspirational description of what Washington County would like to achieve or accomplish in the long-term future. It is the big picture of the way things ought to be; the billboard image of what the system is working towards.</p>
<p>Zero Suicide</p>	<p>Zero Suicide reflects a commitment by healthcare leaders and organizations to strive to make suicide a <i>“never event”</i> so that not one person dies alone and in despair. Zero Suicide is an international movement in healthcare.</p>

APPENDIX A: SOURCES

Integrated Needs Assessment

including data from

- Baker Tilly (2019). Washington County HEZ Opioid Impact Needs Assessment
- Baker Tilly (2019). Washington County HEZ Co-Occurring Mental Health & Substance Use Disorders Data Report
- HARI (2019) Secondary Data - County Level Comparisons

System Gaps, Priority Areas, & Strategies

URI Focus Group Results

APPENDIX B: AVATAR PROFILES

Consumer and Family Advisory Committee - Avatars

Composite Consumers and Family members



Lateesha, 12

- 6th grade
- Lives with mom and 2 brothers
- Middle income
- Black
- Has a grandmother and extended family nearby
- Father died as a result of suicide
- Mom is working full-time
- Lateesha cares for younger brothers – meets them at bus, supervises homework and makes dinner
- Very involved in church
- Diagnosed with anxiety and depression – gets treatment at Thundermist
- School social worker is unexperienced and too busy to see her; teacher doesn't understand mental illness
- Brothers get in trouble at school; mom misses work due to child care issues
- Private insurance



Riley, 17

- Senior in H.S.
- Lives in public housing with grandparents who are on a fixed income
- White
- Transgender, identifies as male
- Gay
- No siblings
- Plays sports
- Mom has SPMI and cannot care for Riley; involved with DCYF
- Dad left when Riley was 5.
- Behavioral health is stable – seeing therapist at Thundermist and going to a Youth PRIDE support group when he can get there
- Friends at school and some teachers are supportive
- Experimentally using alcohol, marijuana and Xanax
- Riley has Medicaid coverage through DCYF

Consumer and Family Advisory Committee - Avatars

Composite Consumers and Family members



Maria, 35

- Some college
- Works at Marshalls
- Attending nursing school
- Married to a self-employed landscaper
- Latinx
- U.S. Citizen; husband has a Green Card
- 3 children
- Close with Aunt who lives nearby
- Diagnosed with anxiety and depression
- Receiving treatment at Thundermist
- Has substance use disorder and needs inpatient treatment
- Involved with church and the kid's school
- Kids are involved with scouts and sports
- Lives in Meadow Brook Housing
- Maria and the kids have Medicaid coverage



John, 70

- College degree
- Retired teacher
- Upper Middle Income
- Native American
- Heterosexual
- Married
- Involved in church and has lots of friends
- Has an adult child (Jack) with behavioral health needs
- Jack has co-occurring BH including depression, COPD, and arthritis
- Jack has a history of involved with the criminal justice system
- Jack lives in public housing
- John and his wife care for Jack's kids; DCYF is involved
- Jack goes to the Tribal Health Center for services
- He regularly goes to the food pantry and uses public transportation
- John and his wife have Medicare.
- Jack has Medicaid coverage



LATEESHA

Current Experience

Service Needs:

- More support at school
- Family therapy

The emotions Lateesha and her family are experiencing as they interact with the system

- Riley is sad and feels like nothing will change
- She is also angry but she doesn't know why
- Her mom feels like she is failing and guilty that she needs so much from Lateesha at such a young age. She is exhausted and worried that she will lose her job because of all the time she has missed from work due to child care issues and problems with the boys at school

Ideal Experience

Family can get therapy

School has a knowledgeable social worker who is available and able to support Lateesha

Siblings have after school/vacation programs

Transportation is available for Lateesha and her brothers to get home from after school programs

School has education programs for teachers and students

Mom has a church based support group and a NAMI support group

Friendsway expanded to South County for Lateesha

Critical Touchpoints

Insurance coverage

Availability of adolescent and other support groups for the family

School's handling of behavioral health issues



RILEY

Current Experience

Service Needs:

- Public Housing when turns 18: Grandparents need to move to assisted living due to declining health and finances
- Gender transition services: Riley is unable to get services through Medicaid
- Substance use education

The emotions Riley and his family are experiencing as they interact with the system

- Riley feels discriminated against and judged
- He is confused and uncertain about how to get what he needs
- He doesn't feel listened to and is depressed frustrated
- He also feels guilty for needing so much help
- Riley's grandparents are also frustrated because there are not a lot of options for help
- They are prioritizing Riley's health over their own

Ideal Experience

Riley can access gender transition services covered by insurance

A trauma-informed therapist meets him in the community and communicates through text. The treatment provider provides transportation

Riley drives his treatment plan and has the final say. The family also feels valued and heard by providers

Riley accesses seamless transitional services on 18th birthday. Family is able to maintain involvement

DCYF connects Riley to all desired services; caseworker visits monthly and follows through

Riley can attend an LGBTQ support group in Washington County

Mom gets treatment for SPMI

Grandparents have LTC insurance that pays for assisted living

Critical Touchpoints

For Riley: Transition to independence at 18:

- Transition to independent housing
- Transition from high school to post-secondary.
- First episode of psychosis in college.
- Gender transition

For Grandparents:

- Transition to assisted living



MARIA

Current Experience

Service Needs:

- Family-oriented Inpatient Substance Use Detox and Treatment

The emotions Maria and her family are experiencing as they interact with the system

- Maria is feeling stressed and desperate; she wants to be able to stay in school and she know that she needs inpatient help as soon as possible
- Maria’s husband is overworked and feeling tremendous financial pressure to provide while Maria is in school and working a low-wage job
- The kids are acting out and are worried about their parents

Ideal Experience

- Maria is able to immediate and direct placement into an inpatient treatment facility that is paid for by insurance with no co-pay
- She can stay as long as she needs to and experiences culturally competent care
- Her Nursing program allows her leave
- Her supervisor makes sure she gets workplace support without stigma or repercussions during and after treatment
- She receives follow-up after treatment in an outpatient setting
- She gets TDI benefits while in treatment
- The family can access family counseling
- The family can access child care and transportation during treatment

Critical Touchpoints

For Maria

- Initial contact with treatment
- Treatment quality and effectiveness
- Long-term follow-up
- Long-term impact on work life and family

For Family

- Emotional impact of absence of Maria from the home
- Gaps in functional household and child care with Maria is not living at home
- Long-term family support post-treatment



JOHN

Current Experience

Service Needs:

- Transportation to get to behavioral health appointments

The emotions John and his family are experiencing as they interact with the system

- John and his wife are tired and stressed out
- Caring for Jack and his kids is putting a strain on their marriage and their finances
- They regularly experience anxiety, frustration, hopelessness, anger and dissatisfaction
- It feels like the system is working against Jack, not for him

Ideal Experience

Jack can get the services he needs in a the least restrictive environment without stigma

He experiences culturally competent care

Jack is working and has access to public benefits as appropriate

Jack has dependable transportation

Jack has a care manager who manages both his medical and BH care in a timely and appropriate way

Jack has help with financial management

Jack’s family can turn attention away from Jack to themselves and travel out of state with peace of mind

The family is a part of the care team

Jack has peer support

Critical Touchpoints

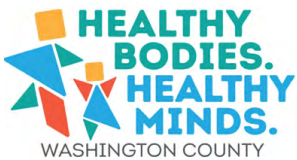
For John and his wife:

- Assuming care of Jack’s children
- Accessing health care for themselves and Jack

For Jack:

- Initial opportunity to diagnosis and treat
- Becoming a new father
- First contact with criminal justice system

**OCTOBER
2020**



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