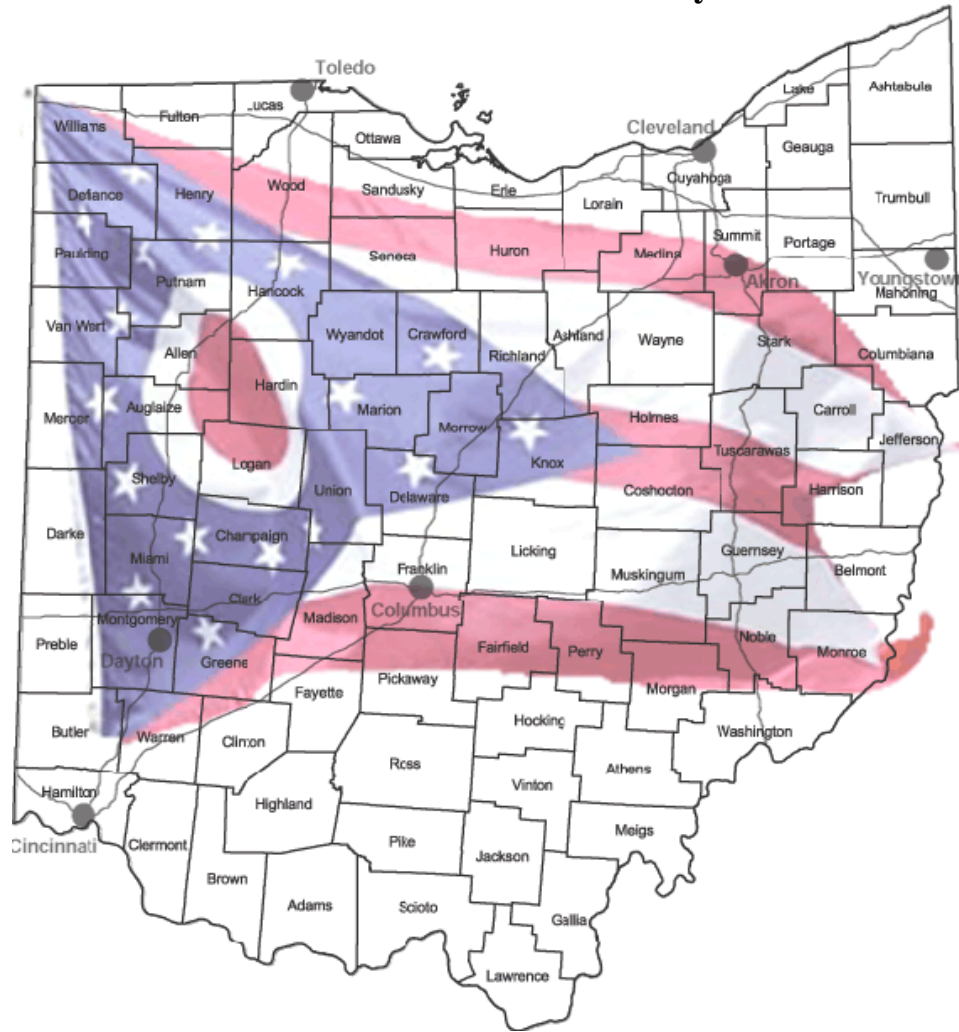


Appendix B

HEALTH CARE OVERSIGHT and COORDINATION PLAN for Children in the Child Welfare System



Ohio Department of Job and Family Services
Office of Families and Children

June 2014

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), health care providers, and consumers to evaluate provision of health care services. In addition, these partners continue to work together to jointly address the on-going 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 opened. 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 their 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 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 two 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 Statewide Automated Child Welfare Information System (SACWIS). PCSAs 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 on-going 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.

- Secure comprehensive health care through an alternative provider when a Medicaid provider cannot be obtained within specified timeframes, and document why the alternate provider was used in the case record.
- 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.

For children who are not Medicaid eligible, the placing agency must coordinate comprehensive health screenings that include, but are not limited to:

- Health and developmental histories;
- Comprehensive physical examinations;
- Developmental, nutritional, and immunization screenings;
- Lead toxicity screenings;
- Lab tests;
- Health education and counseling;
- Initial vision assessments;
- Initial hearing assessments; and
- Initial dental assessments for children over three years of age no later than 180 days after the child's placement into substitute care.

The agency shall also coordinate any re-examinations necessary to secure needed treatment. All medical services must be performed by qualified professionals as defined by the ORC.

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.

Medicaid Enrollment of Youth Aging Out of Care

In January 2008, ODJFS extended free Medicaid coverage to youth, up to the age of 21, who age out of foster care. Pursuant to the Patient Protection and Affordable Care Act, coverage for former foster youth was extended to age 26 effective January 1, 2014. 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 ambulette 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 Ohio Department of Medicaid and OFC staff continue to conduct training with county Departments of Job and Family Services to provide additional information to local staff regarding eligibility requirements for this initiative. In addition, the Departments continue to analyze enrollment data in an effort to maximize program participation.

Health Care Power of Attorney

As of October 1, 2010, 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 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 the Ohio Department of Mental Health and Addiction Services-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 also 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. To view, *You Have the Right: Using Advance Directives to State Your Wishes About Your Health Care*, please visit:

<http://www.odjfs.state.oh.us/forms/file.asp?id=1733&type=application/pdf>

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 underscores 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.
- 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; and the Ohio Departments of Mental Health and Addiction Services (OhioMHAS), Developmental Disabilities (DODD), Health (ODH), ODJFS, Medicaid (ODM), Aging, Education (ODE), and Youth Services (DYS).

Early Childhood Mental Health Consultation

Ohio's Early Childhood Mental Health Consultation (ECMHC) Program began in 2000 to improve outcomes for young children (infants – six years old) who were at risk for abuse or neglect, and/or who demonstrated poor social skills or delayed emotional development. ECMHC services include:

- Clinical consultation relative to early childhood concerns, including:
 - 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*.

On December 16, 2011, Ohio was awarded 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. Ohio's application was led by the Governor's office, and prepared through a partnership of the Ohio Department of Education (ODE), ODJFS, and the Ohio Business Roundtable. 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, and Head Start.

Systemic Trauma Training for Child Welfare

The Institute for Human Services (IHS) is the coordinator of the Ohio Child Welfare Training Program (OCWTP). IHS is internationally recognized for development and implementation of 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 workshop offerings;
- 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; and
- Developed three self-study educational modules on trauma for individual caseworker and supervisor use.

In addition, IHS partnered with OhioMHAS to implement the Early Childhood Mental Health-Child Welfare Demonstration Projects (see below). For this initiative, IHS developed training on the pervasive impact of trauma on child development and use of the *Childhood Trust Events Survey*.

Early Childhood Mental Health-Child Welfare Demonstration Projects

In September 2010, OhioMHAS designated \$2 million to fund ECMH Consultation and Treatment Services to children (birth to six years) who were involved in the child welfare system and their families (birth, adoptive, foster, and kinship providers). For this initiative, child welfare involvement was defined as:

- Substantiated cases of abuse/neglect as determined by the PCSA;
- Identification through the PCSA's *Differential Response System*;
- Being at risk of removal from their custodial home;
- Entering foster care; or
- Being at risk of being moved to another foster care placement due to behavioral issues.

Due to the limited time available to expend these funds, communities with an established continuum of ECMH services (consultation through treatment) were invited to participate. Priority was also given to areas deemed most in need based on county child abuse, neglect, and dependency prevalence data. Members of the selection team included: PCSAO, ODJFS, Ohio Council of Behavioral Healthcare Providers, the Ohio Association of County Behavioral Health Authorities, and OhioMHAS. To be approved, directors of the local ADAMHS/CMH Board, PCSA, and mental health provider agency were required to jointly sign and submit a prescribed agreement containing performance measure assurances. All 12 eligible boards, representing 14 counties, executed these agreements. The demonstration sites were: Allen, Athens, Auglaize, Clark, Clermont, Cuyahoga, Franklin, Hancock, Hardin, Lake, Montgomery, Portage, Stark, and Union counties.

Allocations were made to participating ADAMH/CMH Boards to increase availability of direct services. OhioMHAS covered costs for cross-system training, provided in partnership with IHS, OCWTP, and ECMH Master Trainers. Training topics included:

- Effects of trauma on young children;
- Social/emotional development;
- Assessment of social and emotional issues; assessment of protective factors strengths and behavioral concerns (*DECA*); and
- Assessment of traumatic events (*Childhood Trust Events Survey*).

Remaining funds were used to support data collection, evaluation and reporting; and to purchase DECA materials for the PCSAs and ECMH providers.

As part of implementation, required roles and responsibilities were defined for each system.

ECMH Provider:

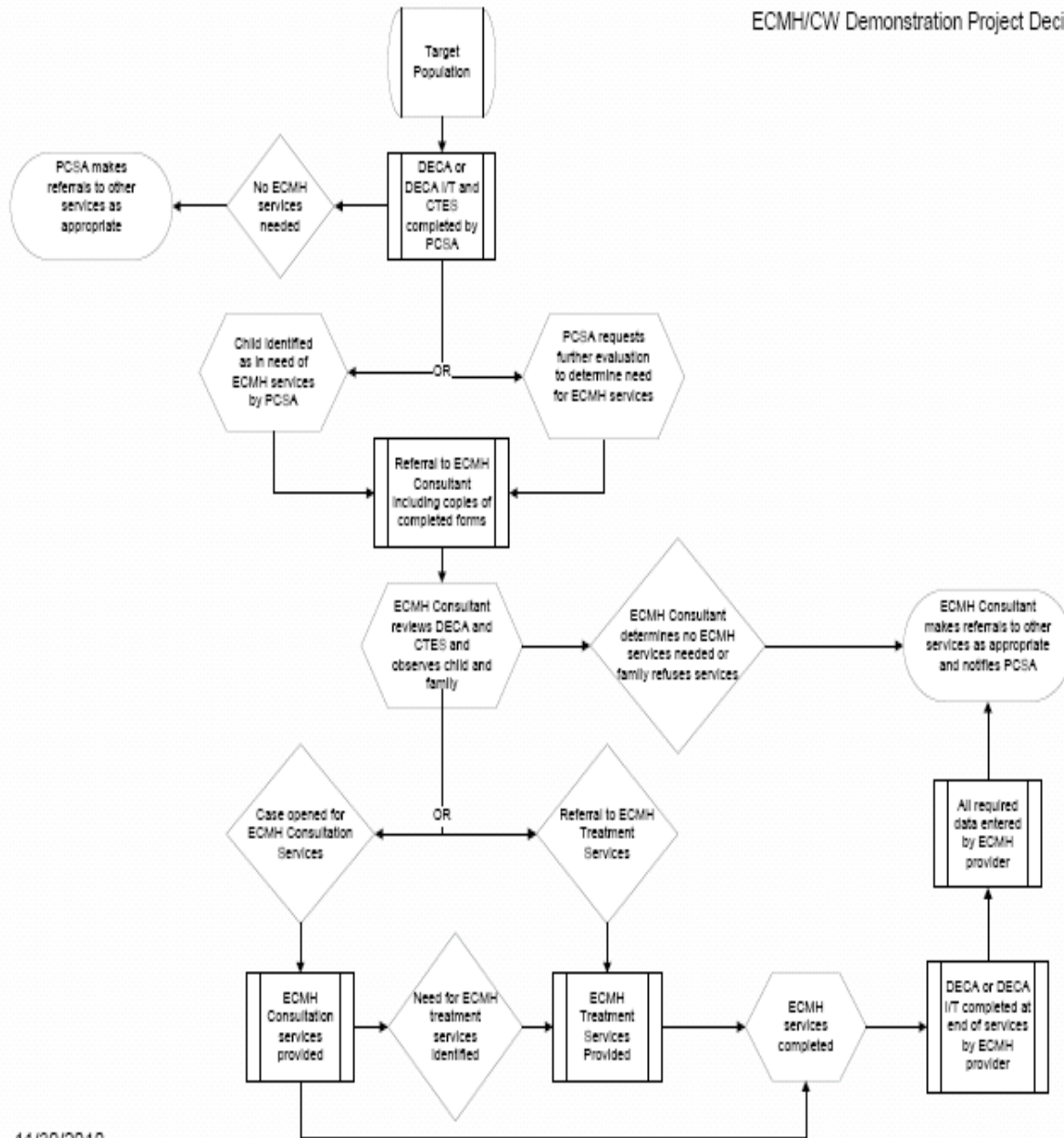
1. Provide ongoing general ECMH consultation services to child welfare caseworkers.
2. Make referrals to other services and supports, as appropriate.
3. Provide ECMH consultation services to identified children and families and refer for treatment services, as appropriate.

4. Jointly develop action plans with the family and child welfare caseworker. These plans are to be integrated with the family's child welfare case plan; designed to increase protective factors; and provide positive guidance for behavioral concerns.
5. Refer children for further assessment, diagnosis and treatment to appropriate intervention services, as indicated via the initial screening. Ensure identified treatment activities are incorporated into the child welfare case plan to facilitate improved service coordination.
6. Provide ECMH consultation and treatment services in the child's home or other natural environment to the extent possible.
7. Participate in peer support team meetings and encourage attendance of PCSA caseworkers and others involved in this project.
8. Collect and report data required for the ECMH-CW Demonstration Project on a quarterly basis.
9. Complete final demonstration project program and fiscal reports.

PCSA Worker:

1. Attend cross-system training of child welfare caseworkers and ECMH professionals on screening, assessment, social-emotional development of young children, and childhood trauma.
2. Use assessment tools (i.e., *DECA*, trauma assessment) to identify children in the target population who may require ECMH services.
3. Make referrals to other services and supports, as needed.
4. Ensure all identified children receive developmentally-appropriate assessments.
5. Participate in the development of the ECMH action plan with the consultant and family for children identified as being in need of ongoing consultation services. Integrate action plan activities into the case plan to increase protective factors and provide positive guidance for behavioral concerns.
6. Participate in the joint development of treatment plans for children identified through ECMH consultation services as being in need of further assessment, diagnosis and treatment. Integrate treatment activities into the case plan to ensure greater coordination of service delivery.
7. Attend peer support team meetings on an ongoing basis with the ECMH professional and others involved in this project.

While demonstration sites were able to tailor local processes based on community needs and resources, the following flow chart was developed to promote consistency in service delivery.



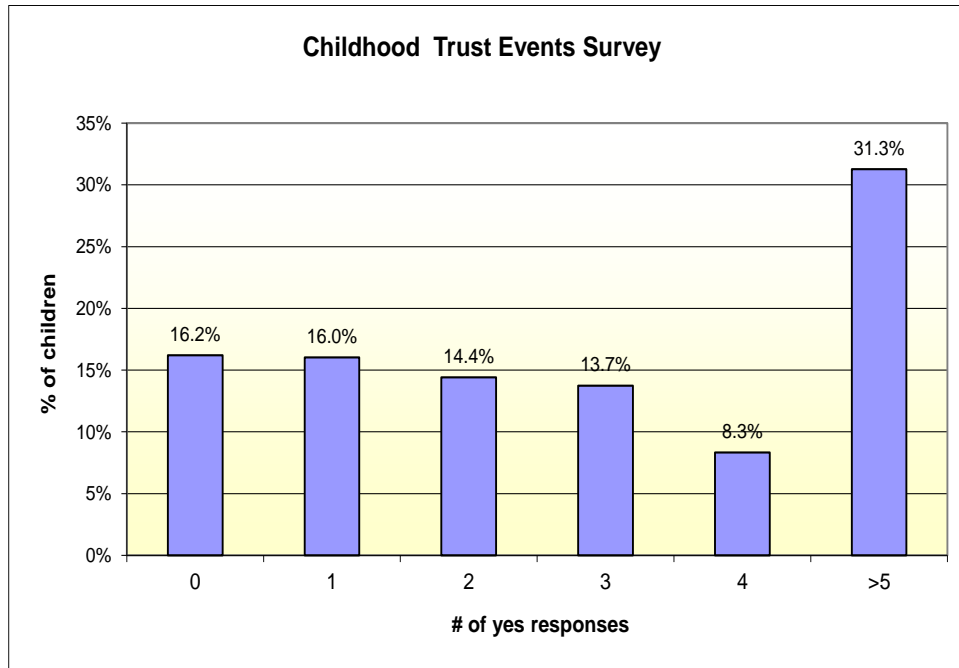
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Project Findings

Childhood Trust Events Survey:

Data was collected using the *Childhood Trust Events Survey (CTES)-Caregiver Version*, a parent-report screening survey to assess a child's exposure to traumatic events.

- *Childhood Trust Events Survey* data was reported on **1056 children**.
- **The majority of the children served by this project had experienced five or more traumatic events.** (Four or more "yes" responses indicate increased risk for negative life outcomes.)



Programmatic Outcomes:

- Increased access to needed service.
- Increased utilization of lower cost consultation and in-home services.
- Improved communication between biological and foster parents.
- Earlier identification of social-emotional delays and trauma.
- Enhanced coordination between PCSAs and ECMH providers.
- Improved case planning and increased use of developmentally-based interventions.
- Decreased child removals and increased placement stability.
- Decreased use of intensive treatment services resulting in significant cost savings:
 - ✓ **68%** of the funding was used to provide ECMH **consultation services**.
 - ✓ The cost to provide the brief consultation services was approximately **\$869 per child, contrasted with \$1526 per child for treatment**.
 - ✓ **88.9%** of children served were able to **remain at home, reducing state foster care costs**.
- **Satisfaction with ECMH services exceeded 98%** for both child welfare workers and family members.

Client Outcomes:

The Early Childhood Mental Health Child Welfare Demonstration project served **1347 children** during 2011. 1258 (93.4%) of these cases reported that they had not previously received early childhood mental health consultation or treatment services. 48.5 % of the children were at risk of removal from home at the start of services. At time of case closure:

➤ Child maintained in his/her home	88.9%
➤ Child removed from custodial home and placed in foster care	6.7%
➤ Child returned to custodial home from foster care placement	1.4%
➤ Child moved to different foster care home due to behavioral issues	0.3%
➤ Child moved to different foster care home for higher level of care	0.6%
➤ Child moved to different foster home due to other issues	2.1%

ECMH-CW was recognized at the National Child Traumatic Stress Network conference in the spring of 2012. While earmarked funding for this initiative was time-limited, the infrastructure developed through its implementation allowed programming to continue in the demonstration sites following conclusion of the pilot.

LOCAL TRAUMA INITIATIVES

The National Child Traumatic Stress Network

Over the course of this reporting period, Ohio was selected to implement seven separate National Child Traumatic Stress Network initiatives. The projects were 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 (Summit) **prepares communities to screen, assess, and treat traumatized children in a 9 county area of Northeast Ohio.** The Center educates medical and children's mental health providers on use of evidence-based trauma-informed interventions. Through this project, standardized screening for adverse childhood events (ACEs) is also implemented at targeted points of entry into 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.

Transforming Care for Traumatized Youth in Child Welfare (Cuyahoga County) **provided assessments and evidence-based interventions (when indicated) for children ages 4-18 years, who were believed to be at risk for traumatic stress disorders.** 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 (Hamilton County) **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 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 (Franklin County) **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 (Lucas County) **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 of Children and Families to support expansion of its *Gateway CALL* (Consultation, Assessment, Linkage, Liaison) project. This initiative, a collaborative 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. Currently, the project is working to standardize implementation of screening and assessment instruments to detect children's trauma issues and behavioral health concerns. Specific activities include:

- Designing the process for administering, scoring and processing BH/trauma screening information.
- Designing the process for administering, scoring and processing BH/trauma assessment information.
- Conducting training on selected instruments and evaluating the impact of their use.
- Developing processes to incorporate information from the assessments into case planning and referral mechanisms.
- Evaluating child-specific outcomes.
- Designing and 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. Several trainings were conducted, and 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 address 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 Ohio Departments of Mental Health and Addiction Services, Medicaid, and Health; 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 (BEACON, please see below).
- Improved data analyses and use of data to improve prescribing practices.
- *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.
- 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 Government Resource Center; The Ohio State University; 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 continues to work toward 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 additional information, please 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.

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. Ohio's Medicaid program has developed the capacity to provide 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. (Please see reference to the *Pediatric Psychiatry Network* below.)

Ohio Minds Matter

In September 2012, the Kasich 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 has been 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 has been established to develop guidelines for implementation of best practices. Members of the panel include child psychiatrists, pediatricians, pharmacists, and state clinical directors. Meeting bi-weekly, this group has developed a medication guide, treatment guidelines, and tools for prescribers to use based on syndromic (rather than diagnostic) characteristics for: attention, mood, and aggression. On June 4, 2013, Ohio launched www.OhioMindsMatter.org to promote these tools as well as information for parents, caregivers, and youth.

The following information is found **under the Prescriber tab**:

- **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](#)

Another component of the *Minds Matter* initiative is 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 chosen to participate in this initiative:

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

Each pilot community 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, justice department, medical associations and health plans. Results of these demonstrations will be used to advance future statewide efforts.

Standardization and Guidelines

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 assisted in the development of 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. Next year, specific strategies will be implemented to improve staff competency in child welfare, courts, schools, and mental health systems that frequently interface with the children and their families/caregivers.

In addition, BMW is 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 will 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 the Ohio Departments of: Job and Family Services, Mental Health and Addiction Services, Youth Services, Education, Health, and Developmental Disabilities. 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 toolkit is found in Appendix B2.

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 mental health services 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

On January 13, 2011, 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 during this reporting period 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 mental 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 five health issues for children:

- Improving outcomes for youth through identification, evaluation, referral and treatment of children at risk for/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 increasing 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.

Ohio's Fetal Alcohol Spectrum Disorders State Systems Initiative:

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term used to describe the range of effects that may occur in individuals whose mothers consumed alcohol during pregnancy. These include physical, mental, behavioral, and/or learning disabilities, many of which have lifelong consequences. While FASD prevalence within the child welfare system is not currently known, it has been estimated that substance abuse is a contributing factor in up to 80% of out of home placements.

In 2004, Ohio established a statewide initiative to improve services for individuals affected by prenatal alcohol exposure and to develop FASD prevention activities. In contrast to approaches which create new, specialized programs with limited reach, Ohio's effort continues to infuse FASD-related best practices into existing resources throughout the state (e.g., genetics centers, local health departments, professional associations, various state departments). Project leads are OhioMHAS, ODH, ODE, and DODD. Steering Committee members include representatives from the Ohio Departments of: Job and Family Services, Medicaid, Youth Services, Rehabilitation and Corrections, and Aging; Ohio Family and Children First; The Ohio Center for Autism and Low Incidence; parents (many of whom are foster to adopt); and service providers.

With its mission to improve efficiency, the Steering Committee's work is founded on a multi-system strategic plan to better address the needs of Ohio citizens impacted by FASD.

Project Goals:

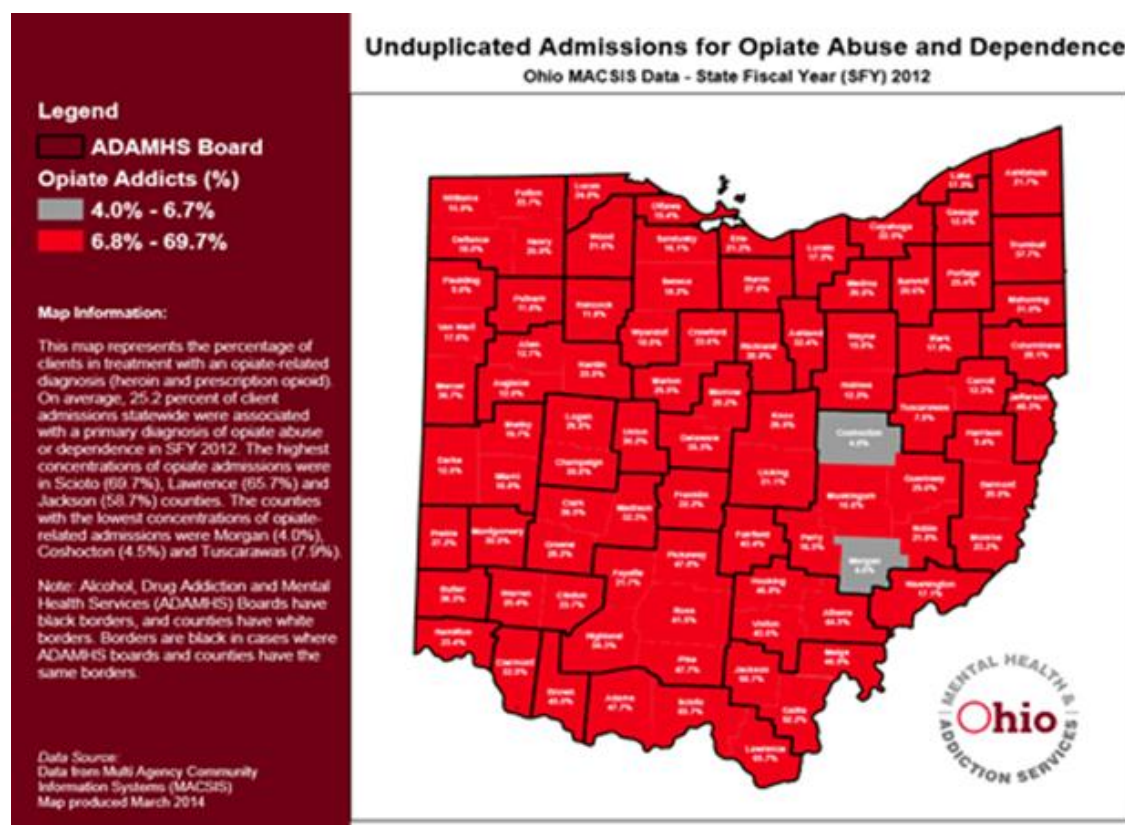
- Reduce alcohol exposed pregnancies;
- Improve screening & diagnosis for FASD;
- Increase the availability and awareness of services for those affected by FASD; and
- Enhance state and national collaboration and integration of the FASD initiatives.

Key Accomplishments:

- Expansion of a statewide Parent Network;
- Establishment of an Ohio Chapter of the *Birth Moms' Network*;
- Development of traditional and web-based FASD training modules;
- Implementation of public awareness campaigns;
- Provision of FASD trainings across the state; and
- Designation of September as FASD Awareness Month in Ohio.

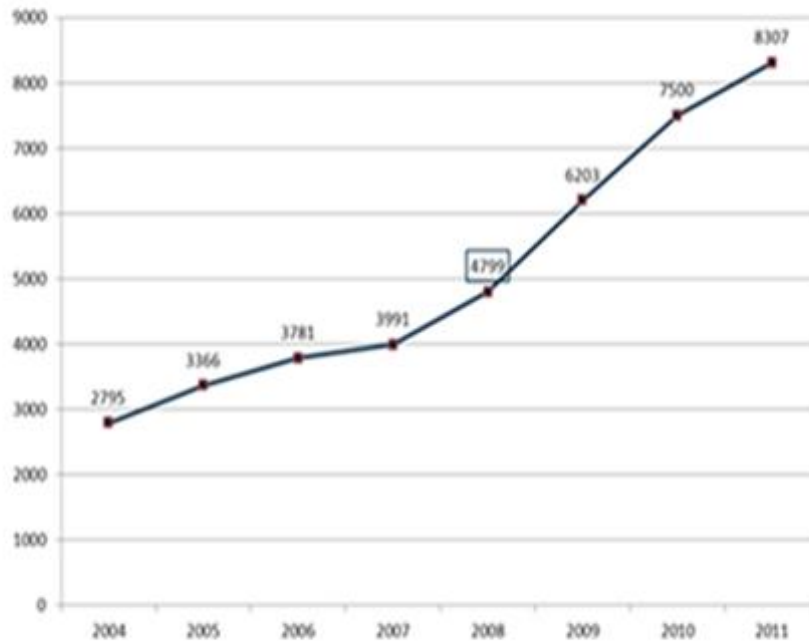
Maternal Opiate Medical Support (M.O.M.S.) Project

Opiate addiction has become pervasive throughout Ohio 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.

16

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

Legend

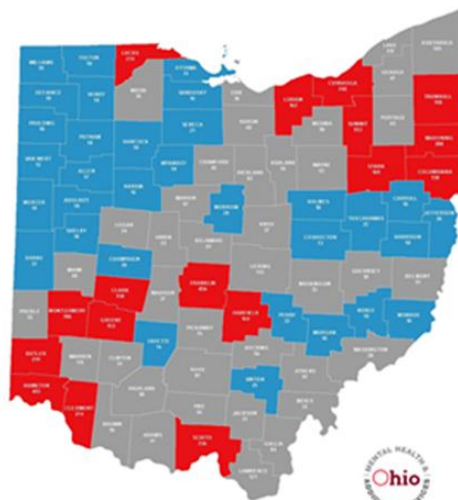
Pregnant & Parenting Women (#)

- 10 - 26
- 27 - 135
- 136 - 856

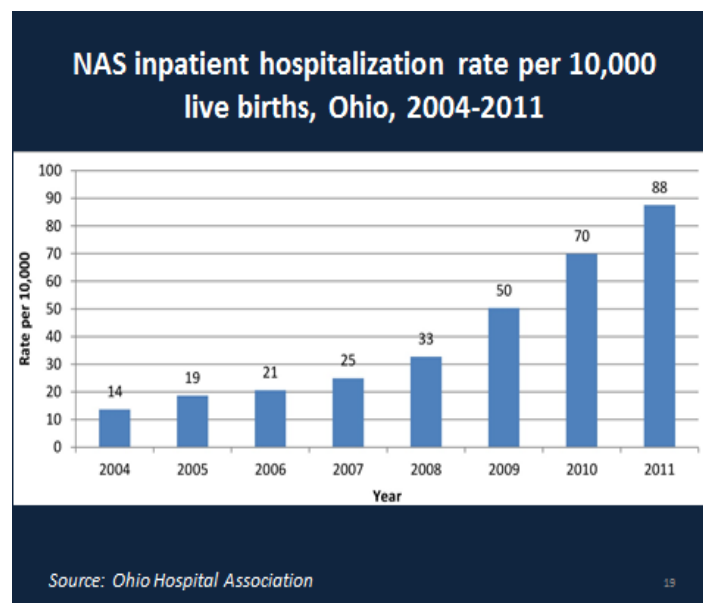
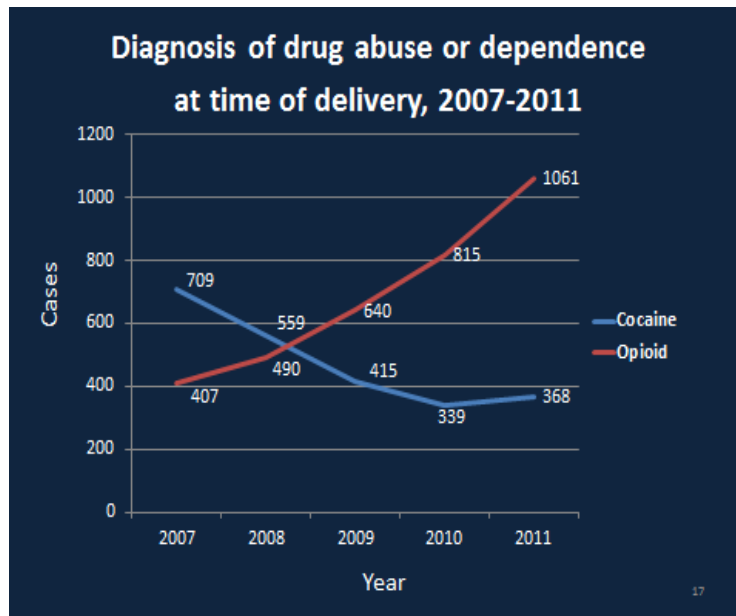
Map Information:

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, the Ohio Department of Medicaid, 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).

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:

Ohio County Map—PREP Regions



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.

School-Based Medicaid

In 2008, Ohio’s Medicaid School Program (MSP) was codified in the ORC. 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.

As of May 2014, 601 providers had enrolled in Ohio's Medicaid School Program.

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 (ABD) population. Foster children remained on a fee-for-service structure given issues associated with placement moves.

Ohio's Medicaid Managed Care Plans (MCPs) offer the following benefits in addition to services provided in traditional plans:

- 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.

As of July 1, 2013, all Ohio Medicaid Managed Care Networks provide statewide coverage. (Previously, each plan only served regional areas.) During this past year, coverage of most of the ABD population was transitioned to MCP. Local PCSAs are currently weighing the benefits of enrolling foster children in MCPs or continuing coverage via the fee-for service option.

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.

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) was established in 2002 and 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, please visit: <http://www.ipacohio.org/>

2015-2019

OFC established multi-disciplinary workgroups to develop the 2015-2019 CFSP. Goal 5 addresses policies, practices and services designed to improve well-being, including those for physical and behavioral health care. The recommended strategies are illustrated in the matrix that follows.

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

Measures:

- 1.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate diligent efforts to meet children's educational needs.
- 2.) At a minimum, 95% of cases reviewed will demonstrate diligent efforts to address children's health needs.
- 3.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to address children's behavioral health needs.
- 4.) At a minimum, 95% of cases reviewed will demonstrate adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody.

Objective 1: Work collaboratively with partner agencies to address non-academic barriers to student success.	Interventions	Benchmarks	Timeframe
	1.) Assess state and local capacity to address non-academic barriers to student success.	Through OhioMHAS' Safe Schools/Healthy Students grant, conduct a statewide assessment of available school and community-based programming. This information will be incorporated into Ohio's statewide child welfare system needs assessment.	Year 1
		Identify gaps in needed services targeted to students and family members and develop strategies to address them.	Years 2-3
	2.) Promote consistent use of comprehensive Early Childhood Assessments and application of social-emotional development standards developed by Ohio's Early Learning Challenge grant.	Increase the number of early childhood learning centers that implement the additional program standards associated with Ohio's Tiered Quality Rating and Improvement System.	Years 1-5
		Implement statewide use of a formative assessment for children ages 36-72 months.	Year 3

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

	3.) Increase awareness of non-academic barriers to student success and establish mechanisms to address them.	In partnership with ODE, jointly distribute information regarding federal requirements to coordinate efforts to ensure educational stability of students in foster care.	Year 1
		Provide information to PCSAs re: potential establishment of regionally- based educational surrogates across counties.	Years 1, 3 & 5
		Provide PCSAs with information regarding availability of IEP services for eligible children through Ohio's Medicaid School Program.	Years 1, 3 & 5
		Provide PCSA staff and parent advocates with information re: Ohio's Positive Behavior Interventions and Supports program.	Years 1, 3 & 5
		Provide information to school personnel regarding the unique needs of foster children.	Year 2
		Promote establishment of positive school climates and expanded models of school-based behavioral health services through implementation of OhioMHAS' Safe Schools/Healthy Students grant.	Years 2, 3 & 4
		Promote use of Mental Health Networks for School Success (where available).	Years 2 & 4

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.			
	4.) Promote use of parent advocates to increase family participation in educational planning for their children.	Continue support of Ohio's Parent Advocacy Connection program and collect data regarding education-related service utilization.	Years 1-3
		Partner with Ohio's Primary Parent Workgroup to promote use of educational advocates for families in need.	Years 2-5
Objective 2: Increase workforce capacity to address the educational needs of foster children.	Interventions	Benchmarks	Timeframe
	1.) Increase child welfare and school personnel's awareness of educational issues impacting students involved in the child welfare system.	Provide information to school personnel about the unique needs of foster children, including: the impact of child abuse and neglect on development, placement instability, and ways to promote positive school transitions.	Years 2 & 4
		Provide information to PCSA personnel regarding opportunities to address educational issues (e.g., opportunities for credit recovery, Positive Behavioral Interventions and Supports, supplemental supports and services).	Years 2 & 4
	2.) Leverage programming targeted to older students transitioning from care.	Promote use of Wrap-Around service coordination for youth and young adults in transition.	Years 1-3
		Provide information to PCSAs regarding potential partnerships with Opportunities for Ohioans with Disabilities, the Ohio Department of Education (Office of Exceptional Students, the Career Information System), WIA (The Ohio	Years 1-5

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.			
		Apprenticeships Program), the Board of Regents (Ohio Reach) and other programming for youth aging out of care (ETVs, Chafee).	
Objective 3: Increase awareness of best health practices to facilitate informed decision-making.	Interventions	Benchmarks	Timeframe
	1.) Increase awareness of child welfare staff regarding recommended timelines for health screenings and assessments.	Distribute information to PCSAs re: Ohio's "Bright Spot" initiative.	Year 1
		Work with the Ohio chapter of the American Academy of Pediatrics to develop checklists and practice tools for PCSAs, caregivers and providers.	Year 3
	2.) Increase health care professionals' knowledge of patient engagement techniques.	Through <i>Ohio Minds Matter</i> , provide training to health care professionals on ways to effectively engage patients as partners and how to broach difficult topics.	Years 1-2
	3.) Promote youth self-advocacy in regard to participation in health care decisions.	Provide training to youth on health issues via implementation of the Personal Responsibility Education Program (PREP).	Years 1-2
		Provide information to youth regarding self-advocacy via implementation of ENGAGE.	Years 1-3
Objective 4: Increase access to health care services.	Interventions	Benchmarks	Timeframe
	1.) Monitor health care service utilization by children in custody of a PCSA.	Conduct cross system data analyses annually to determine level of health care service utilization, and emerging needs. (Please see Goal 3, Objective 2, p. 137).	Years 1-5

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

	2.) Promote Medicaid enrollment for eligible individuals.	Work with the Ohio Department of Medicaid to develop marketing strategies to increase initial enrollment and re-determined eligibility for coverage.	Years 1-5
		Work with PCSAs to facilitate youth enrollment in a Medicaid Managed Care plan prior to emancipation from care.	Years 1-5
	3.) Work with the Ohio Department of Health (ODH) and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure health concerns are addressed timely.	Promote coordinated care of young people with multiple developmental needs living in Appalachia via the IPAC (Integrating Professionals for Appalachian Children) program.	Years 1-2
		Promote use of Wrap-Around service coordination for youth and young adults in transition via implementation of the ENGAGE project.	Years 1-3
	4.) Increase availability of health care services, especially in rural and under-served areas of the state.	Collaborate with ODH and OhioMHAS to increase use of telemedicine.	Years 4-5
		Collaborate with ODH to promote use of Advance Practice Nurses and Physician Assistants.	Years 3-5
		Partner with ODH and OhioMHAS to promote the use of loan repayment programs which encourage providers to work in under-served areas of the state.	Years 1-5

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

Objective 5: Increase workforce capacity to effectively address the issue of trauma within the child welfare population.	Interventions	Benchmarks	Timeframe
	1.) Work with OhioMHAS, the Ohio Association of County Behavioral Health Authorities (OACBHA), the Ohio Council of Behavioral Health and Family Services Providers, and higher education to improve identification and dissemination of effective trauma-informed practices.	Convene a statewide symposium to increase awareness of trauma.	Year 1
		Establish regional technical assistance pilot areas to facilitate development of collaborative trauma response/interventions.	Years 1-3
		Provide guidance to PCSA administrators regarding the development of effective trauma-informed policies and practices to reduce and address issues of secondary trauma experienced by child welfare workers.	Years 4-5
	2.) Work with OCWTP and the National Child Traumatic Stress Network to provide training to PCSA staff on implementation of trauma-informed client engagement strategies and related case plan services.	(Please see Training Plan, p. 6 and “Training Offerings” Attachment)	Years 1-5
Objective 6: Improve monitoring and oversight of psychotropic medication use for children placed in substitute care.	Interventions	Benchmarks	Timeframe
	1.) Continue implementation of the <i>Ohio Minds Matter</i> Initiative.	Work with BEACON and the Clinical Team to disseminate information on prescribing guidelines and use of peer consultation.	Years 1-2
		Work with the Ohio Department of Medicaid to analyze prescribing patterns within the child welfare population and to disseminate this information to local partners.	Years 1-2

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.			
		Facilitate development of effective cross-system collaborations specifically designed to address this issue at the local level via the <i>Minds Matter</i> pilot sites.	Years 1-2
	2.) Disseminate best practice information to PCSA staff, foster parents, caregivers, residential and group home staff, and other providers and team members.	Work with PCSAO Behavioral Health Leadership Group to provide guidance to PCSA staff regarding use of the Psychotropic Toolkit for Child Welfare.	Years 1, 3 & 5
		Promote use of the <i>Ohio Minds Matter</i> website.	Years 1-5
Objective 7: Enhance Ohio's response to the substance abuse within families served by the child welfare system.	Interventions	Benchmarks	Timeframe
	1.) Monitor substance abuse service utilization by families involved with Ohio's child welfare system.	Conduct cross system data analyses annually to determine level of substance abuse related child maltreatment, service utilization, and emerging needs. (Please see Goal 3, Objective 2, p. 137).	Years 1-5
	2.) Work with OCWTP, OhioMHAS, and providers to develop training for child welfare personnel regarding addiction, family dynamics, and child safety. (Please see Training Plan pp. 4-5)	Identify individuals and organizations that could help OCWTP access resources and subject matter experts from throughout Ohio and identify relevant training curricula on substance abuse intervention and collaboration between substance abuse and child welfare agencies.	Year 1
		Recruit and prepare trainers from the substance abuse field and PCSA staff proficient in working with families affected by substance abuse to pilot selected cross-systems training curricula.	Years 1-2

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

		Offer a continuum of learning opportunities such as learning labs, Guided Application to Practice sessions, coaching, desk aides, etc. that support skill development related to substance abuse.	Years 1-2
		Integrate substance abuse information and learning opportunities into existing venues, newsletters and other communications.	Years 1-5
	3.) Partner with OhioMHAS, the Governor's Cabinet Opiate Action Team, and the Supreme Court of Ohio to comprehensively address the growing problem of addiction, including, but not limited to opioid dependence.	Facilitate effective treatment of pregnant women who are addicted and their children through implementation of the Maternal Opiate Medical Support (MOMS) initiative.	Years 1-2
		Partner with the Supreme Court of Ohio, OhioMHAS and local partners to establish and develop effective Family Treatment Courts.	Years 1-5
Objective 8: Enhance service coordination and delivery models to promote holistic responses to behavioral health needs.	Interventions	Benchmarks	Timeframe
	1.) Work with ODH and OhioMHAS to enhance service coordination for children and youth with multi-system needs to ensure behavioral health concerns are addressed timely.	Promote coordinated care of young people with multiple developmental needs living in Appalachia via implementation of IPAC programming.	Years 1-2
		Promote use of Wrap-Around service coordination for youth and young adults in transition through implementation of the ENGAGE project.	Years 1-3

Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

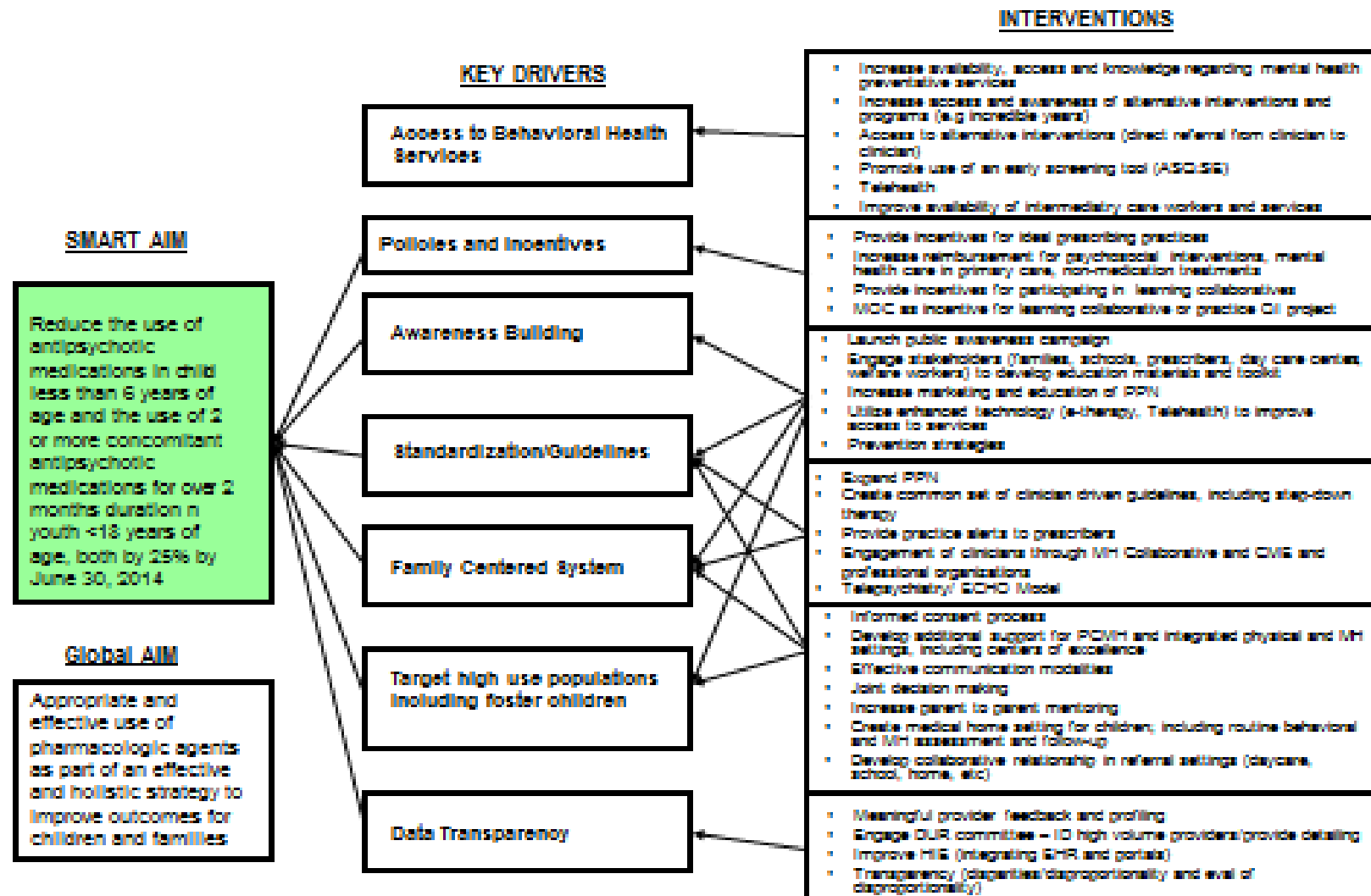
		Continue to provide flexible funding to local partners to support needed non-clinical services and supports (e.g., Family Centered Services and Supports).	Years 1-3
		Continue to support and promote the use of parent advocates to increase family involvement in identifying issues and needed services.	Years 1-3
	2.) Increase youth participation in behavioral health care decisions.	Utilize ENGAGE's Youth Advisory Council to encourage young consumers to take personal responsibility for their behavioral health care.	Years 1-3
		Provide information to foster youth regarding behavioral health and how to effectively participate in one's own treatment.	Years 2 & 4

Appendix B1

Key Driver Diagram

Minds Matter

KEY DRIVER DIAGRAM



Appendix B2

*Psychotropic Medication Toolkit
for
Public Children Services Agencies*