

HEALTHCARE SERVICES

The Ohio Department of Job and Family Services (ODJFS) Office of Families and Children (OFC) monitors compliance with state mandates designed to ensure youth in the child welfare system (foster children and those receiving in-home services) acquire timely health evaluations and needed follow-up treatment. To fulfill this responsibility, OFC has established a collaborative oversight and coordination plan with partners from the Ohio Department of Medicaid (ODM), the Ohio Department of Health (ODH), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), The Ohio Department of Developmental Disabilities (DODD), health care providers, and consumers to evaluate provision of health care services. In addition, these partners continue to work together to jointly address the ongoing health care needs of these children through program development and revisions to *Ohio Administrative Code* (OAC) rules.

OVERSIGHT PLAN

Child Welfare Policies

PCSA workers examine each child's physical, intellectual, and social development when conducting investigations of abuse or neglect. Findings are recorded and updated on the *Comprehensive Assessment and Planning Model-I.S. Family Assessment* form. If concerns are identified and ongoing services are recommended, a case will be open. Details of any recommended medical services must be noted in the case plan, and the agency is required to provide health care resources to the family.

Public children services agencies (PCSAs), private child placing agencies (PCPAs) and private non-custodial agencies (PNAs) must coordinate comprehensive health care for each child in its custody who is placed in an out-of-home setting. To ensure coordination of care and increase family engagement in services, agencies are required to: arrange services from the child's existing and previous medical providers; and involve parents, guardians, and custodians in the planning and delivery of health care services. Placement agencies are also required to complete the JFS 01443, *Child's Educational and Health Information* form. The JFS 01443 is reviewed and updated any time there is a change in medical information, whenever there is a placement change, and at each semi-annual administrative review. The form must contain the following information:

- Name(s) and address(es) of the child's health care provider(s);
- Child's known medical problems, including any condition that is preventing the child from attending school on a full-time basis;
- Child's medications, including psychotropic medications;
- A record of the child's immunizations; and

- Any other pertinent information concerning the child's health (e.g., known allergies, including allergies to medications; childhood illnesses; and dates of the last physical, optical, and dental exams).

PCSAs are required to provide parents, guardians, custodians, pre-finalized adoptive parents (if applicable) and the substitute caregivers a copy of the JFS 01443 at the time the case plan is completed and whenever the form is updated. Additionally, agencies must provide personal medical histories to each youth at the time he/she emancipates from care.

Within five days of placement, the agency must secure a medical screening for the child to prevent possible transmission of communicable diseases and to identify symptoms of illness, injury, or maltreatment. Coordination of any needed care is to be completed within the child's first 60 days of placement. Specifically, agencies must:

- Secure an annual physical examination no later than 30 days from the anniversary date of the child's last comprehensive physical examination.
- Ensure that a child age three or under receives required pediatric care as prescribed by a licensed physician according to the schedule recommended by the Academy of Pediatrics.
- Refer a child age three or under, who is the subject of a substantiated case of child abuse or neglect, to the county early intervention program for developmental screening.
- Assure a psychological examination is completed for a child adjudicated delinquent (unless a psychological examination was conducted within 12 months prior to the date the child was placed in substitute care).
- Secure appropriate immunizations.
- Ensure that treatment for any diagnosed medical or psychological need is initiated within 60 days of diagnosis, unless required sooner.

All healthcare information is to be documented in the child's case record within the state automated child welfare system (SACWIS). To improve documentation of healthcare needs and services, the following enhancements were made to Ohio's SACWIS system on February 10, 2015:

- Person Characteristics that were previously listed as Medical/Mental Health Characteristics are now divided into the following categories to make it easier to navigate: Medical, Mental Health/Substance Abuse, Developmental/Intellectual, and Prenatal/Birth. Names of diagnoses were updated/added in line with changes in the DSM 5. Characteristics can no longer be deleted, but may be marked created in error.
- Person Medical pages have been enhanced to streamline data entry. Health Care Providers for the child are recorded once on the Provider tab, and then pull forward to the Treatment Detail records, which is where all medical, dental, mental health, and vision treatments for a child are recorded. Narrative fields on the Treatment Detail

records have been consolidated, and a copy feature was added so recurring treatments can be documented more efficiently. In addition, Diagnosed Characteristics can now be recorded from and linked to a Treatment Detail record. The user can navigate directly from the Treatment record to the Characteristic Details page (some fields are prepopulated based on the Treatment Record) where they can record the diagnoses and then return to the Treatment record. By selecting from a list of all the child's current Characteristics, the user can 'link' the diagnoses resulting from a specific screening, assessment, or examination. Medical records can no longer be deleted, but may be marked created in error.

- Medication records have been enhanced by including the most commonly prescribed medications in a drop down field for selection, instead of the user having to type the name into a text field. This provides better data consistency as well as efficiency for the user. Psychotropic medications in the list are automatically flagged, and users can manually flag any 'Other' psychotropic medications prescribed. (An administrative Medication Detail report is currently in development. Once completed it will include the medication names, total number of medications, and total number of psychotropic medications recorded for each child in the custody of the PCSA.)
- Previously, a checkbox could be selected to denote that a person was pregnant, with an optional due date field. This has been replaced with a Pregnancy Detail record. Each pregnancy can now be recorded with a Reported Date, Estimated Due Date, End Date, and Outcome, so the history is retained. The number of children one has can also be recorded for males and females, thereby improving documentation of relatives (e.g., providing a way to document that a father has children even if they are not known to the system.) Additionally, the following indicators have now been added to the Person Profile page: Pregnant, Pregnant/Parenting Minor, and Pregnant/Parenting Youth in Custody.

PCSA's are monitored on documentation of medical information, and on ensuring that examinations are completed within required timeframes. ODJFS determines agency compliance with health care mandates via Child Protection Oversight and Evaluation (CPOE) reviews. Should a PCSA be found to be non-compliant, the agency must complete a Quality Improvement Plan. The Department subsequently provides ongoing monitoring to assess the PCSA's progress toward achieving compliance.

Screenings, Assessments and Treatment:

In Ohio, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is known as the HealthChek program. Pursuant to state child welfare policy, the custodial agency is required to complete the following activities for all Medicaid eligible children:

- Work with the county department of job and family services (CDJFS) Healthchek Coordinator to secure a health care screening. The examination components must include, but are not limited to:

- Health and developmental histories;
- A comprehensive physical examination;
- Developmental, nutritional, vision, hearing, immunization and dental screenings;
- A lead toxicity screening;
- Lab tests; and
- Health education and counseling.

The agency may authorize the substitute caregiver, managed care coordinator, medical providers, and custodial parents to serve as a liaison with the CDJFS Healthchek Coordinator for the purposes of scheduling and arranging transportation.

- Complete the *Healthchek and Pregnancy Services Assessment* form and return it to the CDJFS Coordinator.

EPSDT also covers necessary treatment of conditions identified through HealthChek screenings, and chronic care for Medicaid-eligible children and teens. OFC works with the Ohio Department of Medicaid to maintain resource listings of local EPSDT providers for use by the PCSAs.

Per statute, a comprehensive health care screening or exam is not required when:

- A child has received a comprehensive health care screening or examination within three months prior to placement in substitute care and the results are filed in the case record;
- The child in custody is a newborn who was placed directly from the hospital; or
- If the child's placement episode is less than 60 days.

The PCSA, PCPA, or PNA shall, however, coordinate health care whenever the child has a condition which indicates a need for treatment at any time during the placement episode.

Bright Futures

To increase workers' awareness of recommended timeframes for child health assessments, ODJFS will be distributing information about the American Academy of Pediatrics' *Bright Futures* initiative in the July 3, 2015 edition of *First Friday*. *Bright Futures* is a national health promotion and prevention initiative, supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide evidence-driven guidance for all preventive care screenings and well-child visits, for children birth - age 21. To view the guide, go to:

https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf

Medicaid Enrollment of Youth Aging Out of Care

Effective January 1, 2014, youth who emancipated from foster care at age eighteen became eligible for categorically-based Medicaid coverage until age 26. Face-to-face interviews are not required for application; re-determination is completed annually; and eligibility cannot be

terminated without a pre-termination review.

Youth who emancipate from Ohio's foster care system enroll in a Medicaid Managed Care plan of their choosing. Ohio's Medicaid Managed Care Benefit Package includes primary and acute care:

- Inpatient hospital services;
- Outpatient hospital services (including those provided by rural health clinics & Federally Qualified Health Centers);
- Physician services;
- Laboratory and X-ray services;
- Immunizations;
- Family planning services and supplies;
- Home health and private duty nursing services;
- Podiatry;
- Chiropractic services;
- Physical, occupational, developmental, and speech therapy services;
- Nurse-midwife, certified family nurse practitioner, and certified pediatric nurse practitioner services;
- Prescription drugs;
- Ambulance and ambulance services;
- Dental services;
- Durable medical equipment and medical supplies;
- Vision care services, including eyeglasses;
- Nursing facility services; and
- Hospice care; and
- Behavioral health care (via carved-out operations through community behavioral health boards).

Ohio's Medicaid Managed Care Plans (MCPs) also provide value-added services that exceed those traditionally offered in a fee-for-service program. Some of these include:

- Care management;
- Access to a toll-free 24/7 nurse hotline for medical advice;
- Preventive care reminders;
- Health education materials; and
- Expanded benefits including additional transportation options, and other incentives (varies among MCPs).

The Departments continue to jointly analyze enrollment data. This past year, the Ohio Department of Medicaid (ODM) Bureau of Technical Assistance and Compliance worked collaboratively with the ODJFS, Office of Families and Children to increase Medicaid enrollment of former foster youth. Marketing strategies included:

- Revisions to the Ohio Department of Medicaid website;
- Streamlined application processes through the Ohio Benefit Bank; and
- Kiosk-based applications.

To view the revised ODM webpage specifically designed for former foster youth, go to:
<http://medicaid.ohio.gov/FOROHIOANS/Programs/FosterCare.aspx>.

In addition ODM worked directly with youth to ensure health care coverage. At the October 17, 2014 *Fostering Pathways to Success* conference, ODM staff:

- Helped youth apply for benefits.
- Hosted four break-out sessions on Medicaid programs available to former foster youth, and related application process. Each workshop included information on:
 - How to apply for Medicaid;
 - Resources available to assist individuals when applying;
 - What to expect in the eligibility process;
 - Managed care enrollment; and
 - Elements of maintaining Medicaid eligibility once established.
- Responded to specific inquires about Medicaid programs and coverage as requested by current and former foster youth, stakeholders, advocates, and PCSA staff members.

ODM representatives also conducted trainings at all five ODJFS independent living regional meetings, and provided ongoing technical assistance to PCSA staff to assist them with facilitating extended coverage for former foster youth. Topics discussed at these meetings included, but were not limited to:

- The elevation of ODM as a stand-alone agency;
- The new Medicaid website;
- The Ohio Benefits portal and application processes;
- MAGI (Modified Adjusted Gross Income) categories; and
- Presumptive Eligibility.

Health Care Power of Attorney

PCSA caseworkers are required to educate youth who are aging out of care about how to establish health care powers of attorney (POA). This information is a component of the youth's transition plan and must be completed at least 90 days prior to the date of emancipation. Because Ohio law prohibits youth from formally establishing a durable POA prior to their 18th birthday, ODJFS continues to provide PCSAs guidance about how to assist youth in completing

this process once they reach the age of majority.

In addition, ODJFS published a 12-page booklet, *You Have the Right: Using Advance Directives to State Your Wishes About Your Health Care*, to assist Ohioans in establishing advance directives for health care. This document was endorsed by the: Ohio Association of Philanthropic Homes and Housing for the Aging; Ohio Attorney General; Ohio Academy of Nursing Homes; Ohio Council for Home Care; Ohio Departments of: Aging, Health and Mental Health (now OhioMHAS); Ohio Health Care Association; Ohio Hospice Association; Ohio Hospital Association; Ohio State Bar Association, and Ohio State Medical Association. Given its widespread approval across state agencies and associations, this information has been provided to PCSAs and PCPAs for use in implementing the requirements for establishing healthcare powers of attorney for children aging out of foster care.

TRAUMA-INFORMED CARE

STATE LEVEL INITIATIVES

Data Analyses

ODJFS continues to contrast data from the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS) with state census data to determine prevalence of child abuse and neglect across numerous demographic variables. Ohio's rates of maltreatment reports and out of home placement remain higher for younger children indicating a need for early childhood interventions and family-based, trauma-focused treatment. A subsequent increase in maltreatment rates during early-mid adolescence illustrates the need to expand trauma-focused, cognitive-behavior therapy (TF-CBT) interventions for the older children. Disproportional minority representation within the child welfare system also clearly illustrates the need for culturally relevant interventions.

In recognition that families in the child welfare system typically experience multiple and complex traumas, Ohio has launched multiple strategic initiatives designed to improve access to a continuum of effective behavioral health care services. A summary of these projects follows.

Ohio's Trauma Informed Care Initiative

In 2013, OhioMHAS established a statewide project designed to expand availability of effective services by increasing practioners' competency in trauma informed care practices. The objectives of this work are to:

- Increase awareness of trauma as a public health concern;

- Enhance the array of local services by identifying gaps in programming, promoting best practices, and fostering use of community linkages; and
- Provide training and establish regional learning communities.

Team members of this public-private partnership reflect a broad range of constituencies. Representatives include the: Ohio Hospital Association; Public Children Services Association of Ohio (PCSAO) Ohio Association of County Behavioral Health Authorities; Ohio Association of Child Caring Agencies; County Boards of Developmental Disabilities; Ohio Provider Resource Association; Ohio Human Trafficking Commission; Center for Innovative Practices; Center for the Treatment and Study of Traumatic Stress; Ohio Primary Parent Advisory Council; Ohio Women’s Network; Ohio Board of Regents; OhioMHAS; DODD; ODH; ODJFS; ODM; and the Ohio Departments of Aging, Education (ODE), and Youth Services (DYS).

During this past year, six Regional Trauma-Informed Care (TIC) collaboratives were established. The map below illustrates how the regions are configured.



These sites serve to:

- Identify regional strengths, champions and areas of excellence to facilitate TIC implementation;
- Identify regional gaps, weaknesses and barriers for TIC implementation;
- Develop a repository of expertise and shared resources within the region to facilitate local and statewide TIC implementation;

- Train individuals to disseminate TIC principles and best practices; and
- Develop specific implementation strategies to effectively address the needs of specialty populations (e.g., the developmentally disabled, children, older adults, and those challenged by addiction).

On June 17, 2015 the OhioMHAS hosted the second statewide summit on trauma, *Creating Environments of Resiliency and Hope*. This event featured training for clinical and administrative leaders, as well as breakout sessions for regional teams.

Systemic Trauma Training for Child Welfare

The Institute of Human Services (IHS) is the coordinator of the Ohio Child Welfare Training Program (OCWTP). IHS develops and implements competency-based training for Ohio's foster and adoptive parents, caseworkers, supervisors, and administrators. In partnership with OhioMHAS, IHS modified the National Child Traumatic Stress Network (NCTSN) Child Welfare Training Toolkit to meet established timelines of the state's program. To implement this work, IHS:

- Successfully developed and presented an overview of Trauma-Informed Child Welfare to PCSA executive directors, managers, and staff as well as other community partners.
- Integrated NCTSN's Toolkit for Child Welfare and its Caregiver Series into OCWTP's statewide workshop offerings:
 - Module 1: *Overview of Trauma and Its Effect on Children*;
 - Module 2: *The Impact of Trauma and the Importance of Safety*;
 - Module 3: *Identifying Trauma-related Needs and Enhancing Well-Being*; and
 - Module 4: *Worker Well-Being and the Importance of Partnering*.
- Developed training on the provision of Trauma Focused-Cognitive Behavioral Treatment to Youth in Care.
- Developed training sessions that were jointly presented by mental health experts, child welfare personnel, and foster care alumni.
- Developed three self-study educational modules on trauma for individual caseworker and supervisor use.

Personal Responsibility and Education Program (PREP) Trauma Training:

ODJFS is currently partnering with the ODH and ODYS to present eight, six-hour trauma trainings across the state. *Think Trauma: A Training for Staff in Juvenile Justice and Residential Settings* combined with *Essential Elements* from *The National Child Trauma Stress Network Child Welfare Training* is being offered free of charge to facilitators of the Personal Responsibility and Education Program (PREP), child welfare staff, and foster parents affiliated with PREP provider agencies. In addition, biological parents are also welcome to attend with agency approval. The sessions, being held from May-August 2015, are specifically tailored for front-line caregivers and staff. Components of the training include:

- Think Trauma - Trauma and Youth in Child Caring Systems:
 - Defining trauma and traumatic stress;
 - Recognizing how trauma reminders trigger behavior and their relationship to violence;
 - Identifying the role of resiliency;
 - Knowing what can happen when we take a trauma-informed approach to care with youth.
- Trauma’s impact on development:
 - Identifying the key developmental tasks at each stage and impact of trauma;
 - Learning methods to get development “back on track”.
- Survival coping strategies:
 - Defining coping strategies- reframing violence, substance use and self-injury;
 - Understanding survival coping ;
 - Learning alternative strategies;
 - Building a safety plan.

Continuing education credits as well as certificates toward meeting foster parent ongoing training requirements will be issued for participants. Monique Marrow, Ph.D., who co-authored the curriculum, is the presenter for all Ohio PREP sessions. Dr. Marrow is a clinical child psychologist and a training specialist for the Center on Trauma and Children. She serves on several NCTSN committees, including; the National Steering Committee, the Affiliate Advisory Board, Community Violence, Complex Trauma, the Justice Consortium, and is Co-Chair of the Juvenile Justice Sub-Committee.

LOCAL INITIATIVES

The National Child Traumatic Stress Network

Over the past several years, Ohio has been selected to implement seven separate NCTSN initiatives. The projects have been located in metropolitan areas of the state: Cuyahoga, Franklin, Hamilton, Lucas, and Summit counties. Although all but one (Summit County) of these projects have been completed, the NCTSN work continues to serve as a foundation for Ohio’s development of trauma-informed child welfare practices and expansion of traumatic focused treatment within the behavioral health system. The specific projects are described below.

- ***The Regional Center of Excellence for the Treatment and Study of Adverse Childhood Events*** prepares communities to screen, assess, and treat traumatized children in a 9 county area of Northeast Ohio. Through this project, standardized screening for adverse childhood events (ACEs) is implemented at targeted points of entry throughout Akron Children’s Hospital’s continuum of care. Children who have been exposed to ACEs are then referred for trauma-focused treatment in their communities. In addition, the Center educates medical and children’s mental health providers on use of evidence-based trauma-informed interventions.

- ***Transforming Care for Traumatized Youth in Child Welfare*** assessed children, aged 4-18 years, believed to be at risk for traumatic stress disorders, and provided evidence-based interventions when indicated. In addition, the grantee, Mental Health Services, Inc. (MHS), provided training to child welfare line staff and supervisors to promote use of trauma-informed practices. Previously, this site was also awarded NCTSN funding to implement the ***Children Who Witness Violence Program***. That project provided 24-hour/day trauma response services to children and families referred to MHS by police officers following incidents of domestic or community violence.
- ***The Mayerson Center adapted two evidence-based interventions to serve young children in deployed military families, and traumatized adolescents in juvenile justice and residential treatment centers.*** This work addressed complex trauma via adaptation of the *Parent-Child Interaction Therapy (PCIT)* model, and *Trauma and Grief Focused Component Therapy for Adolescents*. Project implementation included: training protocols and resources, train-the trainer toolkits, and web-based training opportunities. Previously, the Mayerson Center, located in The Children’s Hospital of Cincinnati, also received NCTSN funding as a **Trauma Treatment Replication Center** for a child abuse evaluation, treatment, and research. The Center continues to train community providers on evidence-based child and adolescent trauma treatment.
- ***Nationwide Children’s Hospital*** developed a trauma-informed service delivery system that served youth with severe psychiatric disorders and complex trauma. Specialized training conducted to implement this work included: *Dialectical Behavior Therapy*, *Trauma-Focused Cognitive Behavior Therapy with Selective Serotonin Reuptake Inhibitor Medication Treatment*; care management; expansion of evidence-based practices within the community; and evaluation of cultural appropriateness of strategies.
- ***The Cullen Center for Children, Adolescents, and Families*** provided evidence-based, multisensory trauma-focused therapies. Services were targeted to youth and families who had experienced community violence, child abuse, traumatic loss, serious illness and injury, and domestic violence.

The Gateway CALL Project, Franklin County Children’s Services

In October 2012, Franklin County Children’s Services (FCCS) was awarded a five-year grant from the Administration for Children and Families to support expansion of its *Gateway CALL* (Consultation, Assessment, Linkage, Liaison) project. This initiative, a collaboration between FCCS and Nationwide Children’s Hospital, is designed to improve access to evidence-based/evidence-informed behavioral health (BH) care services for youth involved in the child welfare system. The project seeks to standardize implementation of screening and assessment instruments to detect children’s trauma issues and behavioral health concerns. Specific activities include:

- Developing a streamlined process for administering, scoring and processing BH/trauma assessment information.
- Conducting training on selected instruments and evaluating the impact of their use.
- Incorporating assessment findings into case planning and referral mechanisms.
- Evaluating child-specific outcomes.
- Conducting cost analyses of implementing BH/trauma screening and assessments.

In addition to FCCS and Nationwide Children’s Hospital, several state and local partners actively participate in this work, including ODJFS. The Ohio State University College of Social Work serves as the lead evaluator for Gateway CALL.

Integrating Professionals for Appalachian Children

Integrating Professionals for Appalachian Children (IPAC) is a community-consumer-university rural health network designed to build caregiver capacity, increase skills of local providers, and reduce cross-system fragmentation. IPAC was selected as the subgrantee to implement ODH’s federal Project LAUNCH initiative, which served children, ages 0–8 years, living in four rural Appalachian counties: Athens, Hocking, Vinton, and Meigs.

IPAC conducted trauma-related data analysis of families enrolled in the network’s Navigator Program. Historical findings included:

- **41 %** of the children served have been victims of violence or trauma (physical, psychological or sexual abuse, neglect, community violence, natural disaster or traumatic grief); and
- **42 %** of the parents served have a history of trauma.

Given these statistics, Project LAUNCH undertook progressive efforts in partnership with the Mayerson Center to promote use of trauma focused treatments and trauma informed practices within the southeast region of Ohio. As a result, IPAC continues to regularly utilize the following evidence-based programs: *The Ages & Stages Questionnaire: Social Emotional (ASQ:SE)*; *Parents as Teachers*; *Early Childhood Mental Health Consultation*; *Parent-Child Interaction Therapy (PCIT)*; *IMPACT*; *Trauma Focused Cognitive Behavior Therapy*; *Eye Movement Desensitization Reprocessing (EMDR)*; *The Edinburgh Postnatal Depression Screen (EPDS)*; *Strengthening Families*; *Incredible Years*; *Neurosequential Treatment Model*; *Equine-Assisted Treatment*; *Dialectical Developmental Psychotherapy*; and *Trauma Focused Narrative Therapy*.

PSYCHOTROPIC MEDICATION

STATE LEVEL INITIATIVES

Ohio has undertaken a multi-faceted approach to addressing the issue of psychotropic medication use within the foster care population. The OAC requires that PCSAs establish local policies and procedures to oversee and monitor the use of psychotropic medications by children in care. In addition, Ohio’s strategy also includes: advancing utilization of prescribing guidelines; promoting use of trauma-related developmental screening; and improving access to

evidence-based treatments as essential components to increasing safety and reducing inappropriate use of medication. Partners in this effort include, but are not limited to: the OhioMHAS, ODM, and ODH; local child welfare agencies; child health care providers; juvenile justice personnel; and representatives of local school districts.

Ohio has embarked on five major initiatives to advance the appropriate use of psychotropic medication. These are:

- Establishment of prescription guidelines (see: BEACON, below).
- *Ohio Minds Matter*, the Administration's investment toward improving safe use of psychotropic medications:
 - Establishment of 3 pilot sites to examine effective cross-system practices;
 - Enhancement of tele-medicine options and provision of prescriber peer support;
 - Development of clinical guidelines based on aggression, attention, and mood symptomology; and
 - Establishment of a website, www.Ohiomindsmatter.org to specifically address this issue and promote best practices.
- Improved data analyses and use of data to improve prescribing practices.
- Development of a Psychotropic Medication Toolkit for Public Children Services Agencies.
- Promotion of evidence-based, non-pharmacological treatment.

Best Evidence for Advancing Childhealth in Ohio NOW! (BEACON)

BEACON is a statewide public-private partnership which facilitates collaboration among more than 21 key children's provider organizations, five state agencies, and several children's advocacy groups. Partners include: the Ohio Academy of Family Physicians; the Ohio Chapter of the American Academy of Pediatrics; Voices for Ohio's Children; Ohio Children's Hospital Association; the American College of Obstetricians and Gynecologists; The National Alliance for the Mentally Ill-Ohio Chapter; The Ohio State University, Government Resource Center; and ODH, ODM, ODJFS, OhioMHAS, and DODD. BEACON's mission is to improve the quality of care leading to improved health outcomes and reduced costs. Medicaid-eligible children are a targeted population for this initiative.

BEACON members have identified appropriate use of psychotropic medication, with particular emphasis on the foster care population, as a priority. Specifically, BEACON seeks to:

- Increase timely access to safe and effective psychotropic medications, including atypical antipsychotics, in the context of evidence-based therapies;
- Improve health outcomes for these children; and
- Reduce potential medication-related adverse effects.

As part of this process, BEACON set a goal of a 25% reduction in the following target areas by July 30, 2014:

- The use of atypical antipsychotic (AAP) medications in children less than 6 years of age;
- The use of 2 or more concomitant AAP medications for over 2 months duration; and
- The use of 4 or more psychotropic medications in youth less than 18 years of age.

For progress and impact to date, see *Ohio Minds Matter* below.

For additional information about the BEACON project design, refer to the **Key Driver Diagram** in **Appendix B1**.

In addition, child psychiatrists participating in BEACON continue to promote the following principles for prescribing AAPs:

- AAPs are to be prescribed in the context of the overall status of the patient's health.
- The lowest effective dose is to be used.
- Prescribers are to use caution with polypharmacy given limited data on long-term combination treatments.
- Prescribers are to carefully monitor potential adverse side-effects (e.g., body mass index, fasting glucose, lipids).
- AAPs are to be prescribed for a determined duration of treatment.
- Abrupt discontinuation is to be avoided.

Ohio Minds Matter

In September 2012, the Kaisch Administration announced the launch of *Ohio Minds Matter*, a three-year project designed to:

- Increase timely access to safe and effective psychotropic medications and other treatments for children;
- Improve pediatric patient health outcomes; and
- Reduce potential medication-related adverse effects.

This \$1 million investment is targeted to those who provide services to Medicaid-eligible children, including those in foster care.

This quality improvement initiative is:

- Developing technical resources to facilitate application of best practices and clinical guidelines for safe and effective use of psychotropic medications.
- Providing second opinion consultation, educational outreach, and technical support to guide safe use of psychotropic medications.
- Advancing the knowledge and understanding of parents/ caregivers, child-serving systems (e.g., child welfare, schools, juvenile courts) and pediatric patients about safe and effective use of psychotropic medications.

To achieve these goals, a Statewide Clinical Advisory Panel was established to develop guidelines for implementation of best practices. Members of the panel include child psychiatrists, pediatricians, pharmacists, and the state Medical Directors for ODM and

OhioMHAS. Meeting bi-weekly, this group developed a medication guide, treatment guidelines, and tools for prescribers to use based on syndromic (rather than diagnostic) characteristics for: attention, mood, and aggression. Last year, the Clinical Advisory Panel developed the following guidelines to promote the safe and effective use of psychotropic medications:

- **Psychotropic Medication Guide:**
 - [Algorithm A: Antipsychotic Medication Management in Children Under 6 Years of Age](#)
 - [Algorithm B: Avoiding Use of More than One Atypical Antipsychotic \(AAP\) Medication in Children Under 18 Years of Age](#)
 - [Algorithm C: Avoiding Polypharmacy](#)
 - [Psychotropic Medication Parent Fact Sheet](#)

- **Psychotropic Medication Treatment Guidelines:**
 - [Psychotropic Medication List](#)
 - [Evidence-Based Treatments](#)
 - [Screening & Monitoring Tool](#)
 - [Informed Consent Process](#)
 - [AAP Adverse Effects Table](#)
 - [Psychotropic Medication Contraindications and Interactions Table Case Study](#)

- **Inattention, Hyperactivity, Impulsivity:**
 - [Algorithm D: ADHD](#)
 - **Treatment Guide**
 - [Criteria and Evidence Based Treatment](#)
 - [ADHD Medication Table](#)
 - [ADHD Medication Duration Table](#)
 - **ADHD Rating Scales:**
 - [Parent](#)
 - [Teacher](#)
 - [Follow Up](#)
 - [Scoring Instructions](#)
 - [Duration of Medication Effect Chart](#)
 - [ADHD Medication Side Effects and Intervention Chart](#)
 - [Resources](#)

- **Disruptive Behavior and Aggression**
 - [Algorithm E: Disruptive Behavior and Aggression](#)
 - [Treatment Guide](#)
 - [Modified Overt Aggression Scale](#)
 - [Resources](#)

- **Moodiness and Irritability**
 - [Algorithm F: Moodiness and Irritability](#)
 - [Patient Health Questionnaire](#)
 - [Ask Suicide-Screening Questions](#)
 - [Depression Treatment Guide](#)
 - [Substance Abuse Treatment Guide](#)

- [BiPolar Treatment Guide](#)
- [Resources](#)

During this reporting period, Ohio Minds Matter continued to refine and develop additional resources for clinicians to use further advance these efforts. These materials include:

- **A Quick Reference Guide:**
http://ohiomindsmatter.org/documents/Algorithm%20G_Page%20Break_with%20Links.pdf
- **Antipsychotic medication Management for children under 6 years of age:**
http://ohiomindsmatter.org/documents/Algorithm%20A_link_with%20page%20breaks.pdf
- **Avoiding use of more than 1 atypical antipsychotic medication in children under 18:**
http://ohiomindsmatter.org/documents/Algorithm%20B_Link_with%20page%20breaks.pdf
- **Avoiding polypharmacy:**
http://ohiomindsmatter.org/documents/Algorithm%20C_link_with%20page%20breaks.pdf
- **Psychotropic medication lists:**
<http://ohiomindsmatter.org/documents/Psychotropic%20Medication%20List.pdf>
- **Evidence-based treatments by disorders:**
<http://ohiomindsmatter.org/documents/5c%20Evidence-Based%20Treatments.pdf>
- **A screening and monitoring tool:**
<http://ohiomindsmatter.org/documents/6%20Screening%20and%20Monitoring%20Tool.pdf>
- **Informed consent:**
<http://ohiomindsmatter.org/documents/Informed%20Consent%20Process.pdf>
- **Adverse effects table:**
<http://ohiomindsmatter.org/documents/AAP%20Adverse%20Effects%20Table.pdf>
- **Contraindications and interactions table:**
<http://ohiomindsmatter.org/documents/9%20Drug%20Contraindications%20and%20Interaction%20Tables.pdf>
- **Case study:** <http://ohiomindsmatter.org/documents/10%20Case%20Study.pdf>
- **Behavioral symptom reference- Inattention, Hyperactivity, and Impulsivity:**
http://ohiomindsmatter.org/Inattention_Hyp_Imp.html
- **Behavioral symptom reference- Disruptive behavior and aggression:**
http://ohiomindsmatter.org/Disruptive_Aggression.html
- **Behavioral Symptom reference-Moodiness and irritability:**
http://ohiomindsmatter.org/Moodiness_Irritability.html
- **Learning modules for continuing education credit:**
http://ohiomindsmatter.org/Prescribers_Learning.html
- **Podcasts:** http://ohiomindsmatter.org/Prescribers_Learning.html
- **A Shared Decision-Making Toolkit:** http://ohiomindsmatter.org/Phys_ToolKit.html

For more information regarding these resources, go to: <http://ohiomindsmatter.org>

To promote use of the website and increase professional knowledge about the prescribing guidelines, continuing educational credits are offered for completion of the *Ohio Minds Matter* learning modules. In addition, OhioMHAS is promoting use of its Pediatric Psychiatry Network (PPN) as a resource for prescribers to receive peer guidance on how to treat children with difficult behavioral health issues, including but not limited to the use of psychotropic medications. For more information on the PPN, see: <http://ppn.mh.ohio.gov/>

In addition to the array of clinical tools offered, *Ohio Minds Matter* has developed resources to improve engagement of clinicians, families, youth, and workers in child-caring systems (including child welfare). During this reporting period, a shared decision-making toolkit was specifically designed to address health care issues of foster children. The toolkit promotes youth involvement in health care decisions, including but not limited to the use of psychotropic medication. Issue-specific prompts are featured throughout the document to promote discussion with medical personnel regarding the patient's current issues, symptoms, treatment options, and response to chosen interventions. Current and former foster youth actively participated on the toolkit's development, and the Ohio Chapter of Foster Alumni of America also provided input on its design. To view the toolkit, go to:

http://www.ohiomindsmatter.org/documents/decision%20guide%20for%20foster%20care_F1.pdf

Another component of the *Minds Matter* initiative has been the establishment of three demonstration sites across the state to pilot use of the guidelines; identify local challenges; and test community-specific interventions. The following communities have been selected to be sites for this initiative:

- Summit, Portage, Trumbull, and Stark Counties;
- Franklin, Licking, Fairfield, Muskingum and Perry Counties; and
- Montgomery, Greene, Miami and Clark Counties.

Each pilot site is led by a steering committee consisting of primary care and behavioral health practitioners, consumers, family members, as well as senior leadership representatives from community agencies, schools, welfare agencies, juvenile courts, youth services, medical associations and health plans. The pilot sites work to:

- Improve care among clinicians through training, data feedback and rapid cycle quality improvement interventions;
- Advance consumer empowerment through education and shared decision-making; and
- Improve access to care and service coordination through community collaboration.

Preliminary Results: 81 practitioners have participated in the pilot projects to date, including: pediatricians, family physicians, pediatric psychiatrists, and advance practice nurses. These

participants represent 34 organizations, including: children’s hospitals, large primary care groups, federally qualified health centers, and community behavioral health centers. Preliminary findings suggest nearly an 18% improvement in prescribing practices soon after the launch of the demonstration site projects. Additionally, 862 children receiving psychotropic medication from these early adopters were followed from October 2013 to October 2014. **Among those children whose prescriptions exceeded the pre-established clinical thresholds, 47% improved to be within clinical targets or without further psychotropic prescriptions.**

Beginning March, 2015, Ohio began implementation of a strategic plan to establish a statewide learning network for clinicians and community partners. The goals of this effort are to:

- Disseminate information about tested strategies and “lessons learned” from the pilot projects;
- Advance use of the prescribing practice guidelines; and
- Increase patient participation in treatment through promotion of the shared decision-making toolkit.

At no cost, network members:

- Can participate in quarterly webinars jointly facilitated by children’s services agencies and state partners to discuss engaging foster youth in treatment, and reducing barriers to treatment;
- Discuss strategies to engage foster youth in mental health treatment;
- Receive diagnostic and prescribing resources specifically tailored for clinicians, families, child welfare agencies, schools and community members;
- Implement tested *Ohio Minds Matter* resources for shared decision-making with youth, caregivers, and family members; and
- Receive Maintenance of Certification, Continuing Medical Education and Continuing Education Unit credits for completing on-line learning modules.

The most recent network webinar was held on June 11, 2015. This session specifically targeted enhancing collaboration with child welfare agencies, and increasing communication with foster children regarding their health care and use of psychotropic medications. Participants on the call included, but were not limited to: caseworkers and other child welfare personnel, private foster care network representatives, residential treatment providers, community-based behavioral health providers, and medical personnel. As with other *Ohio Minds Matter* webinars, the session was recorded for future use by those who were unable to participate in the event.

Throughout this reporting period, OFC has been promoting *Ohio Minds Matter* opportunities through direct mailings to PCSA Directors, PCSAO, the Ohio Association of Child Caring Agencies, the Ohio Council of Behavioral Health and Family Service Providers (The Council), and Ohio Family and Children First. In addition, OFC has distributed this information via various newsletters, including: *First Friday*, *the PCSAO Update*, and *OACCA News*.

Enhanced Data Analyses

Ohio is improving data transparency in order to educate providers whose patients include a

high volume of foster children, and those with high rates of prescribing AAPs about comparative pharmacology utilization patterns. ODM has developed the capacity to issue providers timely feedback regarding individualized prescription patterns contrasted with similar clinicians. In addition, archived Medicaid data are also being analyzed to identify clinicians who prescribe medications to children less than six years of age, and those who prescribe two or more concomitant AAPs in order to offer additional education and second opinions. (See reference to the *Pediatric Psychiatry Network* below.)

Building Mental Wellness and the Pediatric Psychiatry Network

Building Mental Wellness (BMW), a Mental Health Learning Collaborative, has designed clinical resources to assist primary care physicians in effectively identifying and managing mental health issues. The scope of work for this project includes:

- Engaging an expert panel of psychiatrists and developmental pediatricians to develop resources which promote screening, diagnosis, practice-based interventions, collaboration with professionals, and pharmaceutical management;
- Establishing a learning collaborative of high volume Medicaid practices; and
- Utilizing quality improvement science to support use of quality improvement metrics.

BMW team members have developed clinical recommendations for key psychiatric diagnoses (including screening, diagnosis, and treatment). These refined standards help educate patients, families/caregivers, and child serving systems about appropriate medication use. In addition, specific strategies have been implemented to improve staff competency in child welfare, courts, schools, and mental health systems that frequently interface with the children and their families/caregivers.

BMW is also working to promote the use of *Pediatric Psychiatry Network* (PPN) linkages. Through this effort, academic experts and faculty from Ohio's seven colleges of medicine, children's hospitals, and community mental health centers provide second opinion consultation to colleagues with high risk prescribing practices (e.g., off-label use of AAPs, concomitant prescribing, dosages outside of therapeutic ranges, and prescribing for very young children).

Clinical Profiles of Children with Severe Emotional Disorders

The purpose of this project is to provide information about the clinical characteristics and needs of children with severe emotional disorders (SED); review service patterns; and identify trends in service utilization and costs. The resulting findings guide the state's quality improvement efforts to support physicians treating children with SED. As part of this project, researchers are:

- Engaging an expert panel of clinical leaders to develop diagnosis-specific metrics to identify patterns of care (e.g., mental health assessments, psycho-social interventions).
- Analyzing patterns of care and comorbidities associated with outcomes (e.g., emergency room visits, hospitalization, costs) that can be targeted for intervention and quality improvement.
- Determining clinical, geographical, and demographical "hot spots".

- Identifying opportunities for quality improvement.

Psychotropic Toolkit for Child Welfare:

As the custodian for children in care, PCSAs have a profound responsibility to not only focus on safety and permanency, but on improving the long-term well-being of children in care as well. Ultimately, PCSAs are required to authorize use of medication if birth/adoptive parents are unavailable to consent. Given the complexity of pharmacological interventions, consistent oversight and monitoring of medication use is critical. This responsibility requires knowledge of specific medications, effective interventions, best practices, policies, procedures and practice guidelines.

To better address this issue, PCSAO established the Behavioral Health Leadership Group (BHLG) in February 2012. BHLG membership is inclusive of state and local child welfare entities, as well as public and private providers. Representatives include: 15 Public Children Services Agencies, including both rural and urban jurisdictions; the Ohio Association of County Behavioral Health Authorities; the Ohio Association of Child Caring Agencies; the Ohio Council of Behavioral Health and Family Service Providers; and ODJFS, ODM, OhioMHAS, ODE, ODH and DODD. Technical assistance is provided by Vorys Health Care Advisors.

The BHLG developed a toolkit to guide PCSA oversight of psychotropic medication use by children and youth in the custody of Ohio's child welfare system. The recommendations put forth were selected following review of other published works, including: *Guidelines on Managing Psychotropic Medications from the American Academy of Child and Adolescent Psychiatrists* (AACAP), other state plans (i.e. Connecticut and Texas) and local Ohio child welfare agencies' policies (i.e. Lucas, Summit). A copy of the ***Psychotropic Medication Toolkit for Public Children Services Agencies*** is found in **Appendix B2**.

On July 7, 2014, ODJFS' amended Ohio Administrative Code 5101:2-5-13 went into effect. This rule change mandated all agencies to have a written policy for monitoring the use of psychotropic medications for children in foster care. Required components of the agencies' policies as of that date included:

- (a) Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify the child's mental health and trauma-treatment needs including a psychiatric or medical evaluation, as necessary, to identify needs for psychotropic medication.
- (b) Informed and shared decision-making and methods for ongoing communication between the prescriber, the child, the child's parents or caregivers, other healthcare providers, and the agency caseworker.
- (c) Effective medication monitoring for the children placed in care.

The rule change suggested agencies review the *Psychotropic Medication Toolkit* for guidance in developing local policies and procedures.

After reviewing the rule, ODJFS determined that fulfilling requirements (a) and (b) were solely the function of public agencies. As a result, the Department issued a procedure letter to Private Child Placing Agencies and Private Non-Custodial Agencies on January 21, 2015 clarifying that the only requirement for which all agencies were responsible was (c), monitoring the use of medication for the children in their care.

Non-pharmacological Treatment

It is recognized that psychotropic medications are often prescribed when access to effective community-based behavioral health care is limited. Please refer to the trauma-informed care and collaborative healthcare programming sections of this plan for descriptions of initiatives designed to enhance a continuum of care for children who have experienced maltreatment.

COLLABORATIVE HEALTHCARE PROGRAMMING

STATE LEVEL INITIATIVES

Office of Health Transformation

Governor John R. Kasich created the Office of Health Transformation (OHT) to improve health system performance and streamline health and human services. OHT coordinates implementation of Ohio's Medicaid program across the following state agencies: the Ohio Department of Budget and Management, The Ohio Department of Administrative Services, ODM, ODJFS, DODD, OhioMHAS, ODH, and Aging. OHT is committed to implementing programming which supports:

- Patient-centered care;
- Performance-based measurement;
- Accountable medical homes;
- Price and quality transparency;
- Streamlined income eligibility;
- Medicaid/Medicare exchanges;
- Value-based reimbursement strategies;
- Electronic information exchange;
- Continua of care; and
- Sustainable growth over time.

OHT achievements to date have included:

- Expanding presumptive eligibility for Medicaid to pregnant women.
- Reducing infant mortality via work with the Ohio Perinatal Quality Collaborative.

- Improving early identification and intervention for individuals with autism spectrum disorders by investing in evidence-based models.
- Increasing consumer choice by expanding waiver services for people with developmental disabilities, and consolidating Medicaid programs for people with disabilities.
- Increasing opportunities for people with developmental disabilities, including requiring that all Individual Education Plans (IEPs) for youth with disabilities include strategies for preparing for community employment after school.
- Implementing specific strategies to reduce opiate abuse.
- Integrating Medicare and Medicaid benefits through the Integrated Care Delivery System.
- Expanding use of patient-centered medical home models in primary health care practices.
- Simplifying eligibility determination systems for federal and state human services;
- Accelerating adoption of the electronic health information exchange.
- Enhancing cross-system data sharing.

BEACON:

As previously described, BEACON is a statewide public-private partnership which facilitates collaboration among more than 21 key children’s provider organizations, five state agencies, and several children’s advocacy groups. BEACON’s mission is to improve the quality of care leading to improved health outcomes and reduced costs. Medicaid-eligible children are a targeted population for this initiative. In addition to its current efforts targeting reductions in inappropriate psychotropic medication use, BEACON continues to focus on the following six health issues for children:

- Improving outcomes for youth through identification, evaluation, referral and treatment of children at risk for/or with delayed development, autism, or social development concerns.
- Reducing preterm births and improving outcomes for preterm newborns.
- Promoting physical activity and healthy nutrition to reduce childhood obesity.
- Improving surgical outcomes by reducing site infections and medication safety within all eight children’s hospitals in Ohio.
- Providing primary care physicians with 24 hour/7 day/week telephone consultation with child and adolescent psychiatrists to assist with education, triage, diagnosis and treatment of patients with psychiatric issues.
- Reducing adolescent Opioid dependence.

Early Childhood Mental Health Consultation

Ohio’s Early Childhood Mental Health Consultation (ECMHC) Program is designed to improve outcomes for young children (infants - six years old) who are at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development. ECMHC services include:

- Clinical consultation to early childhood programs regarding:

- Problem identification;
 - Referral processes;
 - Classroom management strategies;
 - Maternal depression;
 - Parental substance abuse;
 - Domestic violence; and
 - Other stressors on young children's well-being.
- Guidance to family members (including parents, kinship caregivers and foster parents) to increase skills in creating nurturing environments for young children.

ECMHC promotes use of evidence-based behavioral health practices as a means of delivering effective, cost-efficient care. Some of these include: *Devereux Early Childhood Assessments (DECA)*; *The Incredible Years Program for Parents, Teachers, and Children*; *The Edinburgh Postnatal Depression Screen (EPDS)*; *The Therapeutic Interagency Preschool Program*; *Trauma Focused Cognitive Behavioral Therapy*; *Positive Behavior Supports*; and *Teaching Tools for Young Children with Challenging Behaviors*.

Ohio is the recipient of nearly \$70 million in federal *Race to the Top* funds. These dollars support Ohio's *Early Learning Challenge Grant* and are used to improve the quality of programs that serve high-need children from birth to five years of age. As part of this work, OhioMHAS was awarded \$1.2 million of the *Race to the Top* funds to further support ECMH initiatives. Components of this work include:

- Statewide consultation to early child care staff (including in-home providers), and educators;
- Assessment of social and emotional functioning;
- Professional development; and
- Information and referral services.

This project was jointly designed by representatives of ODE, ODJFS, ODH, DODD, the Governor's Office for Health Transformation, Head Start, and the Ohio Business Roundtable.

School-Based Medicaid

Ohio's Medicaid School Program (MSP) is codified in the Ohio Revised Code. This program provides enrolled school districts the ability to obtain partial federal reimbursement for medically-necessary services identified on a Medicaid-eligible student's Individualized Education Plan.

Eligible medically-necessary services, include, but are not limited to:

- Occupational therapy;
- Physical therapy;
- Speech therapy;
- Audiology services;
- Nursing services;

- Mental health services; and
- Psychological and neuropsychological testing.

All MSP services must be provided by a qualified professional in a specified practice field. The students' needs are identified through structured assessments and testing. Per statute, services rendered must be consistent with acceptable professional standards of medical and healing arts practice in regard to type, frequency, scope and duration.

Other covered services, supplies and equipment include:

- Specialized medical transportation services.
- Targeted case management services, including:
 - Gathering information regarding the child's preferences, needs, abilities, health status and supports;
 - Assuring case file documentation of prescribed services;
 - IEP-related care planning in coordination with the child's medical home and service providers, including making recommendations for assessments based on progress reviews; and
 - Monitoring the implementation of the child's IEP to ensure it effectively addresses the child's needs.
- Medical supplies and equipment deemed medically-necessary while the child is attending school.

Managed Care/Medical Home:

In 2005, House Bill 66 mandated statewide expansion of the Medicaid Managed Care Program for the entire Covered Family and Children population, and a portion of the Aged, Blind or Disabled population. Foster children remained on the fee-for-service option given the regional structure of the Managed Care Plan coverage areas at that time and concerns about continuity of care associated with placement moves. In the past two years, Ohio's Medicaid Managed Care programs have been required to ensure statewide coverage. As such, network coverage no longer presents a barrier to foster youth enrollment. Collaborative efforts are currently underway to determine methods by which to enroll the foster care population into managed systems of care. This work is being done in partnership with PCSAs, and local health care providers.

In addition to the services provided under traditional plans, Ohio's Medicaid Managed Care programs offer the following benefits:

- Case management;
- 24-hour hotlines for medical advice and direction;
- Provider network management;
- Member services;
- Preventive care reminders;

- Health education materials and activities;
- Extended office hours (varies among (MCPs); and
- Expanded services, including: transportation, vision, and incentives (varies among MCPs).

ODM monitors provider networks to ensure timely and appropriate services are rendered.

Dental Care

ODJFS-OFC continues to work with the ODH to increase utilization of public oral health care services by families involved in the child welfare system. The ODH has instituted specialized programming in an effort to increase service accessibility. These initiatives include:

- School Programs:
 - 1) The Bureau of Oral Health Services assists local agencies with implementing and maintaining school-based dental sealant programs. With parental consent, teams of dental hygienists and dental assistants place sealants on children’s teeth in accordance with a dentist’s written instructions.
 - 2) The Fluoride Mouth Rinse Program helps to prevent tooth decay and is available to elementary schools in non-fluoridated communities and/or those that serve a majority of students from low-income families.
- Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) is a program offered by the Ohio Dental Association in partnership with the ODH to assist Ohioans with special health care needs and/or financial barriers to obtain dental care. Eligible patients are matched with volunteer OPTIONS dentists who have agreed to reduce fees.
- Dental Treatment Programs in Ohio are generally operated by local health departments, health centers, hospitals and other community-based organizations. These programs offer sliding fee schedules or reduced fees.
- Healthy Start/ Healthy Families is one of Ohio’s Medicaid programs through which children (up to age 19) and pregnant women can obtain low cost dental care.
- Dentist Shortage Areas and Loan Repayment Programs allow dentists and dental hygienists who are working in underserved areas to apply for repayment of school loans.

Family-Centered Services and Supports

This past year, ODJFS continued to partner with OhioMHAS, ODYS, and DODD to support Family-Centered Services and Supports (FCSS). This initiative braids Title IV-B, parts 1 and 2 with state general revenue funds for the purpose of providing non-clinical services and supports to multi-need children and their families. The program is locally administered by the Family and Children First Councils (FCFCs). The FCFCs are established by the county commissioners for the purpose of streamlining and coordinating existing government services for families seeking

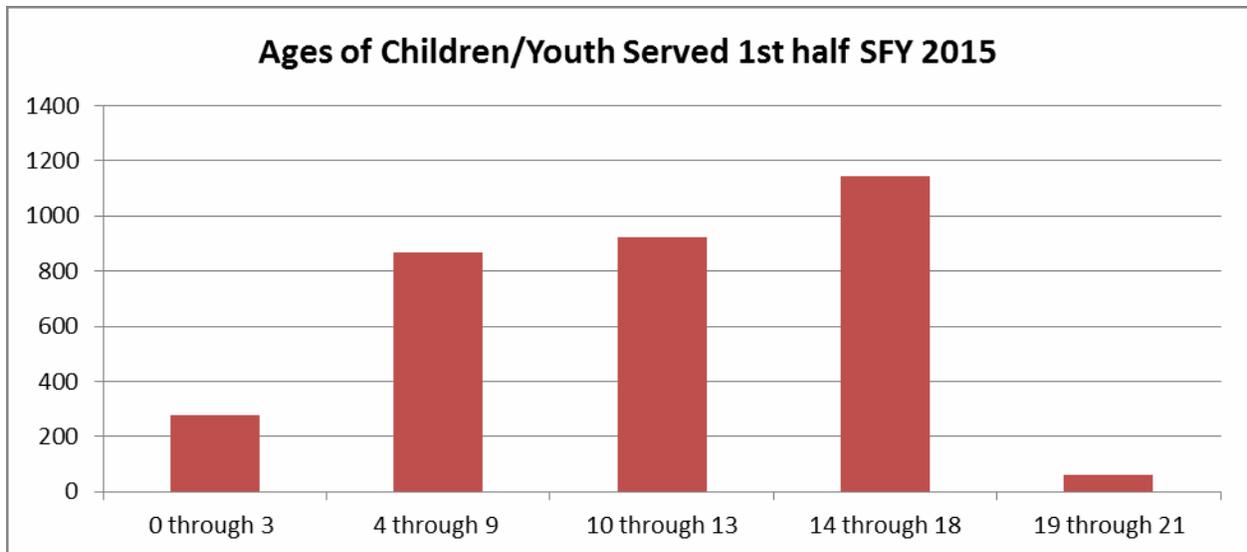
services for their children. Statutorily mandated members include the directors or designees of the following entities, the: Board of Alcohol and Drug Addiction Services, County Department of Job and Family Services, Public Children’s Services Agency, Health Commissioner; Superintendent of the district with the highest number of students and a superintendent representing other districts within the county, Director of the Board of Developmental Disabilities, County Commissioners, Head Start, the local agency responsible for providing early intervention services, a non-profit agency that funds, advocates or provides services to families and children; a representative from the regional office of the Ohio Department of Youth Services; a representative of a municipal corporation; and family members.

Children and youth (ages 0-21) are the target populations for FCSS. Program eligibility requires that families be receiving service coordination through the FCFC. To be reimbursed through FCSS, all allowable services and supports must be included in the child’s Individualized Family Service Plan.

The most recent data available regarding FCSS is contained in the mid-state fiscal year report. Findings reflect population demographics, services rendered and outcomes from July 1-December 31, 2014.

Total Number and Ages of Children Served:

The total number of children served between the ages of 0-21 during the first half of SFY15 was 3,269. This is 276 more children than were served during the first half of SFY14 (2,993). The graph and table below show a comparison of the number of children served in the first six months of SFY15 in each age group and the percent of the total children served in each age group.



Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
SFY 14	276	867	923	1144	59	3269
Percent of Total	8%	27%	28%	35%	2%	100%

Total Number of Families Served:

The total number of families served in the first six months of SFY15 was 2,441, compared to 2,189 families served in the first half of SFY14.

Children’s Service/Support Needs by Category Identified at Intake:

FCFCs are required to report the child’s service or support needs identified at the point of intake. To be eligible for participation in the FCFC service coordination process, the child must have at least two identified needs. The table below shows the number of needs identified in each category. Bolded text indicates an increase over the previous year.

Category of Need	Number of Children with this Need SFY15	% of Children SFY15	% of Children SFY14	% of Children SFY13	% of Children SFY12	% of Children SFY11	% of Children SFY10
Mental Health	1879	57.5%	56%	58.5%	62.44%	52.6%	66.5%
Poverty	1483	45.4%	50.3%	50.3%	52.99%	41.3%	41.2%
Special Education	1289	39.4%	42%	44.1%	38.05%	32.7%	32.6%
Developmental Disability	783	24%	24.8%	27.6%	23.58%	19.2%	19.1%
Unruly	656	20.1%	18.3%	16.4%	21.07%	20.6%	20.5%
Child Neglect	459	14%	12.7%	14.7%	13.59%	11.9%	11.8%
Physical Health	407	12.5%	11.6%	12.4%	9.53%	6.8%	6.6%
Delinquent	366	11.2%	12%	10.5%	12.35%	12.1	12.1
Autism	359	11%	10.8%	----	----	----	----
Child Abuse	332	10.2%	9.5%	11.6%	8.08%	8.7%	8.6%
Alcohol/Drug	250	7.6%	8.3%	7.4%	8.08%	6.4%	6.3%
Help Me Grow	151	4.6%	6.1%	5.4%	5.82%	----	----
No Primary Care Physician	116	3.5%	5.4%	14.2%	----	----	----
Total Needs	8530						

FCSS Funded Services and Supports Provided through FCFC Service Coordination:

The total number of various types of services/supports provided with FCSS funding during the first half of SFY15 was 4,995, which is an increase of 4,324 from the first half of SFY 14. The chart below provides frequency information about all service types reported for the first half of each fiscal year. Bolded text indicates an increase compared to the previous year.

Type of Service/Support Provided	Number (%) of Families Receiving This Type of Service/Support SFY 15	% of Total services & supports SFY 15	% of Families SFY 14	% of Total services & supports SFY 14	% of Families SFY13	% of Total services & supports SFY13
Service Coordination	1666 (68.3%)	33.4%	59.9%	30.3%	68.7%	33.1%
Social-Emotional Supports	699 (28.6%)	14%	28.7%	14.5%	28.8%	13.9%
Respite	612 (25.1%)	12.3%	25.8%	13.1%	27.3%	13.1%
Transportation	538 (22%)	10.8%	24.8%	12.6%	28%	13.5%
Structured activities to improve family functioning	269 (11%)	5.4%	11.3%	5.7%	10.4%	5.0%
Non-clinical in-home parenting/coaching	304 (12.5%)	6.1%	29.6%	4.9%	10.9%	5.3%
Mentoring	253 (10.4%)	5.1%	9.4%	4.8%	11.2%	5.4%
Parent Education	151 (6.2%)	3%	8.6%	4.3%	8.4%	4.1%
Parent Advocacy	253 (10.4%)	5.1%	8.2%	4.2%	6.1%	3.0%
Safety and Adaptive Equipment	176 (7.2%)	3.5%	6.2%	3.1%	5.1%	2.5%
Youth/Young Adult Peer Support	18 (.7%)	.4%	2.4%	1.2%	NA	NA
Non-clinical Parent Support Groups	36 (1.5%)	.7%	1.5%	.7%	1.9%	1.0%
Other	20 (.8%)	.4%	1.1%	.5%	10.8%	0.4%
Total	5028	100%	-----	100%	-----	100%

The children and youth served through FCSS are of the highest risk for failure within traditional service systems, and are often on the verge of out-of-home placement. It should be noted however, **since FCSS was established ten years ago, 95% of all children served through this initiative avoided removal and have been able to safely remain in their homes.**

ENGAGE

The Substance Abuse and Mental Health Services Administration awarded Ohio a System of Care Implementation Grant on July 1, 2013. To facilitate long-term sustainability, the original proposal was amended to refine the target population and project focus. *Engaging the New Generation to Achieve Their Goals through Empowerment* (ENGAGE) is designed to address the complex needs of multi-system youth and young adults in transition (YYAT), ages 14 – 21, with serious emotional disturbance/mental illness, including those with co-occurring disorders (substance use and/or developmental disabilities). To ensure programming for those most at risk, the population to be served through ENGAGE now also requires past, current, or risk of involvement with child welfare, juvenile/criminal justice, and/or homelessness. To ensure statewide consistency, the implementation strategy for ENGAGE has been streamlined to use of evidence-based High-Fidelity Wrap Around service coordination with incorporated components from the Transition to Independence Process (TIP) model.

Ohio's multi-level approach to statewide system of care implementation has four components:

- Workforce development;
- Capacity building;
- Evaluation and continuous improvement; and
- Fidelity.

Through a competitive process, the Center for Innovative Practice (CIP) at Case Western Reserve University was selected to develop the curriculum, training schedules and technical assistance processes. Over the past year, eleven 3- day trainings were held statewide (Akron, Athens, Cambridge, Columbus (2), Dayton, Fairfield, Lima, Toledo, Warren and Zanesville). The 39 counties that participated in these sessions were identified as being in either Cohort 1 or 2 based on a community readiness evaluation process that took place in 2013. The counties were:

- Cohort 1: Allen, Auglaize, Butler, Champaign, Coshocton, Erie, Franklin, Guernsey, Hancock, Holmes, Logan, Lorain, Lucas, Mahoning, Putnam, Richland, Sandusky, Seneca, Summit, Trumbull, and Wayne.
- Cohort 2: Ashland, Ashtabula, Athens, Carroll, Fairfield, Gallia, Geauga, Greene, Jackson, Licking, Madison, Meigs, Morrow, Muskingum, Noble, Preble, Union, and Washington.

Beyond local capacity building, ENGAGE seeks to increase youth "voice" in matters of public policy, program development and personal treatment decisions. To this end, the ENGAGE Youth Advisory Council was established. During this past year, the Council has fulfilled several objectives toward these goals. Some of these include:

- Participating in the national system of care meeting during the Georgetown Institute (July 2014);
- Conducting Leadership training (August 2014);

- Hosting a statewide ENGAGE Youth meeting (September 2014);
- Presenting at the statewide PCSAO Behavioral Health Leadership Conference (September 2014);
- Actively participating on Ohio's Statewide Juvenile Justice Reform Committees (September-December 2014);
- Presenting at the BEACON Conference (October 2015);
- Serving on the Ohio Attorney General's Victim Violence Review Committee (November-December 2014);
- Hosting a Statewide Youth Leadership Planning Retreat (December 2014);
- Providing competency training focusing on Asian American culture (January 2015);
- Partnering with and providing training on YouthMOVE to ensure long term sustainability for the council following the conclusion of the ENGAGE grant (February 2015);
- Providing competency training focusing on African American culture (February 2015);
- Presenting at the OhioMHAS Planning Council meeting (March 2015); and
- Presenting at the statewide conference on Opiate addiction (March 2015).

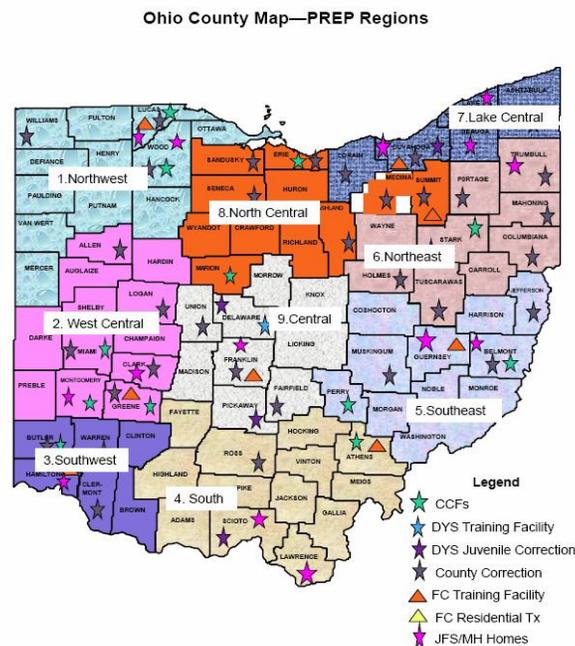
In addition, the ENGAGE Youth Advisory Council has launched several initiatives designed to increase awareness of children's mental health issues and to decrease stigma. Some of these include:

- Promoting ENGAGE at First Night Columbus (December 2014)
- Establishing an ENGAGE Youth Facebook page;
- Launching an ENGAGE Youth Text Alert System;
- Partnering with Ohio Drug-Free Alliance to plan and implement the *We Are The Majority Rally* and *Resiliency Ring* at the Ohio Statehouse (April 2015); and
- Designing and distributing a YouTube video to highlight the Council's work. To view the video, go to: http://www.namiohio.org/nami_ohio_mental_health_apparel

At the time of this writing, the initial Wrap Around fidelity measures are being collected. Additional client level outcomes data being used to evaluate ENGAGE include: the Ohio Scales, the Child and Adolescent Needs and Strengths (CANS) assessment, Adult Needs and Strengths Assessment Tool (ANSA-T), and National Outcome Measures (e.g., functioning level, housing stability, employment and education, criminal justice status, perception of care, social connectedness, reassessment status, discharge status, services received, and Global Assessment of Functioning).

Personal Responsibility and Education Program

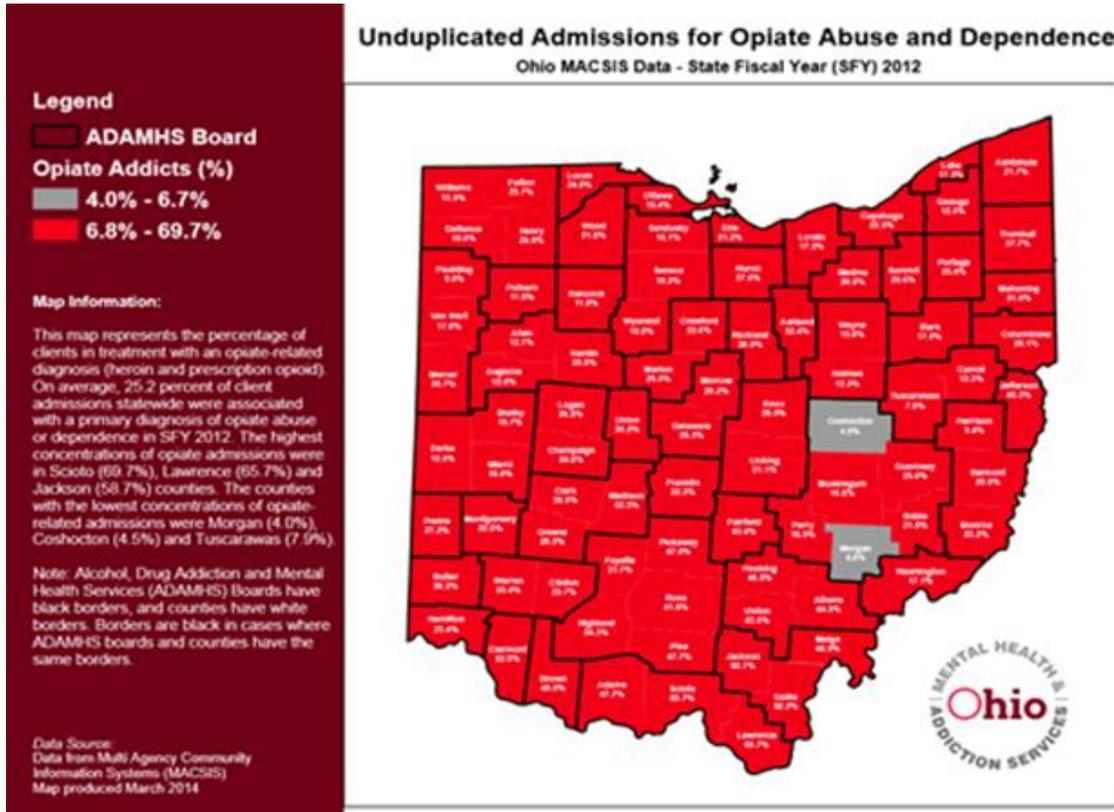
ODH, in partnership with the ODJFS and ODYS, is working to reduce teen pregnancy and sexually transmitted infection among Ohio's youth, ages 14-19, who are in foster care or involved with the juvenile justice system. *The Personal Responsibility and Education Program (PREP) for Foster Care and Adjudicated Youth* is a five-year, federally funded project. Through this work, nine regional collaboratives have been established to comprehensively assess and address the needs of these high risk populations. The regions were specifically designed to maximize state and local resources (e.g., location of child welfare training centers, juvenile justice institutions, residential treatment centers, and community-based correction facilities). The map below illustrates the geographic service delivery areas of this statewide initiative:



In addition, PREP trains service providers on how to conduct training on the evidence-based, *Reducing the Risk* (RtR) pregnancy prevention model, as adapted for PREP. For the purposes of this initiative, three additional life skill development topics: healthy relationships, financial literacy, and education and career success were integrated into RtR. The curriculum was selected by a state level advisory council comprised of: state department representatives, association members, foster parents, advocates, and service providers. This train-the-trainer model continues to enhance professional development of direct care staff at the local level, and sustains pregnancy prevention and life skills education for youth in Ohio's foster care and juvenile justice systems. As of May 4, 2015, 3,120 youth were provided training on health issues through implementation of Ohio's Personal Responsibility and Education Program.

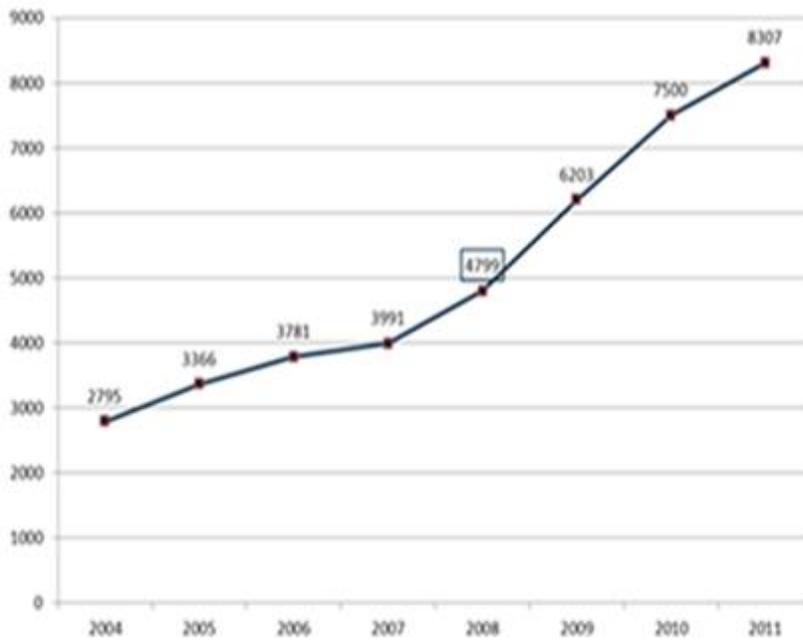
Maternal Opiate Medical Support (M.O.M.S.) Project

The pervasiveness of opiate addiction in Ohio has been of epidemic proportions in recent years. The map below illustrates unduplicated admissions for opiate abuse and dependence in SFY12.



Of particular concern to child welfare professionals is the growing number of pregnant and parenting women who are addicted to opiates. As indicated by the graph below, the number of pregnant women who are addicted to opiates in Ohio has continued to rise over the past several years. In addition, analysis of statewide admission data highlights that this problem exists in all 88 counties.

Opiate Diagnosis of Female Clients who are Pregnant or Parenting at Admission, SFY 2004-SFY 2011



Data Source: Multi-Agency Community Services Information System (MACSIS) Billing and Behavioral Health Module Data, SFY 2004-2011. Primary, secondary, or tertiary opiate diagnosis, abuse or dependence.

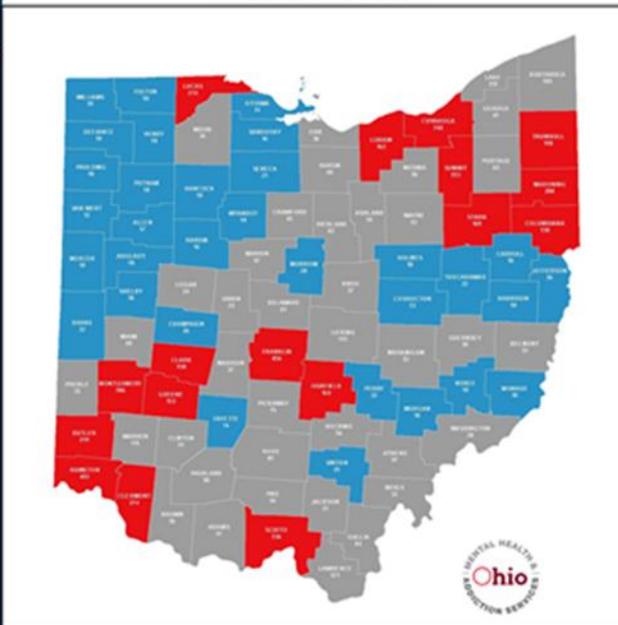
Number of Pregnant or Parenting Women with an Opiate Diagnosis County of Residence - SFY 2011

- Legend**
Pregnant & Parenting Women (#)
- 10 - 26
 - 27 - 135
 - 136 - 856

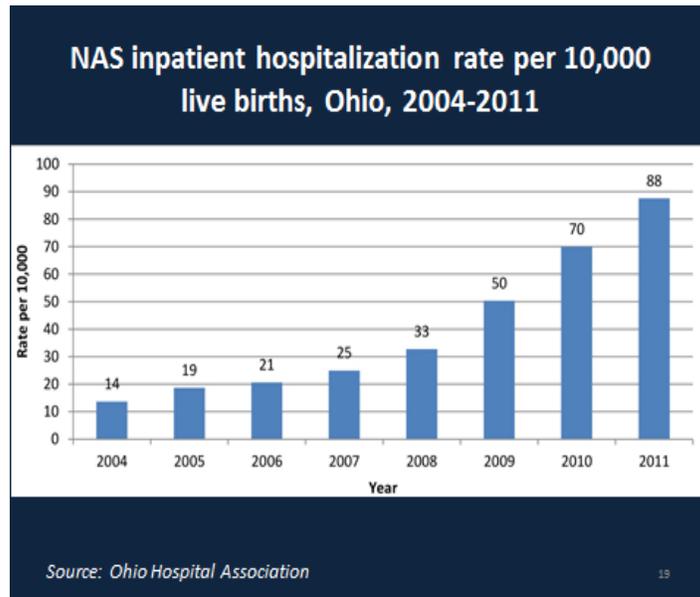
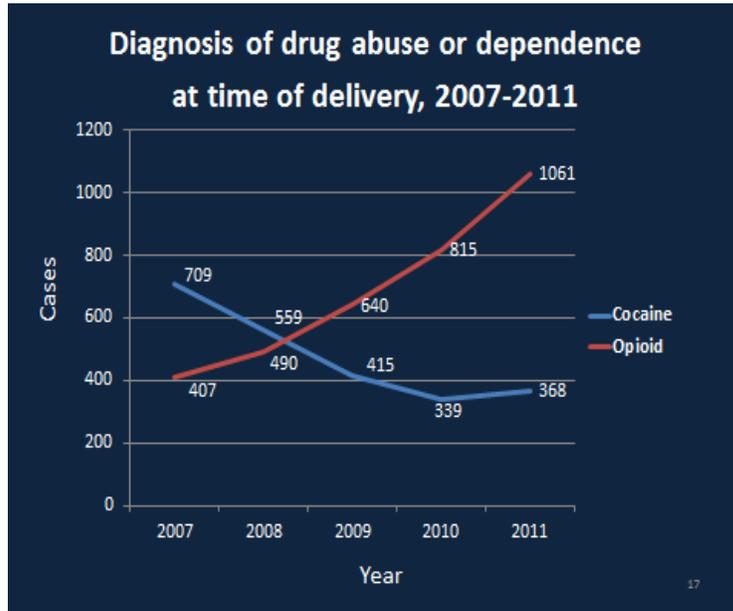
Map Information:

This map examines the number of pregnant or parenting women with an opiate diagnosis at their time of admission. Women could have a primary, secondary, or tertiary diagnosis of opiate abuse or dependence. In 2011, 8,320 Ohio women met these criteria. Counties with the highest numbers of pregnant or parenting women with an opiate diagnosis are Franklin (856), Cuyahoga (748) and Montgomery (706).

Data Source: Multi-Agency Community Services Information System (MACSIS) Billing and Behavioral Health Module Data
Map produced July 2012



Babies born under these conditions often suffer from Neonatal Abstinence Syndrome (NAS). NAS is a complex disorder with a myriad of possible symptoms found in newborns and caused by exposure to addictive illegal or prescription drugs. The most common conditions associated with NAS are withdrawal, respiratory complications, low birth weight, feeding difficulties and seizures. NAS has had a profound impact on the increased use of neonatal intensive care services for the babies following delivery.



According to the Ohio Hospital Association, the cost of care for treating these newborns was more than \$70 million and required nearly 19,000 days of inpatient care during 2011.

The majority of opioid dependent pregnant women in Ohio are not engaged in prenatal treatment. To combat this problem, OhioMHAS, ODM, and the Office of Health Transformation joined forces to launch the *Maternal Opiate Medical Support (M.O.M.S.)* project in August, 2013. This three-year initiative has been designed to: improve outcomes for 300 women and babies; reduce the cost of specialized care; and shorten lengths of stay in Neo-Natal Intensive Care Units (NICUs). By engaging expecting mothers in a combination of counseling, Medication-Assisted Treatment (MAT) and case management, this project is estimated to reduce infant hospital stays by 30 percent.

M.O.M.S., a \$4.2 million program, is supported by a \$2.1 million investment from the Health Transformation Innovation Fund. The Fund supports strategies designed to advance Ohio's health system by improving performance and creating a return on investment for taxpayers. The balance of the project is funded from Medicaid dollars. In addition to treatment, the project supports a limited number of non-Medicaid services that promote recovery (e.g., short-term transitional housing, transportation associated with appointments, and child care needed while the parent is attending counseling sessions).

Four sites have been selected to implement this project. The locations encompass all major metropolitan areas of the state and southeast Ohio:

- First Step Home (Hamilton County);
- Comp Drug (Franklin County);
- MetroHealth Medical Center (Cuyahoga County); and
- Health Recovery Services, Inc. (Athens County).

At the time of this writing, ODJFS is working with OhioMHAS, ODM, The Ohio State University's Government Resource Center, Medicaid Managed Care Organizations, PCSAs, and the pilot sites to develop materials which will enhance local collaboration. A webinar was held on May 18, 2015 to review child welfare safety planning requirements, discuss behavioral health providers' issues and concerns, and identify opportunities for joint case planning and streamlined service delivery. A second event is being planned for June 30th. In addition, potential partnership with the National Center on Substance Abuse and Child Welfare is being explored to enrich available training and technical assistance options.

Specialized Training for Child Welfare

While Ohio's child welfare system has always been challenged by the impact of parental substance abuse, increasing rates of opioid addiction are of growing concern. To assist workers in developing the skills needed to effectively address the complex needs of families impacted by substance abuse, the OCWTP developed a specific strategic training plan this past year. The plan features a cross-system training model in recognition that effective interventions require multi-disciplinary approaches. Specific activities include:

- Identifying subject matter experts in the substance abuse field who can consult with OCWTP to design a coordinated training approach.
- Increasing the capacity of the OCWTP trainer pool by adding trainers who can facilitate effective cross- training experiences and other high priority learning needs.
- Incorporating a continuum of different types of learning opportunities, utilizing a variety of training methodologies.
- Initiating strategies for ongoing technical assistance on substance abuse needs for county PCSAs and RTCs.

In addition to worker-focused training, the OCWTP is also developing specialized sessions for foster and adoptive parents to better equip them to meet the needs of children whose parents are addicted.

LOCAL PROGRAM HEALTH CARE HIGHLIGHTS

Fostering Connections Program at Nationwide Children’s Hospital

In an effort to improve the quality of health care provided to foster children, Nationwide Children’s Hospital established the *Fostering Connections Program* (FCP) in partnership with Franklin County Children’s Services. Housed in the Center for Child and Family Advocacy, FCP is a specialized clinic which offers comprehensive health care services to children placed in out-of-home care. The FCP program features a team approach to service delivery to reduce fragmentation and improve coordination of health care.

FCP serves as the medical home for children enrolled in the program. A care coordinator facilitates collection of prior medical information, referrals and follow-up of care. Clinic staff provide each child with an individualized treatment plan, and foster parents receive health education and support. The clinic provides initial assessments following placement, well child visits, as well as on-going treatment (as needed). Additional services include: 24-hour access to physicians who specialize in child and adolescent health, a full-scale on-site lab, access to a healthcare advocate, and trauma-focused interventions. Each child also receives mental health and developmental screenings with direct access to behavioral health care and ancillary services. This streamlined process results in improved access to timely treatment.

Integrating Professionals for Appalachian Children

Integrating Professionals for Appalachian Children (IPAC) specializes in young child health and wellness. IPAC is comprised of nineteen community agencies in Athens, Hocking, Meigs and Vinton Counties (Athens City School District; Athens County Family and Children First Council; Athens Meigs Educational Service Center; the Appalachian Rural Health Institute; the Corporation for Appalachian Development; The Dairy Barn Arts Center; Family Healthcare, Inc.;

Greater Athens Soccer Association; Health Recovery Services, Inc.; Help Me Grow; Tri-County Mental Health and Counseling, Inc.; the Ohio University: College of Osteopathic Medicine, College of Osteopathic Medicine Community Health Programs, College of Health Sciences and Professions, Hearing, Speech and Language Clinic, Psychology and Social Work Clinic, and Scripps College of Communication; University Medical Associates, Pediatrics; and the Youth Experiencing Success in School Program).

The program provides services to children (birth- eight years of age) and their families. Many of the children served have multiple developmental concerns. IPAC programming includes, but is not limited to:

- Home visitation;
- Developmental screening and assessment;
- Early childhood mental health consultation;
- Intervention services provided via a cross-disciplinary team;
- Intensive behavioral health treatment services; and
- School-based violence prevention programs.

As previously noted, IPAC implemented Ohio's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a five-year federally-funded (\$4.25 million) program. This initiative was designed to improve children's development by:

- Improving coordination and collaboration across the systems that serve young children and their families.
- Increasing access to higher quality care and evidence-based programming for young children and their families.
- Raising awareness about wellness for young children through public education and workforce development activities. (SAMHSA)

Project LAUNCH Goals Were To:

- Build awareness of the importance of early identification through evidenced-based screenings in primary care settings across all provider systems (e.g., medicine, education, child care centers).
- Improve care coordination.
- Improve integration of physical and behavioral health care for young children.
- Develop policies and infrastructure that respect local cultural values and leverage assets.
- Expand the use of evidence-based practices which promote child and family wellness.
- Strengthen local infrastructure and develop workforce capacity throughout child-serving systems.

Through Project LAUNCH, developmental screenings were conducted in both primary care and mental health center sites. Over time, Hocking County Health Department joined these efforts

by providing Maternal Depression Screenings to women who come into the WIC clinic. The following chart details Project LAUNCH activities:

Physician Sites	Data Collected	Description of Provider	Site Location (distance)
University Medical Associates Pediatrics	ASQ ASQ-SE M-CHAT Edin. Dep Training Surveys	University-affiliated pediatric practice on the campus of Ohio University	Athens, OH Ohio University Campus
Family Healthcare Inc. Family Practice and Pediatrics	ASQ ASQ-SE M-CHAT PHQ9 Training Surveys	Federally Qualified Health Center	7 locations (Athens, Hocking, Meigs, Perry, Ross, and Vinton counties) *2881 square miles*
Dr. Anzalone (Stagecoach) Family Practice	ASQ ASQ-SE Training Surveys	Private Family Practice Physician	Logan OH (20 miles North of Athens, OH)
Holzer Clinic Peds/IM and Family Medicine	ASQ ASQ-SE M-CHAT Training Surveys	Multi-disciplinary Public Hospital	Athens, OH
Alternate Sites	Data Collected	Description of Provider	Site Location (distance)
Interdisciplinary Assessment Team	# of assessments involving tele-med/# sub-specialists	Multi-disciplinary team of professionals who do comprehensive diagnostic evaluations	Athens, OH Ohio University Campus
TriCounty Mental Health Center	ASQ DECA Training Surveys	Community Mental Health Provider	Athens, OH
Hocking Health Department	Edinburgh Depression Screenings	Community Health Nurses	Hocking County, Ohio

As indicated in both the charts above and below, IPAC also made significant advancements in integrating physical and behavioral health care:

Provider Type	Primary Care	Behavioral Health	Resource/Time
Federally Qualified Health Center (FQHC)	Family Healthcare	Tri-County Mental Health and Counseling Services (Community Mental Health)	Physician contractually purchased providers from Community Mental Health Center for set number of hours per week
University Affiliated Pediatric Group	University Medical Associates	Independently Licensed Private Practitioners	“Warm Hand-off” Co-located in adjoining offices
Solo	Private Practitioner	Health Recovery Services (Community Mental Health)	Co-located two mental health providers in primary care setting in the same building
Ohio University Psychology Department	TBD	Ohio University Psychology Doctoral Student	Ohio University doctoral student supervised in specialized health psychology in co-located practices.

Primary care physicians participating in this project indicated strong satisfaction with having behavioral health providers located on-site. The co-location of services proved beneficial for families with identified behavioral health concerns as well as those challenged by managing chronic diseases. While integration was tailored to each site, and as such varied, these models demonstrated improved care coordination and continuity of treatment.

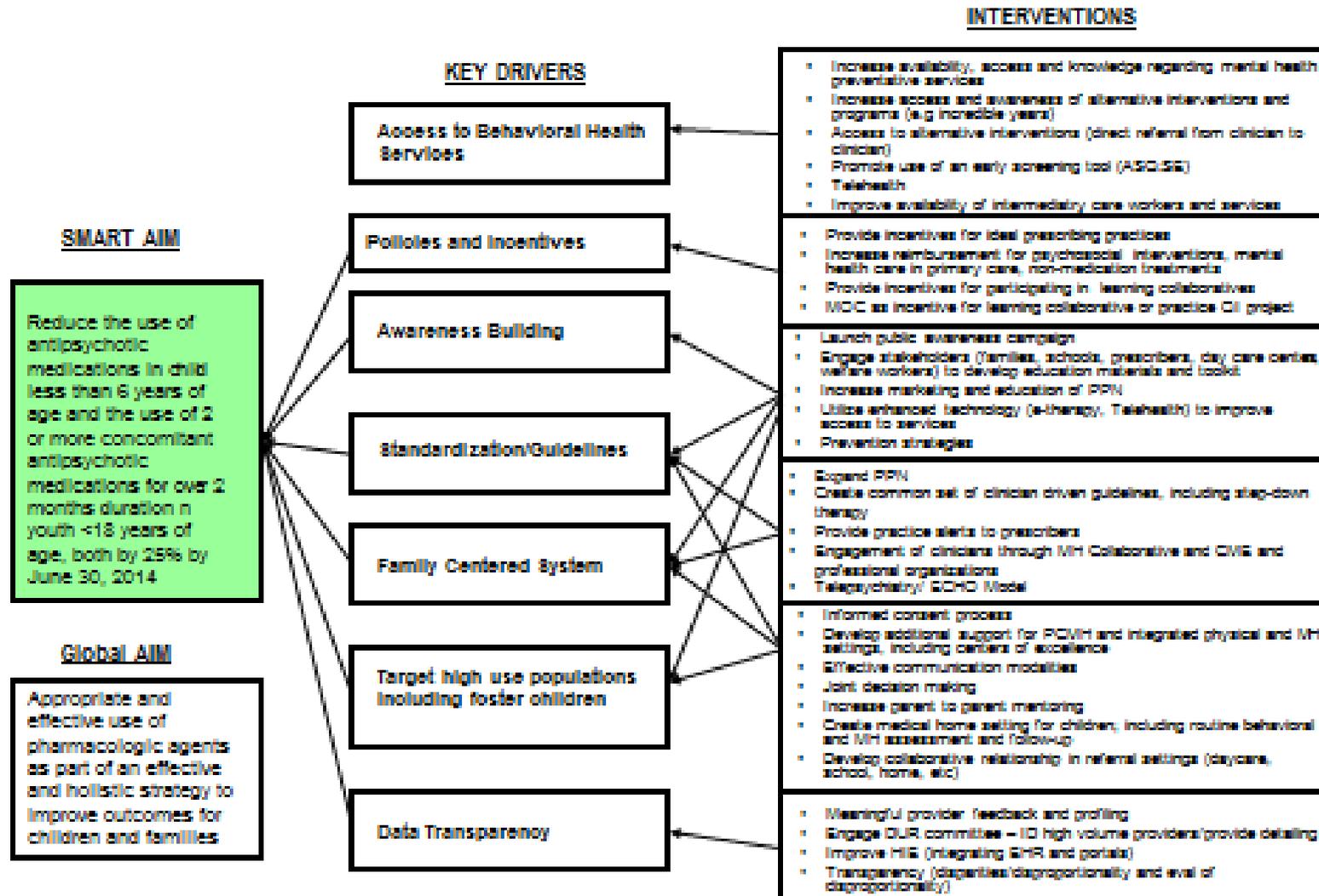
In addition to Project LAUNCH, IPAC was selected to implement OHT’s *Pathways Initiative*, and has also been recognized as a Distinguished Rural Health Program by ODH. For more information, about IPAC, go to: <http://www.ipacohio.org/>

Appendix B1

Key Driver Diagram

Ohio Minds Matter

KEY DRIVER DIAGRAM



Appendix B2

Psychotropic Medication Toolkit for Public Children Services Agencies