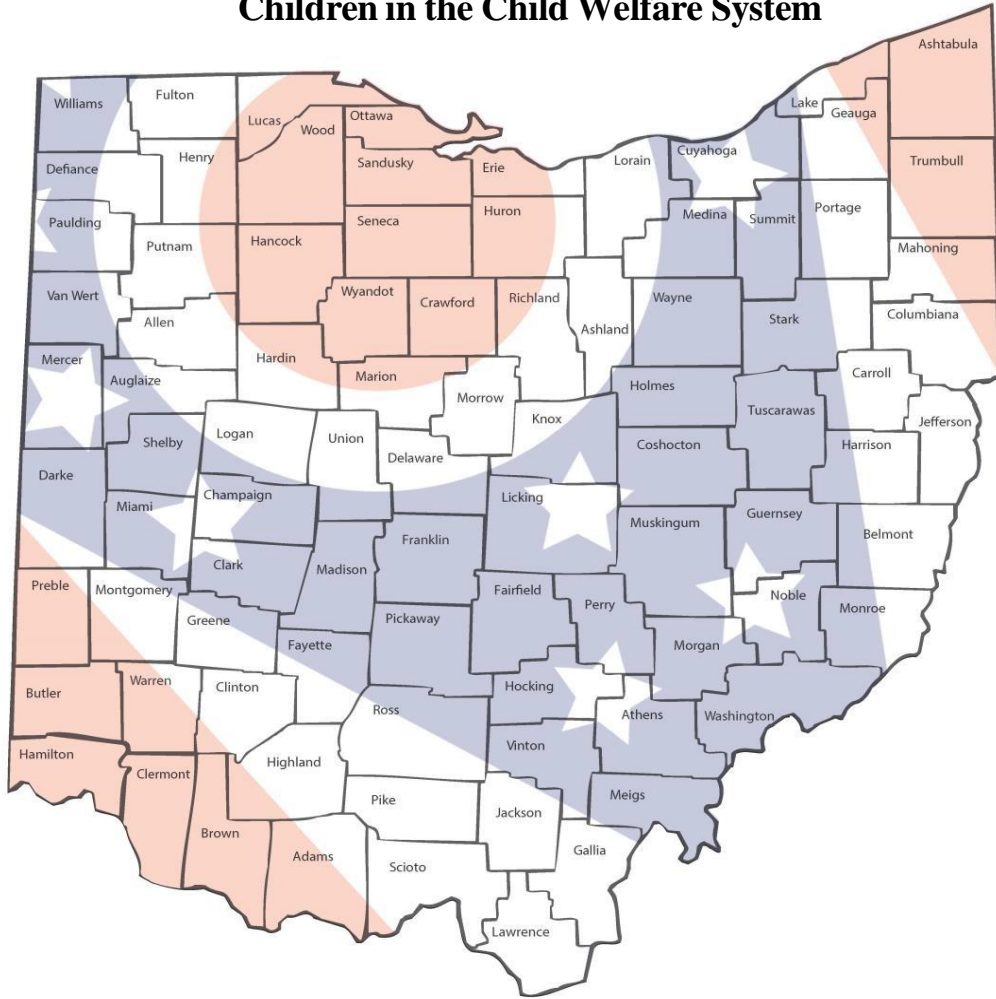


**APPENDIX C**  
**UPDATE to OHIO'S HEALTH CARE**  
**OVERSIGHT and COORDINATION PLAN**  
**for**  
**Children in the Child Welfare System**



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

**June 2020**

## 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 the *Ohio Administrative Code* (OAC).

## 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) and private child placing agencies (PCPAs) must coordinate comprehensive health care for each child in 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, whenever the form is updated, and at the time agency custody is terminated. Additionally, agencies must provide personal medical histories to each youth at the time he/she emancipates from care.

Within five days of placement or a change in 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 *Bright Futures* periodicity schedule recommended by the American 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 for certain crimes (unless a psychological examination was conducted within 12 months prior to the date the child was placed in substitute care);
- Secure appropriate immunizations; and
- 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, SACWIS fields are designed to:

- Ease system navigation by dividing Person Characteristics into the following categories: Medical, Mental Health/Substance Abuse, Developmental/Intellectual, and Prenatal/Birth. Diagnoses align with those in the DSM 5. Characteristics can no longer be deleted, but may be marked "created in error."
- Streamline the individual's Medical Page 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 is available to facilitate more efficient documentation of recurring treatments. In addition, Diagnosed Characteristics can 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."

- Improve medication monitoring and enhance record keeping capability by including the most commonly prescribed medications in a drop-down field for selection, rather than requiring the user to type each name into a text field. This provides better data consistency and greater efficiency for the user. Psychotropic medications in the list are automatically flagged, and users can manually flag any “Other” medications prescribed used as off-label psychotropics. The fields include: the medication names, total number of medications, and total number of psychotropic medications recorded.
- Record Estimated Due Dates, End Dates, and Outcomes to ensure retention of gestational-related historical records in the Pregnancy Detail Reports. In addition, Ohio’s SACWIS contains the following indicators to the Person Profile page: Pregnant, Pregnant/Parenting Minor, and Pregnant/Parenting Youth in Custody. To improve documentation of relatives, Ohio’s SACWIS also enables PCSAs to record the number of children each parent (both male and female) has, even those who are not involved in the child welfare system.

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 Plan for Practice Advancement (PPA). 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 HeathChek 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 or PCPA 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 promotes use of the American Academy of Pediatrics' *Bright Futures* periodicity schedule. With support from the Maternal and Child Health Bureau, Health Resources and Services Administration, *Bright Futures* provides evidence-driven guidance for all preventive care screenings and wellness visits, for children birth - age 21. To view the guide, go to: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

### **Medicaid Enrollment of Youth Aging Out of Care**

Youth who emancipate from foster care at age 18 are 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 choice. 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 and Federally Qualified Health Centers (FQHCs));
- 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;
- Hospice care; and
- Behavioral health care.

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 ODM Bureau of Technical Assistance and Compliance continues to work with the ODJFS, Office of Families and Children Departments to jointly analyze enrollment data, and to increase Medicaid enrollment of former foster youth. Marketing strategies include:

- Updates 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>.

At the time of this writing, a team of ODM and ODJFS staff (from the Bureaus of Multi-System Services and Supports, SACWIS, and System and Practice Advancement) are exploring possible cross-system data methods to facilitate continuous Medicaid enrollment of young adults who have aged out of care.

### **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 18 birthday, ODJFS continues to provide PCSAs guidance about how to assist youth in completing this process once they reach the age of majority.

## APPROPRIATE DIAGNOSES and PLACEMENT

Ohio has established various procedures and protocols to ensure children in foster care are not misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmental disabilities, and placed in settings that are inappropriate based on those diagnoses. Five of these are highlighted below.

- Ohio law requires independent licensure of professionals qualified to diagnose medical and behavioral health conditions. In addition, licensure boards of the various professional disciplines require on-going continuing education to maintain one's ability to appropriately diagnose and treat.
- In recognition that histories of trauma can often result in symptoms mimicking psychiatric conditions, Ohio has undertaken multiple efforts to increase training on trauma informed care, and implementation of evidence-based trauma informed practices. (These are described below.)
- In designing the *Ohio Minds Matter* project, the Statewide Clinical Advisory Panel developed best practice guidelines. These guidelines recommend use of specific tools to facilitate appropriate diagnosis and treatment of syndromic characteristics (rather than diagnostic) for attention, mood, and aggression. Related algorithms also provide step-by-step instructions regarding assessment and evaluation, patient engagement and consent, selection of appropriate treatment regimens, and recommended monitoring (e.g., metabolic testing). For example, here is the algorithm for Inattention, Hyperactivity, and Impulsivity: [http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/D\\_QuickReferenceGuide.pdf](http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/D_QuickReferenceGuide.pdf). (Those for the other conditions are included in the Psychotropic Medication section of this report.)
- OhioMHAS operates the Pediatric Psychiatry Network (PPN) to provide clinical decision support for Ohio physicians. In recognition that pediatricians, primary care doctors, and other general practitioners often address behavioral health conditions, the PPN provides psychiatry-led case consultation, training, information about symptom management. In addition, the PPN has established common standards of care and treatment protocols to guide clinical assessments and interventions., including but not limited to use of psychotropic medications:
  - Screening Tools: <http://www.ppn.mh.ohio.gov/ProviderResources/ScreeningTools.aspx>;
  - Behavioral Health Conditions: <http://www.ppn.mh.ohio.gov/ProviderResources/BehavioralHealthConditions.aspx>;
  - Medications: <http://www.ppn.mh.ohio.gov/ProviderResources/Medications.aspx>.

The PPN also provides web-based resources for patients and family members, including information about trauma-informed care, counseling, mental health conditions, prevention, and recovery: <http://www.ppn.mh.ohio.gov/FamilyEducation.aspx>.

For additional information about the PPN, go to: <http://www.ppn.mh.ohio.gov/Home.aspx>

- State child welfare policies require that children be placed in the least restrictive, most family-like environment necessary to meet their individual needs. A PCSA or PCPA may only place a child in a more restrictive setting when the child’s mental, physical or emotional needs indicate that such a placement is necessary to effectively meet his or her needs. In these cases, the custodial agency must document the following in the child’s case plan:
  - The educational, medical, psychological and social information used by the agency to select the placement setting;
  - How the setting constitutes a safe and appropriate placement; and
  - Why a less-restrictive placement was not utilized.

Such settings must also be licensed, certified or approved by the state agency responsible for the type of facility in which the child is placed.

## **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 demonstrates the need for trauma-focused, cognitive-behavior therapy (TF-CBT) interventions appropriate for older children. Disproportional minority representation within the child welfare system also clearly illustrates provision of culturally relevant interventions remains essential.

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**

OhioMHAS has established a statewide network to expand availability of effective services by increasing practioners’ competency in trauma informed care (TIC) practices. The objectives of this work are to:

1. Increase awareness of trauma as a public health concern;
2. Enhance the array of local services by identifying gaps in programming, promoting best practices, and fostering use of community linkages; and
3. Establish regional learning communities through on-going training and facilitation of peer-based technical assistance.



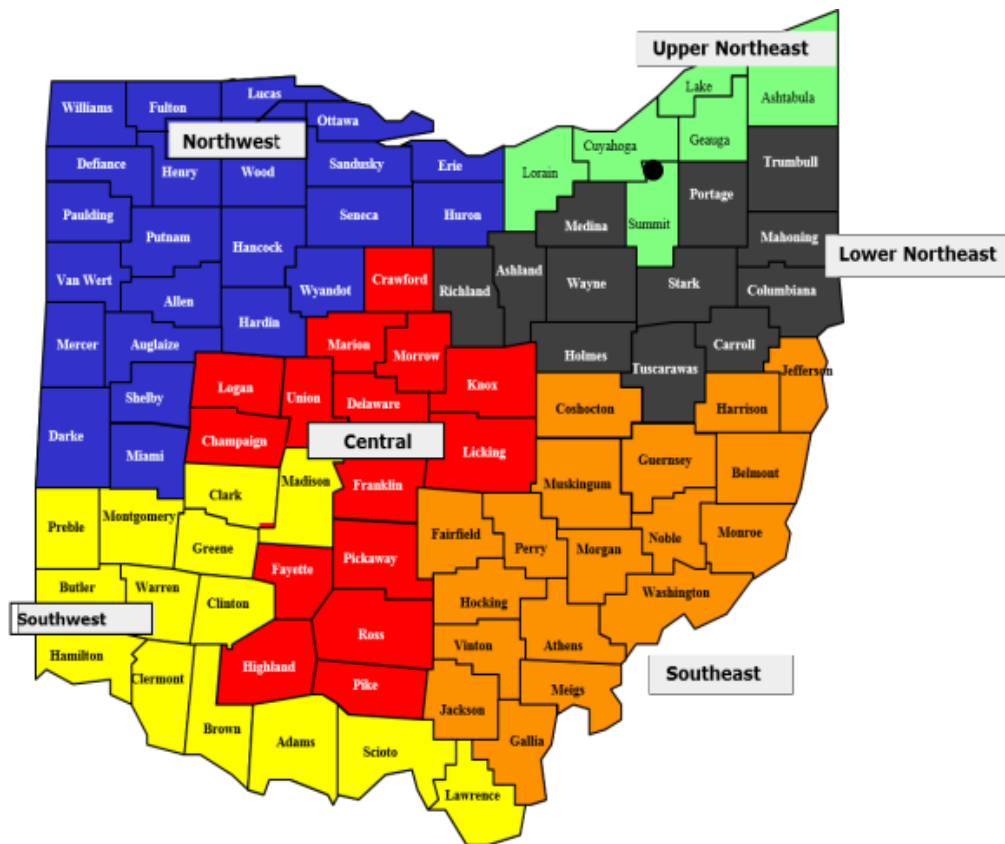
Team members of this public-private partnership reflect a broad range of constituencies. Representatives include the: Ohio Hospital Association; Public Children Services Association of Ohio (PCSAO); Ohio Association of County Behavioral Health Authorities; the Ohio Children’s Alliance; County Boards 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).

Some of this work includes, but is not limited to:

- Partnering with the ODH’s Early Childhood Comprehensive Systems (ECCS) to present training on *Understanding Toxic Stress: Protecting Infants and Young Children from Life-Long Impacts of Prolonged Adversity*.
- Working with the Ohio Attorney General’s Office to address issues identified in programming supported through the Crime Victim’s Fund.
- Collaborating with the Ohio Attorney General’s Office and the Ohio Peace Officer Training Academy to develop and implement a six-hour curriculum entitled, *Trauma-Informed Policing*.
- Providing training to private agency providers on *Alternatives to Seclusion and Restraint in Children’s Residential Treatment Facilities*.
- Training professionals from various disciplines (e.g., behavioral health, developmental disabilities, child welfare) in trauma-informed approaches to treatment and intervention throughout the state.
- Conducting combined TIC training for ODJFS and OhioMHAS Licensure and Certification staff.
- Providing training to OhioMHAS, DODD, the Ohio Attorney General’s Office, ODJFS, ODE and ODH staff on *Trauma-Informed Approach: Key Assumptions and Principles*.
- Partnering with Department of Aging to roll out *Trauma-Informed Approach: Key Assumptions and Principles* to programming serving Ohio’s older adults.

Regional Collaboratives:

Ohio has established six Regional TIC collaboratives. 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).

For additional information about Ohio's Trauma Informed Care Initiative, visit the OhioMHAS website: <http://mha.ohio.gov/traumacare> .

## **Family First Prevention Services Act (FFPSA) Planning**

### Model Selection:

As previously noted in the APSR, Ohio's FFPSA Workgroup sought guidance from Ohio's TIC Care Coordinator and the statewide Care Collaborative Network in order to thoroughly evaluate proposed intervention models. Through this process, stakeholders provided examples of practices currently being implemented in Ohio and other recognized TIC approaches for consideration, along with those promoted by the National Childhood Traumatic Stress Network or listed on the California Evidence-Based Clearinghouse for Child Welfare.

Utilizing input from trauma experts, ODJFS and OhioMHAS jointly created a list of TIC competencies to be used in congregate care settings. The list was shared with both the statewide TIC committee and the ODJFS TIC treatment model workgroup. Both groups are comprised of representatives from various stakeholder groups, including: congregate care centers, private child serving agencies, public children services agencies, DODD, ODE, child advocacy groups, and individuals with lived experience. Feedback and input were received from both groups before finalizing the training competencies list. As Ohio moves toward FFPSA implementation, this list (<https://jfs.ohio.gov/ocf/FFPSA-Competencies.stm>) will guide agencies' model selections. To ensure practices meet nationally recommended implementation domains and principles, ODJFS also included SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* on its website. The concept features the following six principles and ten domains of an effective TIC approach:

### Key Principles:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues

### Implementation Domains:

- Governance and Leadership
- Policy
- Physical Environment
- Engagement and Involvement
- Cross Sector Collaboration
- Screening, Assessment, Treatment Services
- Training and Workforce Development
- Progress Monitoring and Quality Assurance
- Financing
- Evaluation

Lastly, Ohio will be revising OAC in the coming year to include SAMHSA's trauma informed treatment model definition, along with references to Ohio's approved TIC models and the SAMHSA guidance document.

Capacity Building and Training:

ODJFS and OhioMHAS are committed to ensuring providers are adequately trained in TIC principles and techniques. To this end, the departments are jointly developing a survey to be used routinely by those who work in congregate care settings, including residential treatment facilities, to assess workforce development needs on an on-going basis.

To advance this work, Ohio’s FFSPA Workgroup also identified appropriate TIC training models as part of the state’s planning process. To view these, go to:

<https://jfs.ohio.gov/ocf/FFPSA-TraumaProgramIntervention.stm>

In addition, TIC training resources and technical assistance documents are available through the OhioMHAS E-based Academy. Agencies interested in obtaining in-person trainings also have access to local experts and resources through: <https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Trauma-informed-Care/TIC-Regional-Collaboratives>.

**Systemic Trauma Training for Child Welfare**

The Institute for 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 has modified the National Child Traumatic Stress Network (NCTSN) Child Welfare Training Toolkit to meet established timelines of the state’s program. The NCTSN Child Welfare Trauma Training Toolkit consists of the following four, three-hour modules.

<b>NCTSN Child Welfare Trauma Toolkit</b>
<i>Overview of Trauma and Its Effect on Children</i>
<i>The Impact of Trauma and the Importance of Safety</i>
<i>Identifying Trauma-related Needs and Enhancing Well-Being</i>
<i>Worker Well-Being and the Importance of Partnering</i>

The OCWTP also made revisions to both the foster care and adoption assessor curricula in order to increase awareness of the impact of trauma on child development, as well as child receptiveness to adoption processes.

In addition, the OCWTP has incorporated the Trust Based Relational Intervention (TBRI) series into its menu of offerings for staff and caregivers. TBRI is an attachment-based, trauma-informed intervention that uses empowering, connecting, and correcting principles to meet the needs of vulnerable children.

- **Trust-Based Relational Intervention: Introduction**  
This training focuses on understanding the meaning behind child behaviors, the brain chemistry of a traumatized child, and helping the child (and his/her family) heal and connect. Participants learn tools they can put into action immediately. This module is a prerequisite for additional TBRI® modules.
- **Trust-Based Relational Intervention: Connecting Principles**  
This module guides participants through the attachment cycle, describes attachment styles, and identifies what to do when things go wrong in attachment. Participants learn to use the TBRI® connecting strategies of mindful engagement, choices, compromises, and life value terms.
- **Trust-Based Relational Intervention: Empowering Principles**  
This module provides an understanding of the importance of meeting the child’s ecological and physiological needs to ensure healthy conditions exist as the basis positive future change.
- **Trust-Based Relational Intervention: Correcting Principles**  
This module focuses on understanding and implementing proactive and responsive strategies within the corrective principles of TBRI®. The benefits of balancing nurture and structure are identified, and four parenting styles are introduced and explored. The benefits of the nurture group are examined, as well as strategies for teaching social and behavioral skills. In the responsive strategies, the *IDEAL Response*® and the *Levels of Response*<sup>TM</sup> are explored.
- **The Power of Healing: Connections Using TBRI**  
Trust-Based Parenting, by Dr. Karyn Purvis serves as the foundation for this module. Concepts of TBRI are examined, and participants’ skills are enhanced through application of the principles via interactive practice. A pre-training worksheet is delivered prior to the workshop and completed before the session. Caregivers leave the workshop with a toolkit of ideas and strategies for managing the behavioral and emotional issues of children in their care.

Other OCWTP trauma training sessions offered include:

### **A Layman’s Guide to Understanding the Brain**

Research is discovering new things about the human brain on a daily basis. Many of the discoveries have great implications to our work with children and families. This course is designed, not as a technical look into the brain research, but as a layman's guide to understanding the brain. Time is spent applying the new research to our work with kids and families.

### **Becoming a Trauma-Competent Caregiver Part I**

Do you, as a foster or adoptive parent, really feel ready to parent a child with a difficult history? When a child enters your foster or adoptive home following a history of abuse, neglect, and trauma, that child will greatly impact you and your family. Oftentimes, the foster or adoptive family is “blindsighted” by shattered expectations - the experience is nothing like they expected. Foster caregivers and adoptive parents can develop their understanding of what it means to be a "trauma-competent caregiver." This workshop guides parents in exploring seven skills and six characteristics essential for caring for traumatized children. Participants leave this workshop with new tools and strategies to enhance their skills for parenting children who have experienced trauma.

## **Becoming a Trauma-Competent Caregiver Part II**

This workshop builds on information trained in Becoming a Trauma-Competent Caregiver (Part I). This one-day training explores ways to help traumatized children manage overwhelming emotions and control behaviors that stem from those emotions. Caregivers learn the importance of supporting positive connections the child already has, as well as the value of building new connections. Caregivers also learn how to help a child develop a strength-based understanding of his trauma history. And finally, caregivers learn to develop self-care skills to avoid secondary traumatic stress.

## **Bedtime Behaviors for Traumatized Children**

For many foster children, nighttime may trigger a host of traumatic triggers that can include changes in a child's mood, refusal to shower or go to bed, nightmares, night terrors, and extreme anxiety responses. This workshop highlights the ongoing challenges involved in caring for children impacted by trauma. Specifically, this program addresses nighttime behaviors of traumatized children and offers specific strategies to empower children in gaining adaptive coping skills over bedtime struggles.

## **Beyond the Bruises: An Overview of DV**

Child welfare workers often encounter families in which domestic violence is present. This workshop provides participants with the most recent statistical data regarding the occurrence of domestic violence. The facilitator discusses tactics of power and control in violent relationships, as developed by the Domestic Abuse Intervention Project in Duluth, Minnesota. The cycle of violence is also reviewed.

## **Beyond the Bruises: Effects of DV on Children**

This workshop provides participants with the most recent statistical data regarding children affected by domestic violence. The cycle of violence is reviewed, and how children may react to the cycle of violence is discussed. Participants are exposed to the wide range of psychopathology that domestic violence may precipitate for children. Various treatment modalities and resources for children impacted by domestic violence are presented.

## **Building a Teen's Capacity for Relationships**

This workshop identifies six essential skills of trauma informed care through the lens/needs of a teen. It guides participants in understanding the "perfect storm" of a teen's trauma history and emerging adolescent stressors, why the adult relationship is fundamental to healing, and how to recollect strategies for managing adolescents with a traumatic history.

## **Children Grieve, Too**

This workshop begins by taking class participants on the journey our children often face when being removed from their families. Participants discuss the different things for which children grieve when coming into foster care and discover ways to help children through those trying times. Participants engage in a hands-on activity they can use to help children verbalize and release the sense of grief they might be feeling. Participants also examine how age impacts the grief process.

## **Fostering Healing, Resiliency, and Hope for Traumatized Children**

Learn practical ways to bring hope, healing, and resiliency to children who have experienced trauma. By allowing you to experience how trauma affects the brain, development, and attachment, the latest

trauma research is turned into interventions caregivers, and those working with caregivers, can use every day. Through real-life case examples and experiential learning, trauma-based strategies that address the most challenging behaviors are identified.

### **Girls, Trauma, and Delinquency**

This workshop first takes an exploratory view into the world of delinquent girls and the eight factors correlated to female delinquency. Secondly, the workshop reviews the root causes of female delinquency, such as trauma, victimization, social learning, and family/community strain. Strategies to advocate for girls across systems and empower them by helping them to build protective factors to refrain from delinquent behaviors are also discussed.

### **The Healing Power of Connection**

In this training, how adverse childhood experiences (ACEs) create repeated fear responses and disrupt the "felt safety" (neuroception) needed in order for the attachment and regulation centers of the brain to work properly are discussed. How the brain heals itself will be presented and brain-based interventions to help individuals of all ages and ability work to replace challenging behaviors with safe, healing connection identified.

### **Helping Children Heal Through Books**

This workshop helps participants identify ways books can help children heal from pain and trauma. Participants interact with books, participate in discussions, share in group work, and watch videos to learn the various methods that can help treat a child's pain. A closing activity provides participants with resources.

### **The Impact of Emotional Abuse**

This workshop defines emotional abuse and addresses the impact emotional maltreatment can have on a child's development. Participants are exposed to various forms of emotional abuse and learn about the many signs of an emotionally abused child. Specific strategies are provided to assist participants in advocating for children who have experienced emotional maltreatment

### **Interventions for Children Who Have Suffered Trauma**

Children in foster care have a vastly higher rate of trauma than their non-foster peers. Some estimate that 51% of the children in care suffer Post-Traumatic Stress Disorder. All adults in these children's lives must understand the role trauma plays in their behavior and achievement of developmental milestones. Participants need to understand that the impact of trauma is idiosyncratic -that each child will manifest it differently. Participants in this session learn ways to help improve the child's functioning, as well as how to work with the mental health system.

### **Promoting Successful Futures by Addressing Child Traumatic Stress**

This 9-hour workshop helps child welfare professionals who have little or no experience and training in child traumatic stress and trauma-informed care, integrate trauma-informed practices into their daily work. It includes an overview of types of trauma, including complex, intergenerational, cultural, and historic trauma; describes the impact of trauma on child development; identifies how to engage youth and families using Donna Hick's Dignity Model; and, using a case study and participants' own case experiences, puts the NCTNS's (1<sup>st</sup> edition) Nine Essential Elements of Trauma-informed care into practice. A significant portion of the workshop addresses the risks of vicarious trauma and organizational, team, and individual strategies for reducing these risks and



promoting resiliency. Small group exercises, large group discussions, films, a Power Point presentation, and case examples are used throughout the training sessions.

### **PTSD and Children**

Although childhood is supposed to be a time of laughter and joy, millions of children confront adverse experiences that profoundly impact their development. This training highlights the effects trauma can have on children. An overview of the recent changes in the diagnostic criteria of Post-Traumatic Stress Disorder (PTSD) is offered. Diagnostic indicators and appropriate assessment are further discussed to empower professionals when serving traumatized children. Specific strategies are provided to assist social service professionals in advocating for provision of competent services to these vulnerable children.

### **Removed: Strategies for Hope and Healing**

When children are removed from their biological homes, they often experience fear, trauma, and feelings of powerlessness and hopelessness. In this class, practical ways to educate foster parents on how to bring hope and healing to children are provided through real-life case examples and experiences. The culture of trauma, attachment, grief and loss, nurturing techniques, sibling connection, and ways to help children feel safe are also addressed.

### **Wounded Child, Healing Home**

When a child enters a foster or adoptive home following a history of abuse, neglect, and trauma, the family *will* be transformed. This interactive workshop addresses key issues: What does a traumatized child look like? What behavioral challenges do parents face most often? What really *does* happen to the foster/adoptive family? How can workers be prepared to support and guide families from the pain to the other side?

### **Trauma-Informed Case Management**

The goal of this workshop is to present an overview of trauma, including: what constitutes a traumatic event; the role of adverse childhood events in the development of illness, substance abuse and mental illness; and the physiological, psychological, cognitive, and behavioral effects of trauma. The importance of understanding trauma and how it might impact casework with parents and children is emphasized. This training enhances skills in: identifying signs and symptoms of trauma, recognizing how systems and helping professionals can unknowingly contribute to re-traumatization, and developing strategies for working more effectively with traumatized persons.

### **Trauma Systems Therapy for Foster Caregivers**

This training reviews the impact of trauma on children and caregivers and provides knowledge and strategies for understanding and responding to the needs of children and teens in care. Specific strategies are provided to assist caregivers with managing their emotions, as well as the emotional and behavioral responses of the children in their homes.

### **Addressing Secondary Trauma Within the Child Welfare Workforce**

As part of Ohio's application for the 21<sup>st</sup> Century Cures Act grant, OhioMHAS emphasized the need to provide trauma resources for first responders tasked with addressing the immediate impacts of the state's opioid epidemic. Given the related demands on child welfare staff, PCSA personnel were identified as a targeted population for these efforts. To that end, OhioMHAS contracted with the Center for Innovative Practices at Case Western Reserve University to provide regional secondary



trauma sessions throughout the state. To view an example of one of the sessions, go to: <https://www.youtube.com/watch?v=M-az7cDb048&feature=youtu.be>.

In addition, OhioMHAS developed a video series to highlight perspectives of compassion fatigue often experienced by first responders in effort to reduce stigma, promote normalcy, and provide opportunities for sharing personal recommendations about self-care techniques. OCWTP staff also consulted with OhioMHAS to develop two distance learning courses on secondary trauma: *Self-Care for Foster Caregivers*, and *Secondary Trauma for Administrators* as part of the state's Opioid Project.

Lastly, the OCWTP North Central Region provides trauma-responsive environments for learning, including a wellness room at their supervisory conference and Mindfulness training through the county employee assistance program. OCWTP staff have also worked with three other RTCs to develop similar classroom settings and supports related to trauma-informed supervision.

### **The National Child Traumatic Stress Network**

Over the past several years, Ohio has been selected to implement numerous initiatives through the National Child Traumatic Stress Network (NCTSN). Although 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. Descriptions of the specific projects follow.

- ***The Regional Center of Excellence for the Treatment and Study of Adverse Childhood Events*** prepared 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) was implemented at targeted points of entry throughout Akron Children's Hospital's continuum of care. Children who had been exposed to ACEs were then referred for trauma-focused treatment in their communities. In addition, the Center educated medical and children's mental health providers on use of evidence-based trauma-informed interventions.
- ***Transforming Care for Traumatized Youth in Child Welfare*** served 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 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*** which provided 24-hour/day trauma response services to children and families referred 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 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.

## PSYCHOTROPIC MEDICATION

### STATE LEVEL INITIATIVES

Over the past several years, Ohio has undertaken a multi-faceted approach to addressing the issue of psychotropic medication use within the foster care population. Ohio Administrative Code requires that PCSAs establish local policies and procedures to oversee and monitor the use of psychotropic medications by children in care. ODJFS reviews the local policies and procedures when conducting on-site agency reviews. In addition, Ohio's over-arching strategy includes: advancing utilization of prescribing guidelines; promoting use of trauma-related developmental screening; and improving access to evidence-based treatments as essential components of increasing safety and reducing inappropriate use of medication. Partners in this effort include, but are not limited to: the Ohio Academy of Family Physicians; the Ohio Chapter of the American Academy of Pediatrics; Voices for Ohio's Children; the 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; ODH, ODM, ODJFS, OhioMHAS, DODD; local child welfare agencies; child health care providers; juvenile justice personnel; and representatives of local school districts.

To advance appropriate use of psychotropic medications, Ohio has:

- Established prescription guidelines.
- Implemented *Ohio Minds Matter*, the state's targeted investment toward improving safe use of psychotropic medications:
  - o 3 pilot sites to examine effective cross-system practices;
  - o Enhanced tele-medicine options and provision of prescriber peer support;
  - o Clinical guidelines based on aggression, attention, and mood symptomology;
  - o A website, [www.Ohiomindsmatter.org](http://www.Ohiomindsmatter.org) to increase knowledge and promote best practices; and
  - o A shared decision-making toolkit to facilitate effective patient-provider discussions regarding health care, co-developed with foster youth:  
<http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/decision-guide-for-foster-care-F1.pdf> .
- Enhanced data analyses to improve prescribing practices.
- Created a Psychotropic Medication Toolkit to assist PCSAs with development and implementation of local policies and procedures, including informed consent practices.
- Promoted evidence-based, non-pharmacological treatment.

Ohio's efforts toward promoting appropriate use of psychotropic medications, began by prioritizing:

- Timely access to safe and effective psychotropic medications, including atypical antipsychotics, in the context of evidence-based therapies;

- Improved health outcomes for Medicaid-eligible children, particularly those in foster care; and
- Reduced medication-related adverse effects.

As part of this process, Ohio set a goal of a 25% reduction in:

- 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.

To achieve these goals, a Statewide Clinical Advisory Panel developed best practice guidelines. Members of the panel included 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:
  - [http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/D\\_QuickReferenceGuide.pdf](http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/D_QuickReferenceGuide.pdf)
  - <http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/AlgorithmD.pdf>
  - <http://ohiomindsmatter.org/resources-d>
- Mood:
  - <http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/FQuickReferenceGuide.pdf>
  - <http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/AlgorithmF.pdf>;
  - <http://ohiomindsmatter.org/resources-f>
- Aggression:
  - <http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/EQuickReferenceGuide.pdf>
  - <http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/AlgorithmE.pdf>
  - <http://ohiomindsmatter.org/resources-e>

Through *Ohio Minds Matter*, the state also:

- Developed technical resources and clinical guidelines to advance safe and effective prescribing practices <http://ohiomindsmatter.org/prescribing-guidelines>
- Provided second opinion consultation, educational outreach, and technical assistance to encourage supportive peer learning environments.
- Increased 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 <http://ohiomindsmatter.org/parents-consumers>

In addition, child psychiatrists participating in this effort continue to promote the following principles for safe 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* also created podcasts as an alternative training method for professionals. To learn more about the podcasts, go to: <http://ohiomindsmatter.org/toolkit/>

For more information regarding the Ohio Minds Matter project and available resources, go to: <http://ohiomindsmatter.org>

Another component of *Ohio Minds Matter* was 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 served as *Ohio Minds Matter* pilot sites:

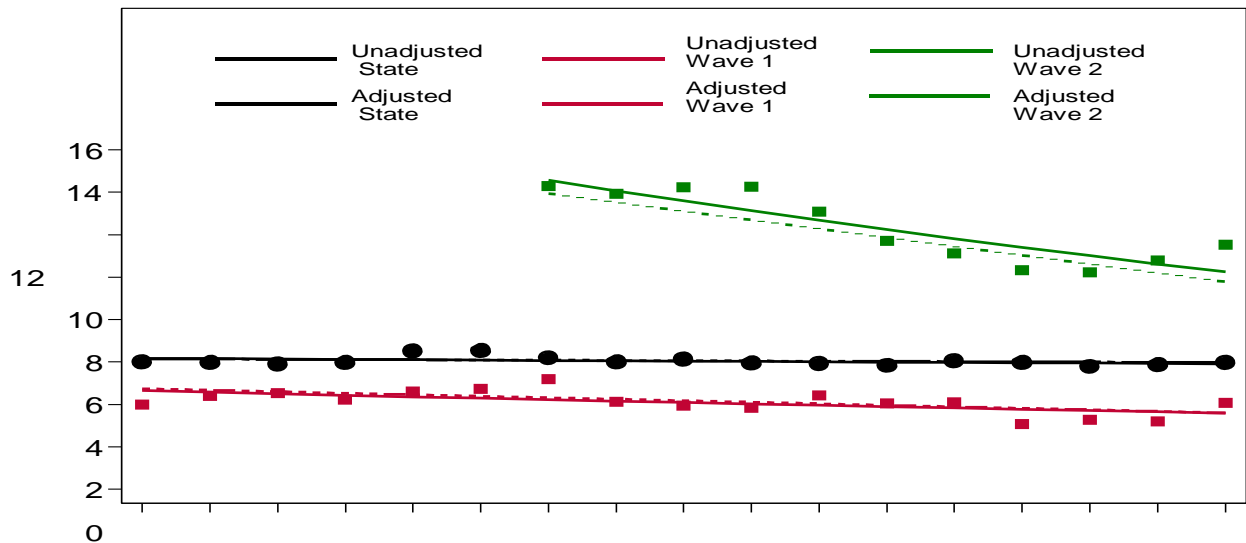
- Summit, Portage, Trumbull, and Stark Counties;
- Franklin, Licking, Fairfield, Muskingum and Perry Counties; and
- Montgomery, Greene, Miami and Clark Counties.

Each pilot site was 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. Through this effort, participating members sought to:

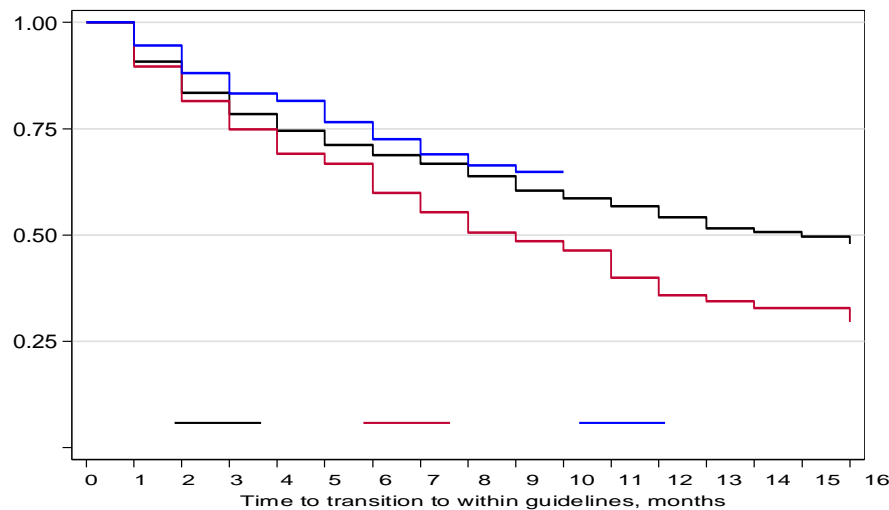
- Improve care among clinicians through training, data feedback and rapid cycle quality improvement interventions;
- Advance consumer empowerment through education and shared decision-making; and
- Improve access to care and service coordination through community collaboration.

**Clinical Results:**

***Reduced prevalence of  $\geq 2$  AAPs by 25%***



***Children’s length of exposure to  $\geq 2$  AAPs was 6 months less for Wave 1 providers  
The likelihood of transitioning to treatment within guidelines was 35% greater for Wave 1***



*Ohio Minds Matter* has been nationally recognized for its approach to improve prescribing practices, its holistic design, and collaborative inter-system implementation model. Staff from Ohio have been invited to present at SAMHSA conferences, and Center for Health Care Strategies events. In addition, at the requests of Senators Orrin Hatch, Ron Wyden, Tom Carper, and Claire McCaskill, the federal Government Accountability Office (GAO) conducted a multi-state comparative study on child welfare oversight of medication use by foster children. The goal of this work was to determine:

- How Medicaid and child welfare agencies in selected states worked to ensure the

appropriate use of psychotropic drugs for children in foster care?

- What steps, if any, did selected states take to measure the results of their efforts to ensure appropriate use of psychotropic drugs for children in foster care?
- To what extent has HHS taken steps to help states ensure appropriate prescriptions of these drugs to children in foster care?

States selected for the GAO study included: Arizona, California, Illinois, Maryland, New Jersey, Ohio, and Washington. (To view the report, go to: <https://www.gao.gov/products/GAO-17-129>.)

Similarly, the Patient-Centered Outcomes Research Institute (PCORI) conducted comparative study of how states monitor psychotropic medication use in the foster care population, particularly the use of atypical antipsychotics. The study included Medicaid claims data analysis, key informant interviews (with state and local level child welfare administrators, child welfare caseworkers, pharmacists, physicians, and behavioral health care treatment providers), and focus groups (with former foster youth and caregivers/ biological and foster parents.) Selected states included: Ohio, Texas, Washington, and Wisconsin. For more information about this project, go to:

<https://www.pcori.org/research-results/2015/comparing-effects-state-policies-monitor-mental-health-medicines-given>

### **Enhanced Data Analyses**

Currently, ODM and ODJFS staff are working together to comparatively analyze Medicaid claims data and client specific SACWIS records. Once completed, individualized technical assistance will be provided to PCSAs regarding specific findings, and opportunities for improvement, where warranted.

### **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:

- Developing tools to promote screening, diagnosis, practice-based interventions, cross-system collaboration, and pharmaceutical management;
- Establishing a learning collaborative of high volume Medicaid practices; and
- Utilizing improvement science to support use of quality metrics.

BMW team members have developed clinical recommendations for key psychiatric diagnoses (including screening, diagnosis, and treatment) to 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.

- <http://ohioaap.org/BMWeLearning>
- <http://ohioaap.org/projects/building-mental-wellness/building-piece-of-mind-handouts/>
- <http://ohioaap.org/parent-resource-page/>

BMW also promotes 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. Findings guide Ohio’s quality improvement efforts to support physicians treating children with SED. As part of this project, researchers work with clinical leaders to:

- Develop diagnosis-specific metrics to identify patterns of care (e.g., mental health assessments, psycho-social interventions).
- Analyze patterns of care and comorbidities associated with outcomes (e.g., emergency room visits, hospitalization, costs) that can be targeted for intervention and quality improvement.
- Determine clinical, geographical, and demographical “hot spots”.
- Identify opportunities for quality improvement.

### **Pediatric Psychiatry Network**

Ohio’s Pediatric Psychiatry Network (PPN) is 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. In recognition that pediatricians, primary care doctors, and other general practitioners often address behavioral health conditions, the PPN provides psychiatry-led case consultation, training, information about symptom management. In addition, the PPN has established common standards of care and treatment protocols to guide clinical assessments and interventions, including use of psychotropic medications:

- Screening Tools: <http://www.ppn.mh.ohio.gov/ProviderResources/ScreeningTools.aspx>;
- Behavioral Health Conditions: <http://www.ppn.mh.ohio.gov/ProviderResources/BehavioralHealthConditions.aspx>;
- Medications: <http://www.ppn.mh.ohio.gov/ProviderResources/Medications.aspx>.

The PPN also provides web-based resources for patients and family members, including information about trauma-informed care, counseling, mental health conditions, prevention, and recovery: <http://www.ppn.mh.ohio.gov/FamilyEducation.aspx>.

For more information on the PPN, see: <http://ppn.mh.ohio.gov/>

### **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 *Ohio’s Healthcare Oversight and Coordination Plan* for descriptions of initiatives designed to enhance a continuum of care for children who have experienced maltreatment.



### **Psychotropic Toolkit for Child Welfare:**

ODJFS requires all agencies to have a written policy for monitoring the use of psychotropic medications for children in foster care. Required components include:

- 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;
- 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 case worker; and
- Effective medication monitoring for the children placed in care.

As the custodian for children in care, PCSAs have a profound responsibility to not only focus on safety and permanency, but also on improving the long-term well-being of children in care. 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). Representatives included: 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 was 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. Recommendations 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). Information regarding appropriate dosages and "red flag" use was provided by ODM pharmacists.

The Toolkit is presently under revision to include updated information about new, commonly prescribed medications. To view the current version, go to Appendix C-2 ***Psychotropic Medication Toolkit for Public Children Services Agencies***.

## COLLABORATIVE HEALTHCARE PROGRAMMING

Ohio has a long standing history of collaborative efforts designed to improve the delivery and effectiveness of physical and behavioral health care services throughout the state. Some of these initiatives are detailed below.

### **RecoveryOhio**

Upon taking office in January 2019, Governor Mike DeWine established the *RecoveryOhio* initiative and the *RecoveryOhio Advisory Council* to coordinate and improve how the state addresses mental health and substance use disorders. Specifically, the Executive Order tasked the Council with:

- Advancing and coordinating substance abuse and mental health prevention, treatment and recovery support services at the local, state and federal levels;
- Engaging private sector partners to align efforts to do the most good for Ohioans struggling with a mental illness or substance use disorder and their families; and
- Initiating and guiding enhancements to the behavioral health system to improve the patient's experience during treatment and treatment outcomes.

The Council was designed to represent all regions of the state. Membership was to be diverse and include those with local, state and federal governmental service; those with experience in mental health or substance abuse prevention, treatment, advocacy or support services; individuals with lived experience and family members; those in private industry, learning institutions, faith organizations, criminal justice settings, and healthcare. Appointed members to the Council include:

- Ted Strickland, Former Governor of Ohio
- Justice Evelyn Lundberg Stratton, Retired, Project Director, The Stepping Up Initiative
- John Tharp, Lucas County Sheriff
- Pastor Greg Delaney, Outreach Coordinator, Woodhaven
- Suzanne Dulaney, Executive Director, County Commissioners Association of Ohio
- Joan England, Executive Director, The Mental Health & Addiction Advocacy Coalition
- Orman Hall, High Intensity Drug Trafficking Area, Ohio University
- Dr. Navdeep Kang, Director of Operations Behavioral Health, Mercy Health Cincinnati
- Teresa Lampl, Associate Director, Ohio Council of Behavioral Health & Family Service Providers
- Jessica Nickel, Founder, Addiction Policy Forum
- Terry Russell, Executive Director, National Alliance on Mental Illness Ohio
- Dr. Shawn Ryan, Chair of Payer Relations, Ohio Society of Addiction Medicine
- Brenda Stewart, Founder, The Addict's Parent United
- Sarah Thompson, Executive Director, Ohio Citizen Advocates for Addiction Recovery
- Cheri L. Walter, CEO, Ohio Association of County Behavioral Health Authorities
- Juliet Doris Williams, Executive Director, The P.E.E.R. Center

The executive Order further mandated all Cabinet Agencies, Boards and Commissions comply with any requests or directives issued by the RecoveryOhio Director or the RecoveryOhio Director's designee, including, but not limited to:

- Ohio Department of Mental Health and Addiction Services

- Ohio Department of Health
- Ohio Department of Medicaid
- Ohio Department of Job & Family Services
- Ohio Department of Rehabilitation and Correction
- Ohio Department of Public Safety
- Ohio Department of Administrative Services
- Ohio Department of Youth Services
- Ohio Developmental Services Agency
- Ohio Department of Insurance
- Ohio Bureau of Workers' Compensation
- Ohio Office of Budget and Management
- Opportunities for Ohioans with Disabilities

The Council has issued more than 70 recommendations in the areas of stigma, parity, workforce development, prevention, harm reduction, treatment and recovery supports, and data and outcomes measurement. A partial list of those recommendations follows:

- Establish statewide prevention coordination with all state departments and agencies to ensure best practices, consistent messaging, technical assistance, and delivery of prevention services across multiple domains.
- Commission a statewide campaign to address stigma against people with mental illness and substance use disorders.
- Ensure each patient's needs and treatment recommendations are determined by a qualified clinical professional and promote insurance coverage of medically-necessary services identified by quality clinical care providers.
- Review and create a comprehensive plan for safe, affordable, and quality housing that will meet the needs of individuals with mental health and substance use disorders, including: supported housing options, transitional housing, recovery housing, adult care facilities, and short-term stabilization options.

Members of the Advisory Council continue to meet to form actionable and scalable solutions to address these recommendations.

### **Multi-System Youth Initiative:**

As part of Ohio's most recent budget, targeted investments were made to support the needs of families whose children struggle with multi-system needs. More than \$31 Million were designated to provide services and supports for children at risk of custody relinquishment solely for the purpose of obtaining necessary treatment, and to help off-set PCSAs' responsibility for payment of costly congregate care for children already in their custody.

In October 2019, Governor DeWine launched the creation of the Multi-System Youth State Program where families could apply for financial aid to cover the cost of their child's care through their local Family and Children First Council. As of June 15, 2019, the multi-disciplinary state team, comprised of representatives from the Governor's Office, Ohio Family and Children First, and the Ohio Departments of JFS, DD, Education, Youth Services, and Medicaid, had received 287 applications from 64 counties (41 of which were for technical assistance only). As of that

date, Ohio had allocated over \$4.6 Million to serve these families in need. As part of this initiative, investments were also made to enhance care coordination capacity via the local Family and Children First Councils.

Ohio’s budget bill also tasked the Ohio Family and Children First (OFCF) Cabinet Council with developing an action plan to end the practice of custody relinquishment to access treatment services. To fulfill this requirement, OFCF established a leadership committee and six working groups to conduct research and develop recommendations for this final report. To view a copy of the final report, go to:

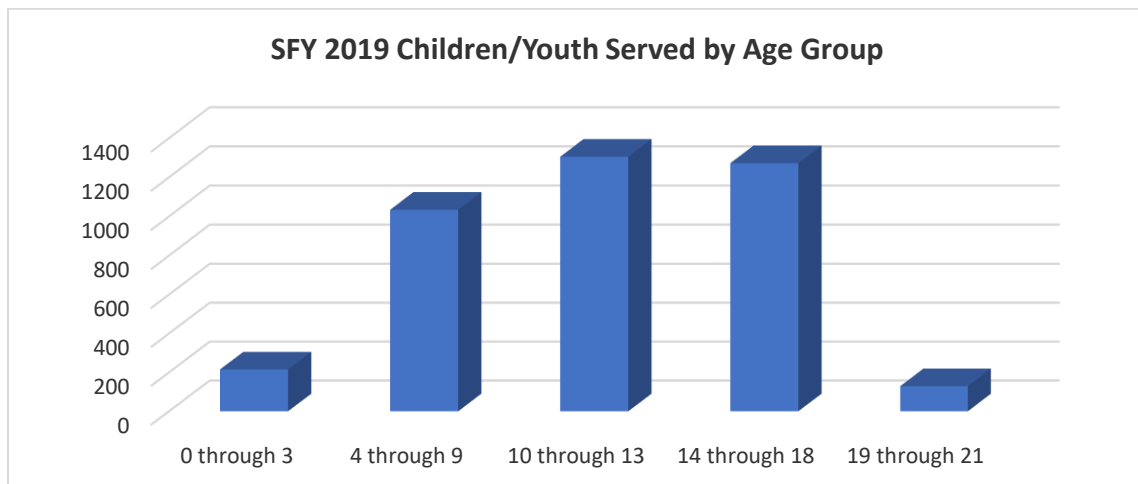
[https://www.fcf.ohio.gov/Portals/0/Home/MSY%20TA%20Funding%20Requests/MSY%20Action%20Plan%20report\\_FINAL.pdf?ver=2020-01-31-180133-463](https://www.fcf.ohio.gov/Portals/0/Home/MSY%20TA%20Funding%20Requests/MSY%20Action%20Plan%20report_FINAL.pdf?ver=2020-01-31-180133-463)

### **FAMILY-CENTERED SERVICES AND SUPPORTS**

The OFCF Cabinet’s Family-Centered Services and Supports (FCSS) project reflects the state’s cross-system commitment to implementing a coordinated continuum of services and supports for children, ages 0-21, with multi-system needs and their families. This initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local FCFCs to provide non-clinical, family-centered services and supports. Utilization of these funds requires that specific needs be identified on an individualized service coordination plan which must be jointly developed with the family. To read more about the purpose and criteria established for use of these funds, go to: <http://www.fcf.ohio.gov/Initiatives/System-of-Care-FCSS>.

#### **Total Number and Ages of Children Served**

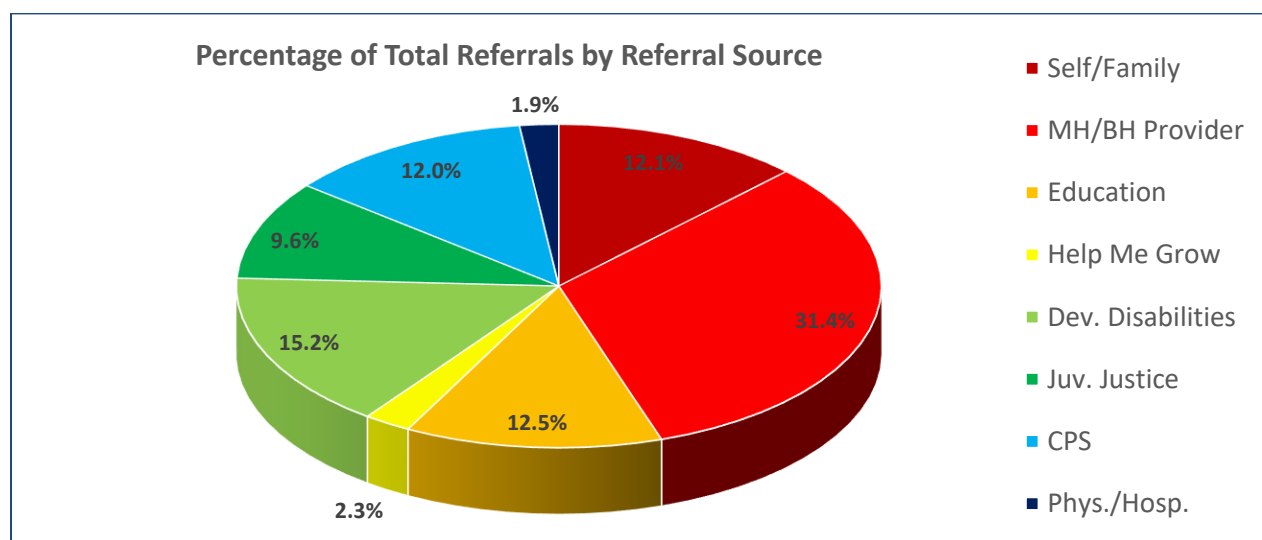
The total number of children served between the ages of 0-21 during SFY 2019 was 3,955.



Ages of Children	0 - 3	4 - 9	10 - 13	14 - 18	19 - 21	Total
SFY 2019	215	1034	1305	1272	129	3955
Percent of Total in Age Group	5.4%	26.1%	33.0%	32.2%	3.3%	100%

### **Number of Referrals by System**

The following graph illustrates the referrals to FCFC Service Coordination/Wraparound by originating system.



### **Total Number of Families Served**

The total number of families served in SFY 2019 was 3,431 an increase of 210.

### **Service/Support Needs by Category Identified at Intake**

FCFCs report the identified child's service or support needs at the point of intake, regardless of whether the child was receiving services or supports to address that need. To be eligible for multi-disciplinary Service Coordination through the FCFC, a child or youth must have two or more identified needs. During SFY19, 10,099 identified needs (average 2.55 needs per child) were identified.

- The top three categories of children's needs at intake remained consistent with those in the past: Mental Health (67%), Special Education (40%) and Poverty (35%). When combined, these three categories account for 5,607 of the identified needs, or 56% of the total identified needs in 13 categories.

- 556 (14%) children/youth presenting with Autism spectrum related needs at intake, an increase in the percentage from SFY 2018 (12%).

The table below shows the number of needs identified in each category.

Category of Service/Support Need	% of Youth with this Need SFY 19	% of Youth with this Need SFY 18	% of Youth with this Need SFY 17	% of Youth with this Need SFY 16	% of Youth with this Need SFY 15	% of Youth with this Need SFY 14	% of Youth with this Need SFY 13
Mental Health	67%	59%	51%	58%	57%	58%	53%
Poverty	35%	35%	35%	48%	46%	46%	43%
Special Education	40%	36%	30%	40%	38%	40%	36%
Dev. Disability	29%	24%	21%	24%	22%	22%	22%
Unruly	20%	19%	15%	18%	18%	18%	15%
Child Neglect	12%	10%	11%	12%	12%	12%	12%
Delinquent	10%	10%	8%	11%	9%	11%	10%
Physical Health	8%	8%	8%	11%	10%	11%	10%
Autism Spectrum	14%	12%	12%	12%	11%	10%	NA
Child Abuse	9%	7%	7%	9%	9%	9%	9%
Alcohol/Drug	7%	6%	6%	8%	8%	7%	7%
No PCP	3%	1.3%	5%	6%	4%	5%	4%
Help Me Grow	3%	3%	6%	5%	5%	4%	4%

### **FCSS Funded Services and Supports Provided through FCFC Service Coordination**

Type of Service/Support Provided	Percent of total services and supports provided SFY 19	Number/Percent of Families Receiving Service/Support SFY 19
Service Coordination	39.0%	2564/ (74.7%)
Respite	16.9%	1111/ (32.4%)
Social/Recreational Supports	14.5%	950/ (27.7%)
Transportation	8.8%	579/ (16.9%)
Structured activities to improve family functioning	5.5%	364/ (10.6%)
Non-clinical in-home parenting/coaching	3.7%	245/ (7.1%)
Mentoring	4.1%	268/ (7.8%)
Parent Advocacy	2.1%	137/ (4.0%)
Parent Education	1.2%	78/ (2.3%)
Safety and Adaptive Equipment	3.5%	229/ (6.7%)

Type of Service/Support Provided	Percent of total services and supports provided SFY 19	Number/Percent of Families Receiving Service/Support SFY 19
Non-clinical Parent Support Groups	0.3%	18/ (0.5%)
Youth/Young Adult Peer Support	0.2%	10/ (0.3%)
Other	0.2%	15/ (0.4%)
<b>Total</b>	100%	6,568

### **Number of Children in Out-of-Home Placement during Service Coordination**

One of the goals of providing service coordination is to prevent or reduce the incidence of out-of-home placement of children. For this report, any placement lasting longer than 72 hours is considered to be an out-of-home placement, except respite care which can be provided for up to seven (7) consecutive days without being considered an out-of-home placement. Out-of-home placements include residential treatment facilities, local or state correctional facilities, group homes and foster care. During SFY 2019, there were 216 children who were placed in an out-of-home placement while they were actively receiving FCSS funded supports and participating in service coordination. This accounted for 5.5% of the total number of children who were receiving FCSS funded supports and participated in FCFC Service Coordination/High-Fidelity Wraparound. There was no data collected regarding the length of these placements, but some FCFCs reported that the out-of-home placements were brief for the purpose of stabilization. Many of the children who enter service coordination are at high risk for out-of-home placement, and in some counties, it is a criterion for admittance to the FCFC Service Coordination Process. This low incidence of out-of-home placements is considered a very positive outcome.

***94.5% of children served with FCSS funds remained in their own homes in SFY 2019.***

### **State Plan Assessment/ State Health Improvement Plan**

ODH contracted with the Health Policy Institute of Ohio (HPIO) to complete the 2020-2022 State Health Improvement Plan (SHIP), a tool to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio. The SHIP is Ohio’s roadmap to address the many challenges identified in the 2019 State Health Assessment (SHA). To view information about how the SHA was conducted and its findings, go to:

[https://www.healthpolicyohio.org/wp-content/uploads/2019/09/2019OhioStateHealthAssessment\\_SummaryReport\\_ES\\_Final.pdf](https://www.healthpolicyohio.org/wp-content/uploads/2019/09/2019OhioStateHealthAssessment_SummaryReport_ES_Final.pdf)

The SHIP was developed with input from hundreds of Ohioans through:

- Regional forums;
- An online survey completed in 2018 as part of the 2019 SHA (622 participants);
- A Steering Committee made up of representatives from 13 state agencies, including sectors beyond health;

- An Advisory Committee with 176 participants, including subject matter experts from around the state who participated in work teams to set objectives and select strategies.

Though these collaborative processes, a framework and specific strategies were developed to address identified gaps in services. To view these, go to:

**Framework:**

[https://www.healthpolicyohio.org/wp-content/uploads/2020/06/2020\\_2022\\_StateHealthImprovementPlan\\_Framework.pdf](https://www.healthpolicyohio.org/wp-content/uploads/2020/06/2020_2022_StateHealthImprovementPlan_Framework.pdf)

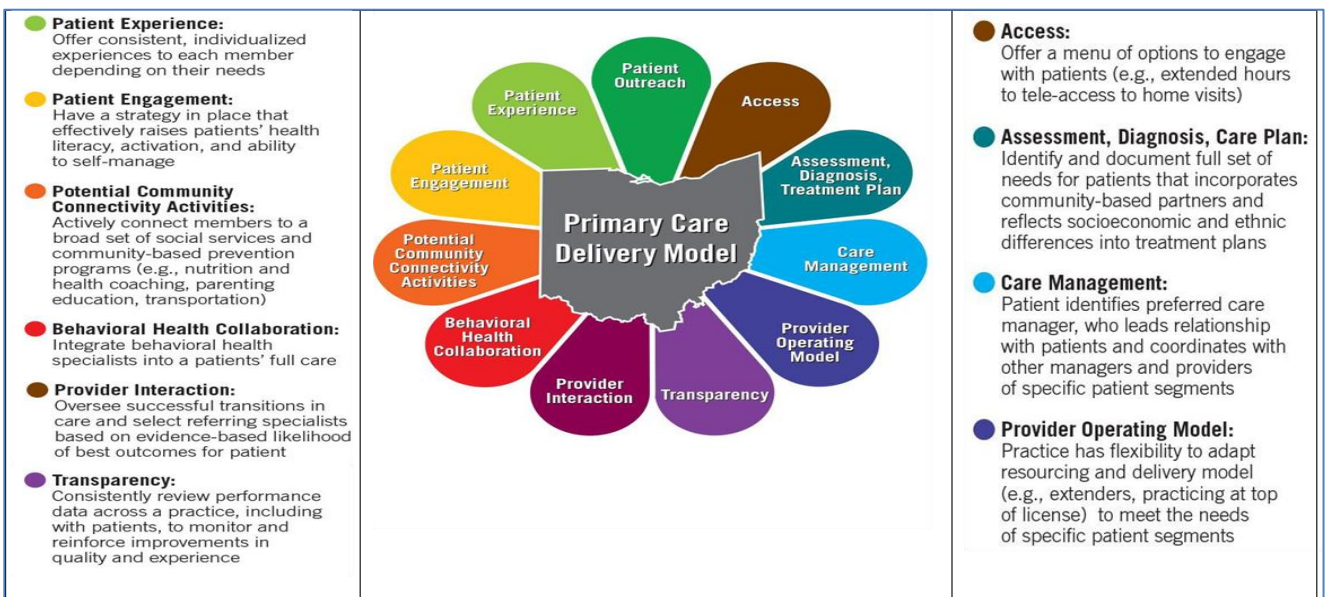
**Strategies:**

[https://www.healthpolicyohio.org/wp-content/uploads/2020/06/2020\\_2022\\_StateHealthImprovementPlan\\_StrategyQuickGuide\\_Final.pdf](https://www.healthpolicyohio.org/wp-content/uploads/2020/06/2020_2022_StateHealthImprovementPlan_StrategyQuickGuide_Final.pdf)

**Managed Care/Medical Home:**

On January 1, 2017, Ohio’s foster care and adoption (from foster care) populations began the systemic migration from a fee-for-service to a Managed Care service delivery model. One of the biggest advantages to this is the opportunity for ODM to monitor provision of patient services through their contracted provider networks. In addition, a specialized Medicaid Technical Assistance Section has been established within the Office of Families and Children to specifically address the healthcare coverage needs of foster children, adoptees from the child welfare system, and young adults who have emancipated from care. This Section is jointly funded through ODM and ODJFS.

The transition to a managed care healthcare delivery system also aligns with Ohio’s vision for utilizing Primary Care Medical Homes (PCMH). This model of care offers many advantages to the youth in care, including high-quality services, individualized treatment and comprehensive care. The components of PCMH are illustrated in the graphic below.





### **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:
  - o Gathering information regarding the child's preferences, needs, abilities, health status and supports;
  - o Assuring case file documentation of prescribed services;
  - o 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
  - o 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.

### **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

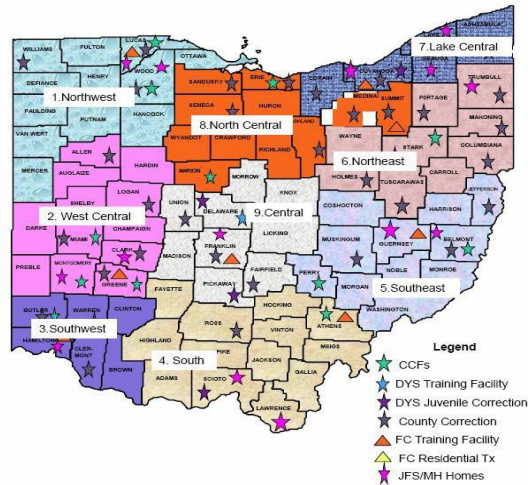
specialized programming in an effort to increase service accessibility. These initiatives include:

- **School Programs:**
  - 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.
  - 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.

### **Personal Responsibility and Education Program**

ODYS, in partnership with the ODJFS and ODH, 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. Through the federally-funded *Personal Responsibility and Education Program (PREP) for Foster Care and Adjudicated Youth*, 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



PREP trains service providers 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.

**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:
  - o Problem identification;
  - o Referral processes;
  - o Classroom management strategies;
  - o Maternal depression;
  - o Parental substance abuse;
  - o Domestic violence; and
  - o 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*.

OhioMHAS continues to distribute *Grow Power~ Ohio Kids Matter*. This toolkit provides information to parents to promote their child’s social-emotional development. To view the materials, please click on the following links below.

	<p style="text-align: center;"><a href="#">Grow Power</a></p> <p><b>Videos:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Packet Overview</a></li> <li>• <a href="#">Packet Part 2</a></li> <li>• <a href="#">Packet Part 3</a></li> </ul> <p><b>Printable materials:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">ECMH Consultation</a></li> <li>• <a href="#">Guide for Moms, Dads &amp; Caregivers</a></li> <li>• <a href="#">Help Me Grow Early Intervention</a></li> <li>• <a href="#">Help Me Grow Intervención Temprana</a></li> <li>• <a href="#">Safe Sleep</a></li> <li>• <a href="#">School-to-Prison Pipeline</a></li> <li>• <a href="#">FLIP IT poster</a></li> <li>• <a href="#">Healthy Eating</a></li> </ul>
--	---

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

Because the majority of opioid dependent pregnant women in Ohio are not engaged in prenatal treatment, OhioMHAS, ODM, and (Governor Kasich’s) Office of Health Transformation joined forces to launch the *Maternal Opiate Medical Support (M.O.M.S.)* project. This initiative was 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, the goal of this project was to reduce infant hospital stays by 30 percent. In addition to treatment, the project supported a limited number of non-Medicaid services that promoted recovery (e.g., short-term transitional housing, transportation associated with appointments, and childcare needed while the parent is attending counseling sessions). Four sites were selected to implement this project which encompassed all major metropolitan areas of the state and a rural area in southeast Ohio.

Ohio contracted with The Ohio Colleges of Medicine Government Resource Center (GRC) and the Health Services Advisory Group (HSAG) to develop and implement MOMS model of care toolkits (which remain in use today); oversee the project's quality improvement efforts and conduct the evaluation. Performance measures related to early identification and engagement, use of clinical best practices, and treatment retention were collected. In addition, monthly webinars were held with pilot sites, state partners, and members of the clinical advisory panel to facilitate peer learning and promote practice improvement.

To this end, GRC designed a website to provide additional information to pregnant women struggling with substance use disorders, treatment providers, and those who assist at-risk families. The site remains in use and contains:

- Service Coordination Model and Decision trees for care of opiate-dependent women: [http://momsOhio.org/sites/momsOhio/files/2018-12/MOMS%20Decision%20Tree\\_F4\\_6-27-16.pdf](http://momsOhio.org/sites/momsOhio/files/2018-12/MOMS%20Decision%20Tree_F4_6-27-16.pdf)
- A cross-system training curriculum for medical professionals, treatment providers, and child welfare staff: [http://maofkdjs.com/sites/momsOhio/files/2018-12/MOMS\\_Child\\_Welfare\\_Training\\_Final\\_3-21-16.pdf](http://maofkdjs.com/sites/momsOhio/files/2018-12/MOMS_Child_Welfare_Training_Final_3-21-16.pdf)

To view additional information on the site, go to: <http://momsOhio.org/>

As noted, the goals of MOMS were to improve maternal and fetal outcomes, increase family stability, and reduce costs associated with neonatal abstinence syndrome. Compared to a matched Medicaid comparison cohort, MOMS participants received more prenatal care and behavioral health services during pregnancy and after delivery; were more likely to receive MAT during pregnancy and after delivery; and had better outcomes with child protective services post-delivery (i.e., maltreatment was 18% lower; out of home placements were 19% lower) Specific findings included:

## Summary of Results

### Improving Care

MOMS participants were more likely to receive prenatal care, behavioral health care, & MAT in each trimester of pregnancy than the comparison group.

### Aim 1: Treatment Retention

MOMS participants were 45% more likely to continue to participate in substance abuse treatment 4 to 6 months postpartum.

### Aim 2: Family Stability

Maltreatment was 18% lower & out-of-home placement was 19% lower among families in the MOMS project than the comparison cohort.

### Aim 3: Birthweight

The rate of low birthweight was similar among infants in the MOMS cohort and the Medicaid comparison group.

### Aim 4: NICU Length of Stay

Mothers who received MAT in the third trimester of pregnancy had infants with a significantly shorter NICU length of stay.

In recognition of the outcomes achieved, **MOMS** was:

- Featured in the General Accountability Office's [2017 Report to Congress on Medicaid and CHIP](#);
- Selected to be featured at learning symposia by SAMHSA, the Center for Health Care Strategies, and the National Governor's Association; and
- Featured in the Journal of Substance Abuse Treatment as a quality improvement project that demonstrated better health outcomes and family stability for pregnant women with Opioid Use Disorder and their infants.

Ohio is currently expanding MOMS program through federal funding received through the federal 21<sup>st</sup> Century Cures Act. Over the next two years, six new sites will be added per year of the grant.

### **The Ohio Neonatal Abstinence Syndrome Project**

Six children's hospitals and their affiliates (20 hospitals total) came together to form a specialized consortium to study the needs of infants with Neonatal Abstinence Syndrome (NAS) and their families. An illustration of which hospitals and their locations are depicted below.



The goals of this project were to:

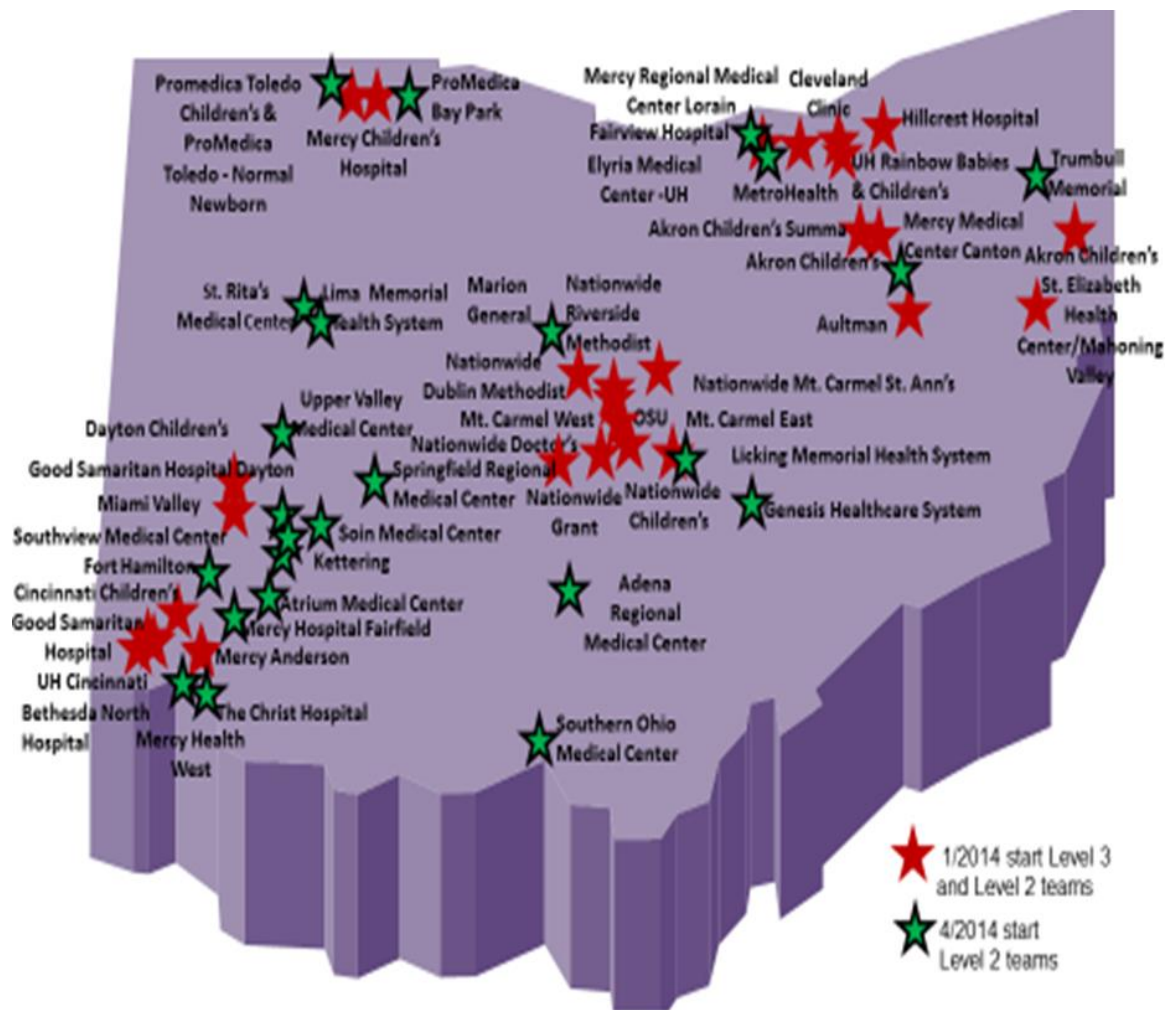
- Understand the epidemiology of mothers and infants with NAS by following a longitudinal cohort;
- Determine better practices for NAS treatment; and
- Identify variation and areas for future research.

Specific activities of this work included:

- Assessing and improving inter-rater reliability scoring of infant functioning in the Neonatal Intensive Care Units (NICUs);
- Improving staff attitudes about treating women with opioid use disorders;
- Standardizing pharmacological and non-pharmacological treatments across sites; and
- Partnering with stakeholders to address policy issues and promote primary prevention.

Within three quarters, significant progress was demonstrated on each of these activities. In addition, both the length of pharmacological treatment and the length of hospital stay for these infants were reduced by 9% within that time frame. By the project's end, recommendations from the NAS project had spread to 54 sites: 26 Level III NICUs; 26 level II Special Care Nurseries; and 2 General Newborn Nurseries.





### MOMS + (Plus)

Based on the success of the NAS project, the Ohio Perinatal Quality Collaborative (OPQC) designed a related project, MOMS +. (The “Plus” stands for Babies.) Members of the Collaborative include the Ohio Department of Medicaid, The Ohio Department of Health, the Ohio Association of Community Health Centers, the March of Dimes, the Centers for Disease Control and Prevention, the Ohio Colleges of Medicine Government Resource Center, and the Ohio Medical Technical Assistance and Policy Program.

This project is designed to better coordinate care provided by obstetricians, medication assisted treatment (MAT) providers, behavioral health clinicians, and neonatal specialists/pediatricians. Hospitals serve as the lead agencies for these projects. Sites are located in the following counties, though patients served often live in neighboring areas: NW (Lucas); SW (Hamilton); SE (Athens) Central (Franklin, Muskingum, Ross and Scioto); NE (Cuyahoga, Summit, Trumbull and Mahoning) and West Central (Allen, Clark, Montgomery and Warren).

The “Mentor-Partner” model of MOMS+ builds on the expertise of faculty who provide successful maternity medical homes for pregnant women with Opioid Use Disorders (OUD) and



those who developed and implemented NAS care bundles. These facilities serve as Mentors to build the capacity and capability of Partner maternity care practices.

The goals of MOMS + are to:

- Increase identification of pregnant women with Opioid Use Disorder (OUD);
- Increase the % of pregnant women with OUD who receive prenatal care, MAT, and behavioral health care each month;
- Improve the communication amongst OB, OP, and Community Resources;
- Increase the % of women with negative toxicology screens at delivery;
- Decrease the % of full-term infants with NAS requiring pharmacological treatment; and
- **Increase the % of babies who go home with their mothers due to having an effective Plan of Safe Care established.**
- Improve the hand-off for continued care following pregnancy.

For more information about MOMS+, go to:

<https://www.opqc.net/projects/active-projects/maternal-opiate-medical-supports-plus-moms>

# It takes a village...



Ohio Children's Hospital Association  
Saving, protecting and enhancing children's lives

