Systems of Care Development in Ohio for Children and Youth with Behavioral Health Challenges, and their Families

June 5, 2018

Safe & Healthy Schools Conference

Wilma Townsend, ENGAGE 2.0 Project Director
Background: CMHI Funding Opportunity

• SAMHSA grant: Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program (aka Children’s Mental Health Initiative)

• Goal: improve outcomes for children, youth, and young adults with SED and their families
System of Care

“A broad flexible array of effective services and supports for a defined, multi-system-involved population, which is organized into a coordinated network, integrates care planning and care management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and with youth at service delivery, management, and policy levels, has supportive management and policy infrastructure, and is data-driven.”

Building Systems of Care: A Primer

Governance is key to developing systems of care and has to do with policy-making and oversight. (cross agency and cross county)

System management has to do with day-to-day operational decision-making. (decisions to be made)

-SAMHSA TA Network Brief: System of Care Governance
Example Ohio Case of Complexity, Coordination, multi-system involvement: This case, opened in June 2013 for a total of nine months, involved a 15 year old male taken into voluntary child protective services with a presenting concern of neglect. Contributing factors included the father’s alcohol/drug abuse and the youth’s behavioral issues.

Figure 9: Community System Involvement

<table>
<thead>
<tr>
<th>Type of Community System</th>
<th># of Systems Involved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Placement Services</td>
<td>4</td>
<td>11.76%</td>
</tr>
<tr>
<td>Medical Services</td>
<td>7</td>
<td>20.59%</td>
</tr>
<tr>
<td>Court Systems</td>
<td>6</td>
<td>17.65%</td>
</tr>
<tr>
<td>Educational Systems</td>
<td>2</td>
<td>5.88%</td>
</tr>
<tr>
<td>AOD Services</td>
<td>2</td>
<td>5.88%</td>
</tr>
<tr>
<td>MH Services/Systems</td>
<td>5</td>
<td>14.71%</td>
</tr>
<tr>
<td>Basic Needs Services/Systems</td>
<td>8</td>
<td>23.53%</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Community System</th>
<th># of Contacts</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Placement Services</td>
<td>15</td>
<td>14.56%</td>
</tr>
<tr>
<td>Medical Services</td>
<td>7</td>
<td>6.80%</td>
</tr>
<tr>
<td>Court Systems</td>
<td>7</td>
<td>6.80%</td>
</tr>
<tr>
<td>Educational Systems</td>
<td>5</td>
<td>4.85%</td>
</tr>
<tr>
<td>AOD Services</td>
<td>13</td>
<td>12.62%</td>
</tr>
<tr>
<td>MH Services/Systems</td>
<td>47</td>
<td>45.63%</td>
</tr>
<tr>
<td>Basic Needs Services/Systems</td>
<td>9</td>
<td>8.74%</td>
</tr>
<tr>
<td>Total</td>
<td>103</td>
<td></td>
</tr>
</tbody>
</table>

This young man and his parents interacted with 34 different organizations and entities, including seven different mental health/substance use disorder providers or services (chart on the left) for 60 interactions (chart on the right) during the nine month period. This youth’s experience is similar to the experience as a whole for other cases reviewed.

- More than one type of entity/provider was involved with each category of need; for example five different mental health entities interacted with this youth and his parents.
- Law enforcement, court and placement service interactions are present, as expected
- With greater poverty, basic needs for food and shelter are an issue, but accounted for less than 10% of the contacts/interactions

Behavioral health contacts were greater than 55% of the total interactions
SOC Guiding Principles

- The system for delivering care to children, youth and young adults must be restructured and expanded.
- There should be a single point of entry and a common assessment.
- Greater emphasis must be placed on providing services in the least restrictive setting possible to assure safety.
- Families and youth must play a more active role in systems planning and in planning for their own services.
- Appropriate and timely sharing of data/information across systems (e.g. centralized, interoperability of EHRs).
- Integrated care is the most effective approach to caring for individuals with multiple health care needs (e.g. physical and behavioral health).

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SAMHSA SOC Awards

• Total funding: $72.5 million nationally
• Ohio is one of 7 awardees (Engage 2.0)
• Total annual funding for Ohio 2017-2021:
  – $3 million Federal and $1 million state match
• NW Region (Lucas, Wood, Hancock, Putnam, Allen, Auglaize, Hardin, Erie, Seneca, Wyandot and Sandusky Counties)
• SW Region (Butler, Clermont, Preble, Warren and Clinton Counties)
State -YT-I Funding Opportunity

• Youth Treatment – Implementation (Short Title: YT-I)] Cooperative Agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT).
  – $800,000 per year for 4 years (Oct 1, 2017 through September 30, 2021)

• Purpose - to improve treatment for youth and young adults with substance use disorders (SUDs) and/or co-occurring substance-use and mental health disorders ages 12-25 and their families/primary caregivers by:
  – assuring youth and young adults have state-wide access to evidence-based assessments, treatment models, and recovery services, supported by strengthening the existing infrastructure system.
  – Focused on disparities (rural and Appalachian counties)

• YT-I is a combination of infrastructure improvement and direct treatment service delivery.
Youth Treatment-Implementation (YT-I) – Creating a continuum

• Select 4 Boards for Multi-County (rural/Appalachian) Implementation- Systems of Care/Continuum of Care of those with Substance Use Disorders – EBPs

  – Intensive----Integrated Co-occurring Treatment (ICT)

  – Earlier Intervention-----Motivation Enhancement Therapy/ Cognitive Behavioral Treatment 7 (MET/CBT) - change from Motivation Interviewing (MI)

  – Medication Assisted Treatment (MAT) providers

  – Alternative Peer Groups (APGs)
Goal 1: Create permanent structures and routine processes that provide the means to assess and make policy recommendations.

Goal 2: Enhance and expand the workforce available to provide high quality services.

Goal 3: Increase access to services by overcoming transportation barriers.

Goal 4: Increase coordination across services providers to increase efficiency and effectiveness and provide access to evidence-based services.
Grant Goals for ENGAGE 2.0

• The counties are to work together to improve outcomes for children, youth, and young adults with presenting behavioral health problems, ages 0 through 21 and their families,
• creating mobile response stabilization services and utilizing individualized strategies
• services, supports, service coordination, wraparound, informal supports, peer supports, respite and other community and in-home supports
• Development of both short-term and longer-term follow-up to stabilization.
Expected outcomes

- **Youth & Family as SME’s** - as measured by incr’d # of youth & parent peer supporters
- **Mobile Response Stabilization Services (MRSS) & Care Coord (incl’ing Wraparound)** – will serve incr’d number of families
- **MRSS** - will reduce school expulsion, ER visits, custody relinquishments, and juvenile court involvement
Ohio’s population of focus is children and youth birth to 21 with a severe emotional disturbance (SED) diagnosis or disability that have multi-system involvement expected to last more than 1 year. Ohio intends to focus on those children with significant behavioral health needs that are becoming involved in the child welfare and juvenile justice systems.
In 2014, 59,623 Medicaid covered youth 14 to 25 received behavioral health services within the publicly funded community behavioral health system.

- 59.1% male
- 33.1% primary diagnosis (DX) of major depression, and 26.8% primary DX of ADHD/conduct disorder.
- 9.5% had out-of-home placements
- 7.7% ongoing (12 or more months) BH medications, yet their costs accounted for 13.8% of the total expenditures.
Of the 7.7% receiving ongoing (12 or more months) BH medications:

- 51.1% lived in non-major metro areas
- 76.8% male
- 37.3% primary DX major depression, and 32.3% DX ADHD/conduct disorder (higher than the overall group above)
- Only 55% had an assessment claim.
- 9.8% (451) accessed partial hospitalization at an average cost of $11,366 (21% of the expenditures for all youth receiving ongoing BH meds)
- 69.5% use 2 or more BH monthly medications—tranquilizers/antipsychotics more frequently prescribed, followed by anti-depressants
- Average cost of $5,507 ($2,441 higher than the overall average of $3,062)
- 14.7% had an out-of-home placement
Ohio SOC Structure

Cabinet Council

Cross-Agency Deputy Directors

Ohio Intergency Council for Youth (OICY)

Multi-county Local SOC Hub

Multi-county Local SOC Hub

County FCFCs

County FCFCs
Purpose of the Ohio Interagency Council for Youth (OICY)

The Ohio Interagency Council for Youth (OICY) supports the creation and maintenance of a comprehensive continuum of care to facilitate timely access to appropriate services among children and youth with behavioral health needs. The OICY’s purpose is to make recommendations to state and local entities about policies, programs, processes and practices and to promote the use of evidence-based practices. Thus the OICY will function as an advisory group that assists in the coordination of multi-systems activities, addressing the needs of children, youth and families experiencing behavioral health challenges.

Overarching Goals of the OICY

Develop and forward multi-systems recommendations that impact policy, processes, programs and practices

I. Improve access to behavioral health services for all children and youth 0-25 in Ohio
II. Reduce disparities among all children and youth 0-25 with behavioral health challenges
Representatives from the Department of Youth Services and the National Alliance on Mental Illness Ohio serve as co-chairs

- **Youth and Family Subcommittee** – Includes parents of youth and youth with lived experience:
  - Mental health and/or substance use disorders
  - Behavioral Health and co-occurring developmental disabilities
  - Multiple systems involvement

- **Steering Subcommittee** - co-chairs, OFCF Director, project leads for: ENGAGE 2.0, SSHS, Project AWARE, School Climate Transformation, YT-I, and BH/JJ.

**Workgroups:**

- Social Marketing and Communications
- Data and Evaluation
- Workforce Development
- Funding for Youth Behavioral Health Services
- Direct Services
Service Array

- Behavioral & Clinical Services (assessment, crisis intervention, IHBT, SUD tx, medication mgmt, partial hospitalization, individual therapy)
- Appropriate Determination for Placement Services (foster home, group home, crisis residential, supported independent living, acute hospitalization)
- Supportive Services (mentors, job placement, job search assistance, tutor, transportation, Parent Peer, Youth Peer)
- Service Coordination (care coordination)
- Respite (crisis respite, short-term residential - < 2 weeks)
- Discretionary (child care, educational expenses, housing assistance, YMCA membership)
- Other supports (camp, after school, equine therapy, professional consultation)
Facilitate and collaborate to create access to 9 SOC Required Services

- Diagnostic and evaluation svvs.
- Outpatient svvs.
- 24/7 emergency services
- IHBT when in imminent risk of out-of-home placement
- Intensive day treatment
- Respite care
- Therapeutic foster care
- Assistance with the transition from child to adult services
- Other recovery support services (e.g. supported employment)

Adapted from the Institute of Medicine’s (IOM) “Protractor”
Research shows that up to 40% of children entering school lack one or more of these skills.

When children enter school already behind in these important skills, they are more at risk for social problems, behavioral disorders, and school failure.
NO ONE SYSTEM CONTROLS EVERYTHING, AND EVERY SYSTEM CONTROLS SOMETHING
SAVE the DATE
September 14–15, 2018

Systems of Care
It’s About People Who Care

Hilton Columbus Polaris | Columbus, Ohio
8700 Lyra Dr, Columbus, OH 43240

Join us for a two-day Summit focused on the development of an effective System of Care — a coordinated network of community-based services and supports for youth and families.

For more information, contact Erin Paternite Eakin: paternem@MiamiOH.edu
Additional MRSS Resources at TA Network:

http://www.tanetworkmeetings.org/2017-mrss-resources

- Mobile Response Stabilization Services – training meeting from 2016

Other Resources:

- Partnership to Prevent Preschool Expulsion Hotline 1-844-678-2227
Questions

Contract info:
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