Child and Adolescent Behavioral Health Center of Excellence Stakeholder Webinar April 7, 2021
Housekeeping

• If you are using sound via your computer, make sure sound is turned ON.

• All participants, except presenters, will have their microphones muted. However, anyone may enter comments or questions using the question box.

• This presentation will be recorded. The slides and recording will be posted after the webinar at https://mha.ohio.gov/Health-Professionals/COE.
Ohio Department of Mental Health and Addiction Services Director, Lori Criss
Ohio’s Child and Adolescent Behavioral Health Center of Excellence

<table>
<thead>
<tr>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Communities</td>
</tr>
<tr>
<td>Interdisciplinary Consultation Groups</td>
</tr>
<tr>
<td>Coaching and Consultation</td>
</tr>
<tr>
<td>Technical Assistance</td>
</tr>
<tr>
<td>Evaluation</td>
</tr>
<tr>
<td>Fidelity</td>
</tr>
<tr>
<td>Strategic Business Support</td>
</tr>
<tr>
<td>Health Information Technology</td>
</tr>
<tr>
<td>Telehealth TA</td>
</tr>
</tbody>
</table>

Getting the best outcomes for youth and families requires a workforce that’s supported in its ability to successfully provide care.
Governor’s Children’s Initiatives Director, Kristi Burre
Creation of the Governor’s Children’s Initiative

- The Children’s Initiative is created in order to elevate the importance of children’s programming in Ohio and drive improvements within the many state programs that serve children. The initiative is charged to:
  - Improve communication and coordination across all state agencies that provide services to Ohio’s children.
  - Engage local, federal, and private sector partners to align efforts and investments in order to have the largest possible impact on improving outcomes for all of Ohio’s children.
  - Advance policy related to home visiting, early intervention services, early childhood education, foster care, and child physical and mental health.
  - Initiate and guide enhancements to the early childhood, home visiting, foster care, education, and pediatric health systems.
Children’s Initiatives Goals

• Triple families served by evidence-based home visiting
• Ensure high-quality child care settings for all children and expand access
• Prevention education in every grade, every year.
• All children have access to a mental health professional in their school
• Reform the foster care system
  • Children Services Transformation
  • Family First
  • OhioRISE
Child and Adolescent Behavioral Health Center of Excellence
Background
Background & Introduction to the CABH COE

• The State of Ohio is transforming its approach to children, youth, and families who require support from multiple state systems to achieve a widespread and sustainable system of care across Ohio.

• The Ohio Department of Mental Health and Addiction Services (OhioMHAS), in conjunction with the Departments of Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, and Health and Ohio Family and Children First, issued an RFP to develop and implement a Child and Adolescent Behavioral Health Center of Excellence (CABH COE).

• The role of the CABH COE will be to assist the State in system transformation efforts by providing technical assistance, training, professional development, coaching, consultation, evaluation, fidelity monitoring, and continuous quality improvement to build and sustain capacity in delivering evidence-based practices to fidelity within a system of care framework.
Transforming Ohio’s System of Care for Children, Adolescents and Their Families: Key Initiatives
Shared Governance Structure

OhioMHAS  ODJFS  ODM  DODD
ODYS  OFCF  ODH  ODE
Governor’s Children’s Initiatives
Functions of the CABH COE

• The role of the CABH COE is to assist the state in:
  • Support system transformation efforts
  • Building and sustaining capacity for evidence-based (EBP) and evidence-supported practices (ESP)
  • Evaluation and monitoring of fidelity to EBPs and ESPs
  • Building and sustaining a comprehensive standardized assessment process utilizing the CANS
  • Direct service payment for MST and FFT (Family First)
  • Expanding service and care coordination capacity for children with complex behavioral health needs and their families
Where is the CABH COE located?

- Case Western Reserve University (CWRU):
  - Jack, Joseph, and Morton Mandel School of Applied Social Sciences (MSASS)
  - Begun Center for Violence Prevention Research and Education
  - Center for Innovative Practices (CIP)
  - Child and Adolescent Behavioral Health Center of Excellence (CABH COE)
Expanding Prevention Services in Ohio through the Family First Prevention Services Act
What is Family First?

• The federal Family First Prevention Services Act (Family First) was adopted on February 9, 2018, and will be implemented nationwide by October 1, 2021.

• Family First goals:
  • Help children remain safely at home with their families whenever possible;
  • Ensure that children who must come into care are in the most family-like and least restrictive setting possible; and
  • Set the expectation of high standards of care and services for our children and families.

• Family First amends parts of the Social Security Act (Title IV-B and Title IV-E) to allow states to use federal matching funds for prevention services (mental health, substance abuse, family counseling and parenting skills training) to help keep at-risk children safely in their homes and to prevent removal, agency custody, and placement in foster care.

• Places limitations on IV-E Foster Care Maintenance payments for residential/congregate care placements and adds new standards.
Family First Requirements

Prevention Services Requirements

• Family First provides new funding for prevention services that are trauma-informed and rated promising, supported, or well-supported in the Title IV-E Clearinghouse to qualify for federal reimbursement.

• Each fiscal year, 50% of spending must be on well-supported practices.

• Each state must have an approved Title IV-E Prevention Plan before they can begin drawing down funds.
Family First & Ohio

• Family First is bigger than just prevention and congregate care redesign: it is about transforming child welfare

• The Office of Families and Children (OFC) and Public Children’s Services Agencies (PCSA) are part of the solution and are key to supporting a culture shift and driving practice change

• Child welfare system transformation is aligned with and supports priorities of sister agencies by contributing toward overarching goals for Ohio’s children and families
  • A consistent framework and approach for Ohio’s work in all areas of the state
  • Statewide practice model and vision for children and family services broadly
  • Equity in access to responsive prevention services
Family First & Ohio

• Family First’s focus on prevention services will allow agencies additional funding opportunities to help families with children at risk of entering foster care.

• The goal of prevention services is to decrease the number of children entering foster care or residential treatment programs.

• Children that do enter residential treatment will be receiving high quality care from agencies certified as Qualified Residential Treatment Programs (QRTP).
Shifts in Our Approach

- Culture Shift: Prioritizing keeping families together and family-based settings
- Practice Shift: New designations, case pathways, and services available
- Financing Shift: Requirements for workers to document; providers must maintain fidelity to EBPs
OhioRISE

Resilience through Integrated Systems and Excellence
A specialized managed care organization (MCO) with expertise in providing services for the most complex multi-system youth.

**Specialized MCO**

ODM will procure a special type of managed care plan – a prepaid inpatient health plan (PIHP) – to ensure financial incentives and risks are in place to drive appropriate use high quality behavioral health services.

**Shared Governance Model**

OhioRISE features multi-agency governance to drive towards improving cross-system outcomes – we all serve many of the same kids and families.

**Coordinated and Integrated Care and Services**

Adoption OhioRISE brings together local entities, schools, providers, health plans, & families as a part of our approach for improving care for enrolled youth.

**Prevent Custody Relinquishment**

OhioRISE will utilize a new 1915c waiver to target the most in need and valuable families and children to prevent custody relinquishment.
OhioRISE Enrollment

✓ Enrolled in Medicaid (managed care or fee for service)
✓ Up to age 21
✓ In need of significant behavioral health services
✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
✓ Estimate 55-60,000 children & youth by end of year 1

OhioRISE Services

✓ All existing behavioral health services – with a few limited exceptions (ex: BH emergency dept.)
✓ Intensive Care Coordination
  • Consistent with principles of High-Fidelity Wraparound
  • Delivered by a regional “Care Management Entity”
  • Two levels – intensive and moderate
✓ Intensive Home Based Treatment (IHBT)
✓ Psychiatric Residential Treatment Facility (PRTF)
✓ New 1915(c) waiver that runs through OhioRISE
  • Unique waiver services & eligibility
✓ Mobile Response and Stabilization Service (MRSS)
  • Also covered outside of OhioRISE (MCO and FFS)
We Need to Build Significant Capacity to Shift the System
OhioRise Ecosystem

**Family and Children First Cabinet Council:**
Governor’s Office of Children’s Initiative, Office of Family & Children First, OhioMHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,
Federal and State funds | Governance and Oversight

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**Medicaid Managed Care Organizations (MCOs)**
Physical health, limited BH services

**Department of Medicaid**
Contract, provide oversight of the OhioRise and MCOs

**Service Providers**
Contract with OhioRise & MCOs to provide services

**OhioRise Plan**
Contract with CMEs, providers

**Network of Care Management Entities (CMEs)**
Provide Intensive Care Coordination using High Fidelity Wraparound

**Center(s) of Excellence (COEs)**
Support evidence-based practices, training, fidelity reviews, workforce development
Department of Youth Services

- DYS supports the use of EBPs and has for many years
  - Try to fund only EBPs or emerging best practices, which aligns with the role of the COE
  - EBPs have proven to show greater outcomes for JJ involved youth

- There are youth who are involved in the JJ system who also receive MST and FFT
  - Most through funds that we roll out to the communities through RECLAIM and BHJJ programs

- Support the expansion of these service because many of our youth fall into the “complex behavioral health needs” category
Department of Youth Services

• DYS benefits from capacity development & electronic data exchange

• The COE will provide support to OhioRISE, which will most likely include youth involved in the JJ system

• JJ youth will benefit from all the key functions of the COE and the core services of OhioRISE
  • Approximately 56-75% of all JJ youth have a MH or SA diagnosis
  • Many of our youth are removed from the home due to JJ involvement
  • Enhancing and increasing services for EBP will positively impact the JJ youth
Department of Health

- COE will support Evidence Based Home Visiting (EBHV) services through professional development capacity building activities that:
  - Support expansion and retention of EBHV services
  - Support the implementation of model fidelity

- Currently funding two prevention interventions throughout the state:
  - **Healthy Families Ohio**
    - 75 Counties
    - 6,840 Slots
  - **Parents as Teachers**
    - 11 Counties
    - 343 Slots

- Planning to expand eligibility in HFA for prevention cases to up to 24 months of age for enrollment
Department of Developmental Disabilities

• DODD is part of the shared governance structure for OhioRISE
• Member of the OhioRISE Advisory Council and all subcommittees
• Participated in the planning for the Child & Adolescent Behavioral Health COE RFP process and award selection
• Will be involved with the implementation and next steps of COE
• Opportunity to build capacity for providers to support youth with MI/ID
Child and Adolescent Center of Excellence Overview
Key Functions of the CABH COE

- Training
- Technical Assistance
- Professional Development
- Evaluation
- Fidelity Monitoring
- Standardized Assessment
- Resource Development
- Family First Payment Function
CABH COE CIP Partners/Subcontractors

- OCA
- PCSAO
- OCCRRA
- Ohio Council
Core Services (FFPSA and OhioRISE)

- Multisystemic Therapy
- Functional Family Therapy
- ICC and MCC; High Fidelity Wraparound
- Mobile Response Stabilization Service
- Ohio START
- Healthy Families America
- Parents as Teachers
- Intensive Home-Based Treatment
Training

- Child and Adolescent Strengths and Needs and the Crisis Assessment Tool (CANS and CAT)
- Mobile Response Stabilization Services
- High Fidelity Wraparound
- Multisystemic Therapy
- Functional Family Therapy (conducted by FFT, LLC)
Professional Development

- Learning Communities
- Interdisciplinary Consultation Groups
- Coaching and Consultation
- Weekly Clinical Consultation: FFT; MST
- Consultation and Technical Assistance Office Hours
Learning Communities

- Mobile Response Stabilization Services Learning Community
- High Fidelity Wraparound Learning Community
Interdisciplinary Consultation Groups

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<tr>
<th>MRSS</th>
<th>HFWA</th>
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<td>• Bi-monthly (6 times per year)</td>
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<td>• Interdisciplinary team of experts</td>
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<tr>
<td>• System of Care applied learning</td>
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Coaching and Consultation

MST and FFT
• Weekly clinical consultation (MST/FFT experts)

HFWA
• Wraparound coaching

MRSS
• MRSS consultation
# Technical Assistance

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<th>Site Readiness</th>
<th>Consultation and Technical Assistance Office Hours</th>
<th>Program Implementation</th>
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Evaluation

Conduct data collection, research, and evaluation of behavioral health services outcomes

Assist state with data reporting on service costs and utilization

CANS evaluation and quality improvement initiatives
Fidelity

**MST**
- TAM-R: Monthly SAM: Every two months
- CAM: Every two months alternating w/ SAM
- Semi-annual Program Implementation Review (PIR)

**FFT**
- Global Therapist Report (tri-yearly);
- Family Self-Report/ Therapist Self-Report per FFT guidelines
- Tri-Yearly Performance Evaluation (TYPE)

**HFWA**
- WFI-EZ
- On-site coaching using HFWA coaching targets

**MRSS**
- MRSS fidelity and coaching
Standardized Assessment

- Build a comprehensive network of CANS assessors
- Build statewide capacity for standardized assessment process
- Technical support to CANS assessors to ensure inter-rater reliability
- Using CANS in treatment planning
- Using CANS for decision making support including level of care
Strategic Business Support (OCA and Ohio Council)

- Training on billing and coding best practices
- Contract development and negotiation
- Business planning and strategic marketing
- Documentation and workflow practices
Health Information Technology (OCA and Ohio Council)

- Capacity development
- Using health information technology to support comprehensive care coordination
- Strategies for electronic data exchange
Telehealth Technical Assistance (OCA and Ohio Council)

• Support the development and implementation of telehealth capacity

• Technical assistance for behavioral health providers on best practices in delivery and use of telehealth services.
Provide Support for Other Behavioral Health Programs, Providers, and Managed Care

- Ohio START (PCSAO, CIP)
- Strengthening of the early childhood system (OCCRA)
- FFPSA (PCSAO, OCA, CIP)
- OhioRISE
Family First Transition Act Funding (OCA)

• The CABH COE will be responsible for making payments for MST and FFT services when those services are provided under the FFPSA and other funding (e.g., Medicaid, IV-E) is not available. These payments shall not exceed $10,000,000.
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<th>Key Deliverables</th>
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<tr>
<td>SFY 21 Q4 (April- June 2021 &amp; ongoing)</td>
<td>Initial training for HFWA, MRSS, MST, FFT</td>
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<tr>
<td>SFY 21 April (commences at the State’s request)</td>
<td>FFPSA payments for MST and FFT when other funding (e.g., Medicaid, IV-E) is not available</td>
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<td>SFY 22 Q1 (Begin July 2021 &amp; ongoing)</td>
<td>Conduct training and provide technical assistance on the Child and Adolescent Needs and Strengths (CANS)</td>
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<td>SFY 22 Q1 (July- September 2021)</td>
<td>Implement strategic business processes support</td>
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<td>SFY 22 Q1 &amp; Q2 (July – December 2022 &amp; ongoing)</td>
<td>Begin learning communities, interdisciplinary consultation groups, clinical consultation and staffing office hours, and technical assistance for HFWA, MRSS, MST, FFT, and OhioSTART.</td>
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<td>SFY 22 Q1 &amp; Q2 (July - December 2021)</td>
<td>Develop and distribute statewide needs survey for MST and FFT availability.</td>
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<td>SFY 22 Q3 &amp; ongoing (January 2022 &amp; ongoing)</td>
<td>Coaching and support for HFWA, MRSS, MST, FFT, and OhioSTART.</td>
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<td>SFY 22 Q3 &amp; Q4 (January-June 2022 &amp; ongoing)</td>
<td>Data collection and program evaluation for HFWA, MRSS, MST, FFT, and OhioSTART.</td>
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<tr>
<td>SFY 22 Q4 (April-June 2022)</td>
<td>Health information technology TA and training</td>
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<td>Ongoing</td>
<td>Fidelity monitoring of HFWA, MRSS, MST, and FFT.</td>
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<td>Telehealth TA for HFWA, MRSS, MST, FFT, and OhioSTART.</td>
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Future Webinar Topics
Please use the Q&A function to submit your ideas on future CABH COE webinar topics.
Questions

Please use the Q&A function to submit any remaining questions you may have. Thank you.