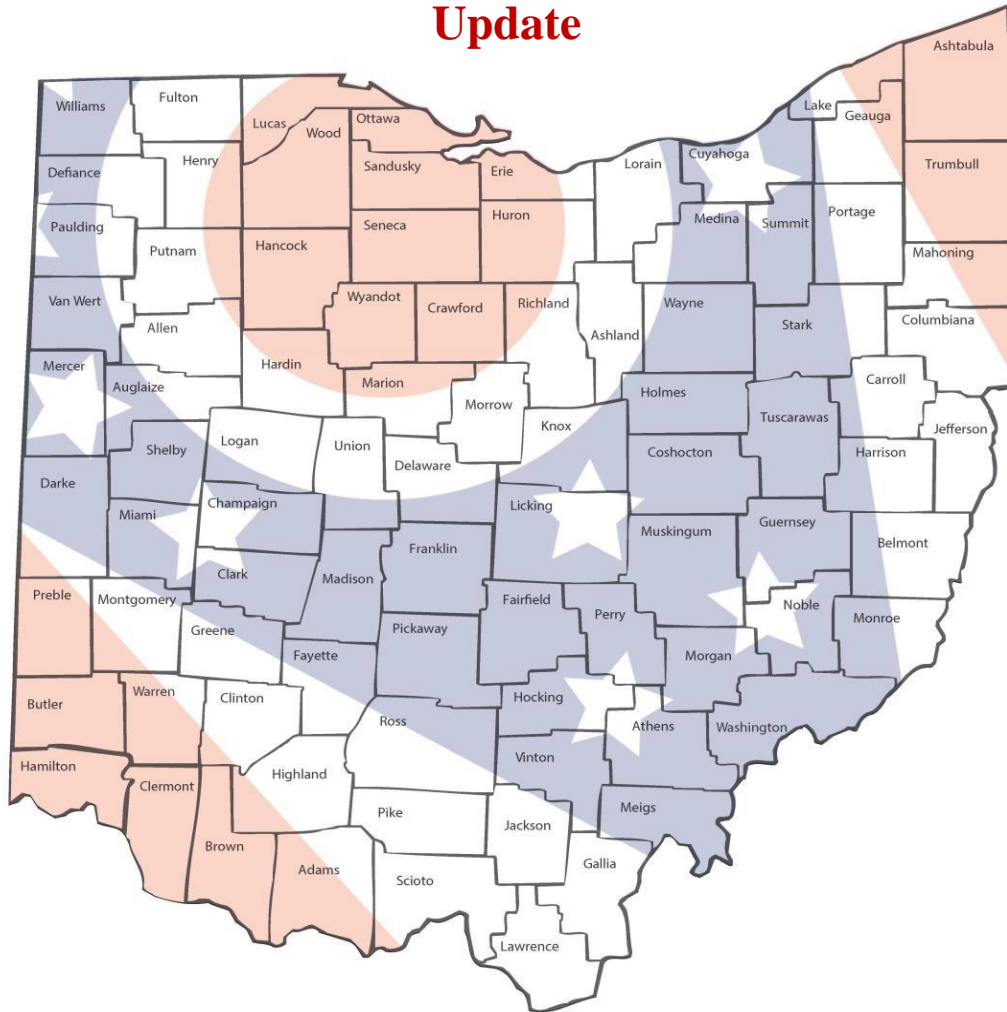


Appendix C

OHIO HEALTH CARE OVERSIGHT and COORDINATION PLAN for Children in the Children Services System

Update



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

June 15, 2022

HEALTH CARE 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 children services 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

Children Services Policies

Public children services agency (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.

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 for 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 with 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 aged 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 aged 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 statewide automated child welfare information system (Ohio SACWIS). To improve documentation of healthcare needs and services, Ohio 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. 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. The list of available medications is periodically updated based on input from pharmacists at the Ohio Department of Medicaid.
- Record Estimated Due Dates, End Dates, and Outcomes to ensure retention of gestational-related historical records in the Pregnancy Detail Reports. In addition, Ohio 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 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 children services system.
- All medical records pull into the Child’s Health Information report, which is required in rule to be reviewed and updated at each SAR, placement change, or when there is a change or new information regarding the child’s health.
- An administrative Medication Detail Report is also available, compiling data for all children in the selected agency’s custody. For each child, the report lists the medication names, total number of medications, and total number of psychotropic medications recorded.

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.

In late 2020, to provide protection during the COVID-19 pandemic, the Office of Families and Children (OFC) partnered with FEMA to distribute Personal Protective Equipment (PPE). This allowed OFC to distribute the 156,000 PPE provided to the state to 99 different agencies via 7 centralized distribution points all over the state for further disbursement to Ohio foster, adoptive, and kinship families as well as youth and young adults involved with children services.

In November 2021, through Ohio Administrative Code, Ohio adopted the Foster Youth Bill of Rights. Within this rule, youth have the right to receive timely, adequate, and appropriate medical care, dental services, vision care, and mental health services. In addition, the Foster Youth Bill of Rights noted that this includes the right to transportation to these appointments. To view the rule, go to [ODJFS eManuals > Families and Children > Family, Children and Adult Services Manual > Foster Care Licensing > 5101:2-5-35 Foster Youth Bill of Rights \(ohio.gov\)](#).

Screenings, Assessments and Treatment:

In Ohio, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is known as the

Healthchek program. Pursuant to state 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

As a result of the COVID-19 pandemic, the Ohio AAP organization has hosted activities and created a resource repository with many pieces on their website. The link is: <https://ohioaap.org/covid-19-info/>

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:

[Foster Care | Medicaid \(ohio.gov\)](https://www.ohio.gov/ohio-department-of-medicaid)

During the previous reporting period, Multi-System Services and Supports Bureau staff worked with members of the Ohio Youth Advisory Board to develop a Medicaid Roadmap as a reference for youth and young adults who are/have been in foster care. This Roadmap contains guidance about healthcare eligibility, working with one's managed care plan to obtain case management and assistance, self-advocacy skills regarding one's health care needs, and other resources.

To view the Roadmap, go to: <https://fosteractionohio.org/medicaid-roadmap-for-foster-youth-and-alumni/>

Health Care Power of Attorney

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

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. Six 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):
 - Inattention, Hyperactivity, and Impulsivity:
 - 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>
 - Moodiness and Irritability:
 - <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>
 - Disruptive Behavior and 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>
- 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.

Participating pediatric psychiatric hospitals include Akron Children's Hospital – Division of Pediatric Psychiatry and Psychology; Nationwide Children's Hospital – Psychiatry and

Community Behavioral Health; University of Toledo Medical Center – Child and Adolescent Psychiatry; Cincinnati Children’s Hospital – Division of Child and Adolescent Psychiatry. Participating psychiatrists are employees of their respective institutions.

- State children services 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.

- Beginning October 1, 2021, all children being placed into Qualified Residential Treatment Programs (QRTPs) are required to receive an Ohio Children’s Initiative Child and Adolescent Needs and Strengths (CANS) assessment confirming the placement and level of care is appropriate for the individual child. The CANS assessment is administered by a Qualified Individual trained and certified in the Ohio Children’s Initiative Brief and Ohio Children’s Initiative Comprehensive CANS. The assessment is completed in conjunction with the Family and Permanency Team for the child, to include appropriate family members and professionals who are a resource to the child and family. Both the Qualified Individual and Family and Permanency Team consider the child’s short- and long-term mental health and behavioral health goals when determining the most effective and appropriate level of care in the least restrictive environment.

ODJFS worked closely with the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Medicaid in the development of the CANS assessment. Information from each completed assessment is recorded in Ohio SACWIS. Ongoing training, certification, professional development, and coaching for CANS assessors is available through the Child and Adolescent Behavioral Health Center of Excellence (COE).

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 children services system also clearly illustrates provision of culturally relevant interventions remains essential.

In recognition that families in the children services 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-competent Care Initiative

OhioMHAS and DODD collaborate on Ohio's Trauma-competent Care (TCC) Initiative to establish a statewide network to expand availability of effective services by increasing practitioners' competency in trauma informed care practices. The objectives of this work are to:

- Increase awareness of trauma as a public health concern;
- Enhance the array of local services by identifying gaps in programming, promoting best practices, and fostering use of community linkages; and
- 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:

- Working with ODJFS and the QRTP Workgroup to align Trauma-Informed Care practice expectations in Ohio's implementation of the FFPSA through the provision of

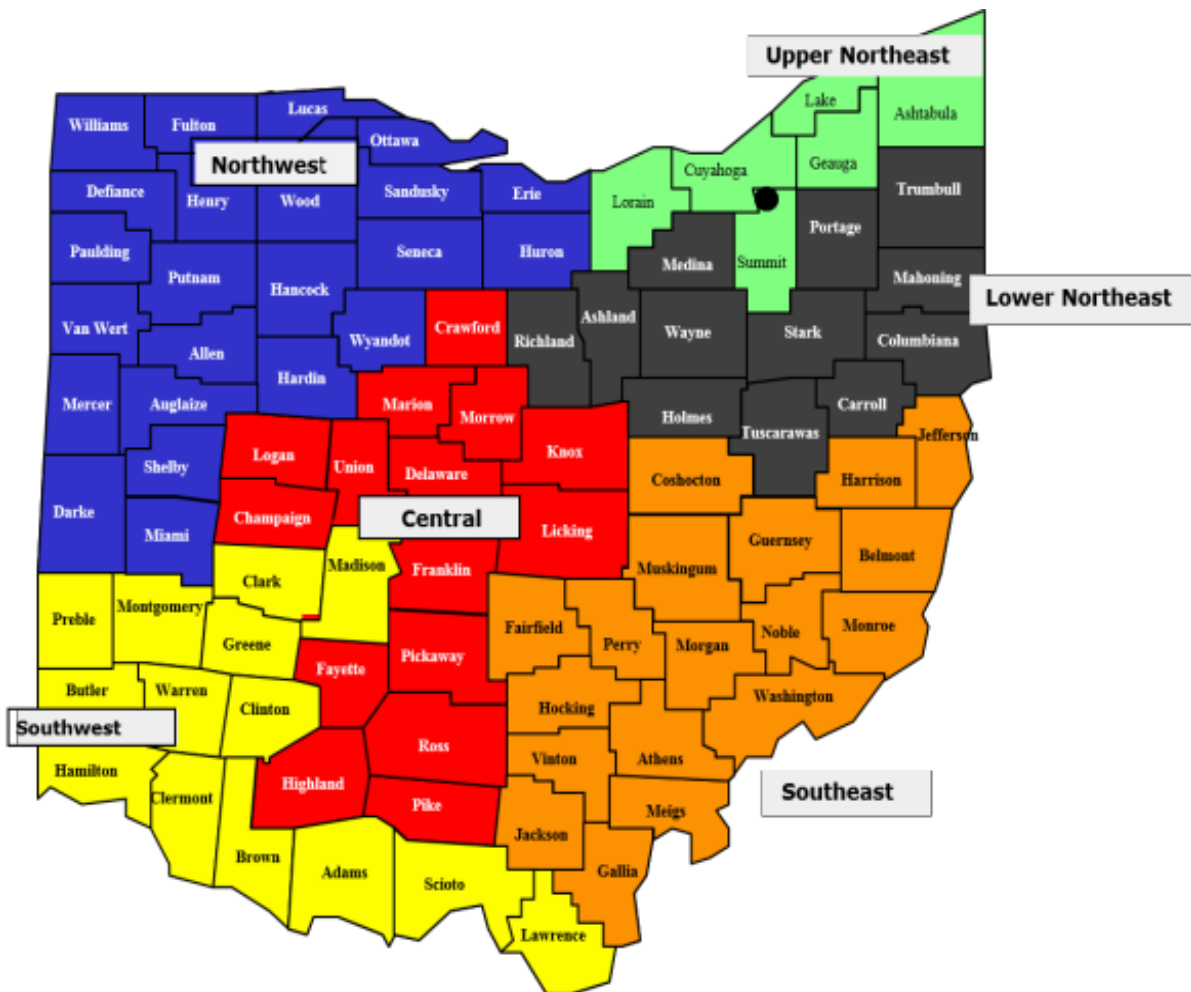
consultation and technical advice.

- 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*.
- 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, children services) in trauma-informed approaches to treatment and intervention throughout the state.
- Conducting combined TIC training for ODJFS and OhioMHAS Licensure and Certification staff.
- Develop trauma-informed training for all involved in the system, including resource families, caseworkers, agency staff, courts, service providers, mandated reporters (such as teachers and counselors), kinship caregivers, and parents, as recommended by the Governor's Children Services Transformation Report and Recommendations.
- A work group has developed a set of seven trauma competencies to assist programs and services in becoming trauma-informed and trauma-responsive; the competencies were approved by the Family First Leadership Advisory Committee and include: understanding the impact of trauma; responding to children's traumatic stress; demonstrate how to identify trauma-related needs of children and families, and account for individual, cultural, community, and organizational diversity; identify strategies to enhance well-being and resiliency; understanding how cultural factors influence trauma; understand secondary traumatic stress and impact on providers; and, reduce the use of Seclusion and Restraint.
- ODJFS Offices of Family Assistance and Families and Children, in partnership with OhioMHAS, implemented an Ohio Trauma Certificate program. This certificate program is designed to move staff from being trauma aware to trauma competent. Three certificate levels are offered, including trauma aware, trauma informed and trauma competent. The certificate will demonstrate knowledge and skill development in Trauma Competencies adopted by the Family First Leadership Advisory Committee and will be effective for two years.
- The certificate recognition program is housed with the Ohio Child Care Resource and Referral Association (OCCRRA), Ohio Professional Registry (OPR) system, and is open to anyone in the social or human services field who desires to apply. The OPR will allow professionals to document and track their training and skill development. The Trauma Informed Care Certificate is based upon completion of training that meets the Trauma Informed Competencies as determined by the Ohio Department of Job and Family Services and the Ohio Department of Mental Health and Addiction Services. Training can be completed from several sources.
- ODJFS in collaboration with OhioMHAS, will be implementing a training series in response to the Training Needs Survey sent out February 2022. This free series is being

designed in response to the topics most readily identified as needing additional training in trauma-informed approaches, trauma treatment models, family engagement and discharge planning and aftercare. These trainings are being designed to be short and succinct and will be done by fellow staff working in QRTPs. The training sessions are intended to reach and support direct care, clinical, ancillary, and other support staff.

Regional Collaboratives:

Ohio has established six Regional TCC collaboratives. The map below illustrates how the regions are configured.



These sites serve to:

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

- Train individuals to disseminate TCC 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-competent Care Initiative, visit the OhioMHAS website: [Ohio's Trauma-competent Care \(TCC\) Initiative | Department of Mental Health and Addiction Services](#).

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 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 moved toward FFPSA implementation, this list (<https://jfs.ohio.gov/ocf/FFPSA-Competencies.stm>) guided agencies' model selections. To ensure practices met 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

Ohio included SAMHSA’s trauma informed treatment model definition, along with references to Ohio’s approved TIC models and the SAMHSA guidance document in OAC. To view the rule, go to: <https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-9-42>

In addition, ODJFS, in conjunction with its QRTP Workgroup members, developed the following tools to assist agencies’ development of trauma-informed treatment models:

- [Trauma Requirement Flow Chart](#)
- [Trauma Training Directory](#)
- [Treatment Model Infosheet](#)
- [Trauma Models](#)
- [Trauma Model Application](#)

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>.

To further support Prevention Services, including a focus on capacity building for Evidence Based Practices (EBPs), the OhioMHAS entered into a contract with a vendor for a Child and Adolescent Behavioral Health Center of Excellence (COE) in October 2021. Case Western Reserve University will coordinate the COE in partnership with ODJFS and many other state agencies. The role of the COE will be to provide technical assistance, training, fidelity monitoring, and other services to help build and sustain the delivery of EBPs statewide. The COE will also be responsible for building and sustaining a standardized assessment process, evaluating the effectiveness of services, and expanding service and care coordination capacity for children with complex behavioral health

needs and their families.

Systemic Trauma Training for Children Services

Ohio's University Consortium for Child and Adult Services (OUCCAS) is the coordinator of the Ohio Child Welfare Training Program (OCWTP). OUCCAS develops and implements competency-based training for Ohio's foster and adoptive parents, caseworkers, supervisors, and administrators.

The OCWTP continues to revise standardized curricula to increase awareness of the impact of trauma on child development, emotions, and behavior, share coping and resiliency strategies, and inform caregivers and staff about secondary traumatic stress. The OCWTP is currently revising the Preservice training for prospective caregivers and adoptive parents, Caseworker Core, Supervisor Core, and the Assessor training series.

The OCWTP continues to provide reviewed and approved trauma training developed by other organizations. These include the following:

Supporting Youth with Intensive and Complex Needs, a self-directed 9-module course developed by OCALI, was added to the LMS in July 2021. This training is designed for caseworkers and caregivers who work with children and youth with intensive and complex needs, also called Multi-System Youth.

Since July 1, 2021, through March 2022 the OCWTP has offered the following trauma training developed by other organizations:

- *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* (12 hours), developed by the National Child Traumatic Stress Network (NCTSN), has been offered in-person once. In July 2021, the OCWTP launched a virtual format of this series. Since this launch, the 12-hour series has been offered virtually three times.
- *Trust-Based Relational Intervention (TBRI)* (18 hours), developed by TCU's Karyn Purvis Institute of Child Development, has been offered in full two times. An additional four stand-alone sessions were offered.
- *Trauma Systems Therapy for Foster Care* (6 hours), developed by the Annie E. Casey Foundation, has been offered once.

The OCWTP continues to utilize a pool of approved, independent trainers that supplement standardized trainings with training they develop. Each training is reviewed and approved before it is added to the menu of offerings.

Since July 1, 2020 through March 2021:

- Three full rounds and one half round of the NCTSN *Child Welfare Trauma Training Toolkit* have been offered through the OCWTP.
- Two sessions of the *Workshop for Resource Parents* have been offered.

The OCWTP has also incorporated other standardized trauma informed care series into its menu of offerings, including *Trust-Based Relational Intervention* (TBRI).

Since July 1, 2020 through March 2021:

- Nine sessions of the TBRI series have been offered.

The OCWTP continues to revise the foster care, assessor, and caseworker standardized curricula in order to increase awareness of the impact of trauma on child development and behavior, share coping and resiliency strategies, and inform caregivers and staff about secondary traumatic stress. The OCWTP has a pool of approved, independent trainers that supplement standardized trainings with training they develop. Each training is thoroughly reviewed and approved before it is added to the menu of offerings.

Since July 1, 2021, through March 2022, the following trainer-developed trauma-related trainings have been added to the menu of offerings:

Understanding Trauma from the Inside Out: A View of How Trauma and Healing from Trauma Involve the Body and Mind.

Because children and families involved with the public children services system experience higher amounts of trauma, it is important to understand how the effects of trauma effect the wellbeing of the youth and families - whether they be reunited with their biological/legal family or be placed with an adoptive/foster family. By understanding the biology of the nervous system - how trauma dysregulates the nervous system, participants will gain compassion and insight to how their clients may overreact or get shut-down. However, by understanding this same biology of the nervous system, participants will also be able to gain strategies that can help them better identify and support a return to a safer and more regulated state for their clients and themselves. In addition, children services professionals understanding their own state - especially when they get stressed or triggered - can help them identify ways that will help them feel safer, less stressed and decrease burnout and secondary traumatization.

Building Trauma Competent Healing Foster and Adoptive Parents

This training will equip workers to develop that ongoing conversation with parents as they learn to integrate three essential skills for caregivers into their everyday support conversation. Caregivers will be equipped with the skills to manage the needs of children in their care. The participants will leave the training with multiple tools to assist them in helping families become trauma-competent healing parents. This training is presented in a three-hour and six-hour virtual format and a six-hour in-person format.

Crisis Conversations: A Trauma Informed Care Approach

Just as trauma is defined as something that is overwhelming, crisis conversations are those that may overwhelm your internal or external resources. Being prepared increases your ability to care for others while maintaining your own resilience. Trauma Informed Care involves a full 360-degree approach to crisis conversations. At its most basic a trauma-informed approach (1) realizes the prevalence of trauma; (2) recognizes how trauma affects all individuals involved with the system, including its own workforce; and (3) responds by putting this knowledge into practice (SAMHSA, 2012). Having a trauma informed response to crisis conversations includes a large set

of skills that can be learned or improved upon. At the end of this training, you will have a crisis conversation worksheet to use in practice so that you are better prepared for the conversations to come. This training is offered in virtual and in-person formats.

In addition, the following chart illustrates the number of trainer-developed trauma-related training sessions delivered in each region from July 2021 through March 31, 2022.

Regional Training Center	Staff offerings	Caregiver offerings	Joint offerings
Central Ohio	7	6	6
East Central Ohio	4	2	1
North Central Ohio	1	5	4
Northeast Ohio	8	4	7
Northwest Ohio	8	3	1
Southeast Ohio	7	5	1
Southwest Ohio	10	3	3
Western Ohio	3	5	4
TOTALS	48	33	27

These sessions addressed the following topics:

- Emotional Abuse
- Positive Psychology
- Domestic Violence
- Interventions for Children Who Have Suffered Trauma
- Resilience and Coping Skills in Teens
- Helping Youth and Families
- Building Trauma Competent Healing Foster and Adoptive Families
- Grief and Loss
- Sexual Abuse
- Mental Health Issues
- Trauma-Informed Case Management
- The Impact of Trauma
- Mentoring Children Who are in Substitute Care
- Death and Dying

- Unresolved Trauma
- Trauma and the Brain
- Trauma-Informed Discipline
- Secondary Trauma for Caregivers
- Addiction
- Attachment and Trauma

Addressing Secondary Trauma Within the Public Children Services Agency Workforce

As part of Ohio’s application for the 21st 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 children services 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. These materials remain available on-line for staff to easily access. 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. The OCWTP connects learners to these courses via E-Track, the OCWTP’s learning management system. Although the OCWTP cannot track the total number of learners who completed the OhioMHAS courses, they can provide data on the number of learners who take the courses and, upon completion, submit their certificate to the OCWTP. The data below represents the number of learners who submitted a certificate of completion to the OCWTP for the OhioMHAS courses from July 1, 2021 through March 31, 2022.

Course Title	# of Completions
Secondary Trauma for Child Welfare Workers	26
Trauma Informed Approaches	14
Self-Care for Foster Parents - Preventing Secondary Trauma	13
Secondary Trauma for Administrators/Organization Transformation	5

From July 1, 2021 through March 31, 2022, the OCWTP offered numerous instructor-led training sessions on secondary trauma to caseworkers and supervisors.

	Caseworkers	Supervisors
# of Sessions	13	13
# of Learners	343	156

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 children services 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 children services 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 children services 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. This initiative:
 - Comparatively examined the effectiveness of cross-system practices among 3 pilot sites;
 - Enhanced tele-medicine options and provision of prescriber peer support;
 - Established clinical treatment guidelines based on aggression, attention, and mood symptomology;
 - Launched a website, www.Ohiomindsmatter.org to increase knowledge and promote best practices; and
 - Co-developed a shared decision-making toolkit with foster youth to facilitate effective patient-provider discussions regarding health care, <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/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 services, 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 historical 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:

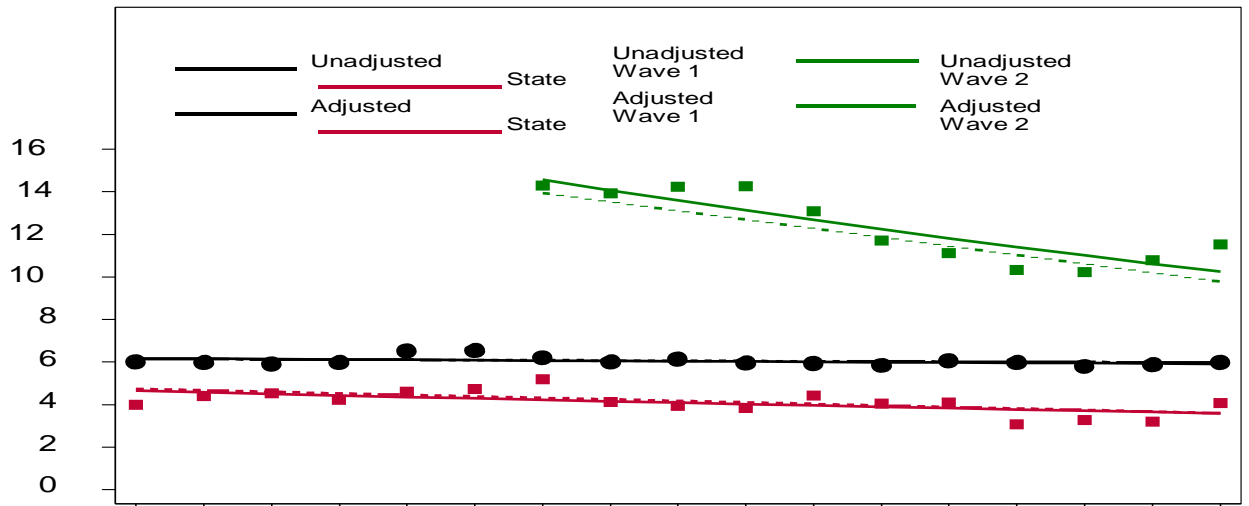
- Summit, Portage, Trumbull, and Stark Counties;
- Franklin, Licking, Fairfield, Muskingum, and Perry Counties; and
- Montgomery, Greene, Miami, and Clark Counties.

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, children services agencies, juvenile courts, youth services, medical associations, and health plans. Through this effort, participating members sought to:

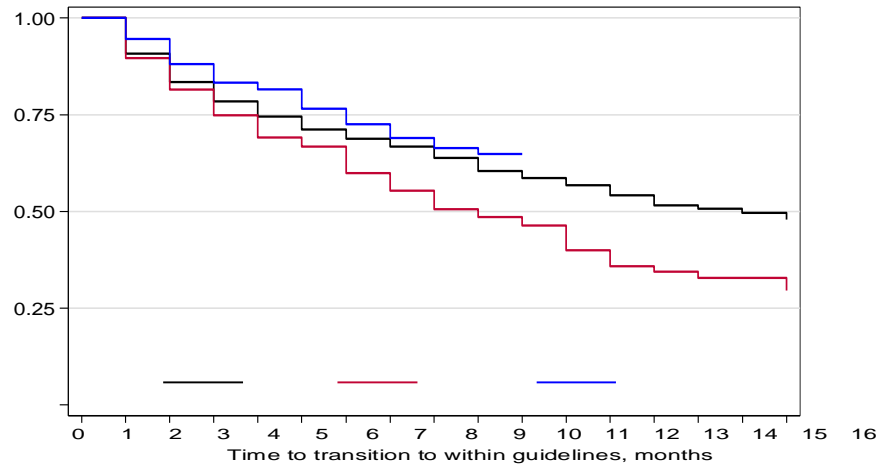
- Improve care among clinicians through training, data feedback and rapid cycle quality improvement interventions;
- Advance consumer empowerment through education and shared decision-making; and
- Improve access to care and service coordination through community collaboration.

Clinical Results:

Reduced prevalence of ≥ 2 AAPs by 25%



**Children's length of exposure to ≥ 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 a 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 and Technical Assistance

During this reporting period, ODM and ODJFS refined and expanded the medication data analysis process which focuses on psychotropic and opioid medication use by children in foster care. The initial methodology continues to require individual Ohio counties to send to the foster child's basic demographic information to the managed care organization (MCO). In response, the MCO returns to the county all pharmacy claims dispensed on those children for the last twelve months. The returned file is analyzed to compare the medications dispensed with the information recorded in SACWIS. For more information, please visit:

<https://medicaid.ohio.gov/static/Providers/ManagedCare/PolicyGuidance/PCSA-Medication-Report.pdf>

The results of this comparative process are then provided to counties, and best practice strategies are discussed. The reports provide analyses on the percent of children with correctly recorded prescriptions; summary data on the number of children prescribed each medication; and detail level prescription information for each child. Contextual data is included in the report which specifies the percent of children in foster care by age who had the following psychotropic classes dispensed during the review month: ADHD Stimulants; ADHD Non-Stimulants; Antidepressants; Antipsychotics; Mood and Behavior; Opioids; and Antianxiety.

ODJFS conducted two reviews on the use of psychotropic medications of children in foster care in selected counties. The counties reviewed included Adams, Allen, Ashtabula, Belmont, Columbiana, Cuyahoga, Fairfield, Franklin, Guernsey, Hamilton, Hocking, Knox, Licking, Lorain, Lucas, Mahoning, Montgomery, Ross, Scioto, Summit, Vinton, Williams. The reviews were conducted in April 2021 and October 2021, with samples drawn in October 2020 and April 2021, respectively. The Technical Assistance Specialist (TAS) of each county provided the results to the county. Following the reviews in April 2021, counties created and implemented improvement strategies to address any concerns identified. The reviews in October 2021 provided the conclusion of the improvement cycle.

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.

Participating pediatric psychiatric hospitals include Akron Children's Hospital – Division of Pediatric Psychiatry and Psychology; Nationwide Children's Hospital – Psychiatry and Community Behavioral Health; University of Toledo Medical Center – Child and Adolescent Psychiatry; Cincinnati Children's Hospital – Division of Child and Adolescent Psychiatry. Participating psychiatrists are employees of their respective institutions.

Building Mental Wellness

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 children services, courts, schools, and mental health systems that frequently interface with the children and their families/caregivers. To view these, go to the Academy of Pediatrics website:

- [Building Mental Wellness Abnormal Developmental Screening - Ohio Chapter, American Academy of Pediatrics \(ohioaap.org\)](#)
- [Building Mental Wellness \(BMW\) Purposeful Parenting - Ohio Chapter, American Academy of Pediatrics \(ohioaap.org\)](#)
- [Resources for Families - Ohio Chapter, American Academy of Pediatrics \(ohioaap.org\)](#)

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).

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 Medication Toolkit for Public Children Services Agencies

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 public children services agencies. 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 public children services agency's policies (i.e., Lucas, Summit). Information regarding appropriate dosages and "red flag" use was provided by ODM pharmacists.

During this reporting period, the Toolkit was revised to include updated information about new, commonly prescribed medications. To view the current version, go to Appendix C-1 ***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 best 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:

- Alisha Nelson, Director RecoveryOhio, Chairwoman
- Lori Criss, Director OhioMHAS, Vice Chairwoman
- Annette Chambers-Smith, ODRC, Vice Chairwoman
- Amy Andres, Ohio Hospital Association
- Beth Bickford, Association of Ohio Health Commissioners
- Pastor Greg Delaney, Woodhaven, and Reach for Tomorrow Ohio
- Juliet Doris Williams, Executive Director, The P.E.E.R. Center
- Joan England, Executive Director, The Mental Health & Addiction Advocacy Coalition
- Dale Foerster, Starr Manufacturing
- Shea Fraser, Recovery Advocate
- Orman Hall, High Intensity Drug Trafficking Area, Ohio University
- Dr. Navdeep Kang, BrightView
- Teresa Lampl, Associate Director, Ohio Council of Behavioral Health & Family Service Providers
- Steven Massey, CitiLookout Counseling Center
- Judge David Matia, Cuyahoga County Common Pleas Court
- 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

- Justice Evelyn Lundberg Stratton, Retired, Project Director, The Stepping Up Initiative
- Ted Strickland, Former Governor of Ohio
- Dr. Julie Teater, Ohio State University, Talbot Hall
- John Tharp, Lucas County Sheriff
- Cheri L. Walter, CEO, Ohio Association of County Behavioral Health Authorities
- Robert Ware, Chief, Worthington Police Department

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 effort to provide a full continuum of care for Ohioans in recovery and their families. Implementation of these recommendations has been organized under the following prioritized work areas:

- Stigma and Education;
- Prevention;
- Treatment and Recovery Supports;
- Parity;
- Specialty Populations;
- Harm Reduction;
- Workforce Development; and
- Data Measurement and System Linkage.

Achievements made toward implementing the recommendations during this reporting period are captured under each of the individual priorities. To view them, go to: [2020 Annual Review | RecoveryOhio](#).

RecoveryOhio, along with the Ohio Narcotics Intelligence Center (ONIC), joined with more than 13 tri-state law enforcement and treatment agencies in southern Ohio in April 2022 for the first coordinated drug/outreach saturation event. The effort was aimed at removing drugs from the

streets as well as connecting individuals with substance use disorder to the help and treatment they need. The event combined the efforts of drug task forces, law enforcement agencies, quick response teams, and harm reduction and treatment providers from Ohio, West, Virginia, and Kentucky for a comprehensive approach to the addiction crisis in southern Ohio. RecoveryOhio supported the mission by working with local agencies to have 150 Naloxone kits and 150 prescription drug disposal bags on hand.

Health Opportunity:

Governor Mike DeWine created The Office of Health Opportunity (OHO) within the Ohio Department of Health to eliminate population level health disparities by aligning and focusing strategic resources on communities with the highest levels of need to advance the health and well-being of all Ohioans by:

- establishing equity at the center of public health;
- improving clinical care and interventions for the most vulnerable;
- elevating and addressing the social determinants of health; and
- ensuring an equitable response to COVID-19.

In April 2022, OHO began working on a proposal for Youth Health Townhalls which will provide an opportunity for young people across Ohio to voice their concerns, observations, and suggestions related to their health and wellness.

Multi-System Youth Initiative:

Under Governor DeWine's administration, targeted investments have been made to support the needs of families whose children struggle with multi-system needs. More than \$31 Million were designated in the SFY20 and SFY21 budgets to provide services and supports for children at risk of custody relinquishment solely for the purpose of obtaining necessary treatment, and to help offset PCSAs' responsibility for payment of costly congregate care for children already in their custody. At the time of this writing, on-going support for this work has been proposed, and is being considered through the Ohio General Assembly's budget process.

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 April 30, 2022, 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 1,030 applications from 82 counties (127 of which were for technical assistance only). As of that date, Ohio had allocated over \$33 Million to serve 818 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.

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>.

At the submission of the previous update, full state fiscal year data was not fully available. In order to have a more holistic view of data, both state fiscal year 2021 annual data (July 1, 2020 – June 30, 2021) and state fiscal year 2022 semi-annual data (July 1, 2021 – December 31, 2021) is found below.

July 1, 2020 – June 30, 2021:

- Total Number of Families Served: 3,503
- Total Number and Ages of Children Served by Age:

Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
	134	831	1,099	1,352	87	3,503

- 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.

In order of frequency, the presenting needs were as follows:

- Mental Health: 2,170
- Special Education: 1,141
- Developmental Disability: 1,072
- Poverty: 1,037
- Unruly Behavior: 710
- Autism Spectrum Disorder: 621
- Delinquency: 337
- Child Abuse: 332
- Child Neglect: 310
- Primary Care Physician Linkage: 260
- Alcohol/Drug Disorder: 254
- Physical Health: 218
- Early Intervention Need: 70

July 1, 2021 – December 31, 2021:

- Total Number of Families Served: 3,503
- Total Number and Ages of Children Served by Age:

Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
	24	236	378	524	24	1,186

- 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.

In order of frequency, the presenting needs were as follows:

- Mental Health: 585
- Developmental Disability: 187
- Unruly Behavior: 97
- Autism Spectrum Disorder: 85
- Poverty: 49
- Delinquency: 48
- Child Neglect: 37
- Physical Health: 24
- Child Abuse: 12
- Alcohol/Drug Disorder: 12
- Early Intervention Need: 11
- Primary Care Physician Linkage: 0

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:

[2019OhioStateHealthAssessment_SummaryReport_ES_Final.pdf \(healthpolicyohio.org\)](https://www.healthpolicyohio.org/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
- **Strategies:**
https://www.healthpolicyohio.org/wp-content/uploads/2020/06/2020_2022_StateHealthImprovementPlan_StrategyQuickGuide_Final.pdf

In April 2021, HPIO released an updated Health Value Dashboard. This document illustrates the state's rankings for health conditions, outcomes, spending, and access to services. It also provides information about COVID impacts on Ohio's citizens, health disparities, and strategies for improvement. To view the Dashboard, go to:

https://www.healthpolicyohio.org/wp-content/uploads/2021/04/2021_HealthValueDashboard_FINAL.pdf

In August 2021, HPIO presented a forum "Innovations in Access to Care" to ensure access to high quality behavioral healthcare. In coordination with the Children's Defense Fund Ohio and Mental Health & Addiction Advocacy Coalition, the forum shared *Mind the Gap*, a report detailing systems and unmet needs that impact behavioral health for young Ohioans addressing parity, funding, workforce, and racial equality amongst other topics. In addition, the forum included discussions regarding improving access to health care. The *Mind the Gap* executive summary can be accessed at [2021-Exec Summary FINAL-version-4.14.2021.pdf \(netdna-ssl.com\)](#)

COVID-19 Pandemic Home Visiting Screening Guide

The Ohio Department of Health led a workgroup of state agencies to create a guide for face-to-face home visits early in the COVID-19 pandemic. Other state offices that participated included the Ohio Departments of Aging, Developmental Disabilities, Medicaid, Commission on Minority Health, and Job and Family Services. Ultimately, due to differences in children services policy and practice during the pandemic, ODJFS did participate but did not request inclusion on the guide. The state agencies met, ongoing, to create and then update a Home Visiting Guide. The most current Home Visiting Screening Guide can be found at: [Home Visiting Screening Guide | Ohio Department of Health](#)

Managed Care, OhioRISE, Medical Homes:

Managed Care:

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 has been 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 children services system, and young adults who have emancipated from care. This Section is jointly funded through ODM and ODJFS.

The ODM has been preparing for implementation of their Next Generation of Ohio Medicaid initiative to further expand and support Medicaid-covered children and youth under 21. The first step is the selection of Managed Care plans for the Next Generation of Ohio Medicaid. In August 2021, the ODM finalized the managed care plans that will coordinate Medicaid-funded services for Ohio's 3 million members, their families and service providers. The Plans selected were:

- United Healthcare Community Plan of Ohio, Inc.
- Humana Health Plan of Ohio, Inc.
- Molina Healthcare of Ohio, Inc.
- AmeriHealth Caritas Ohio, Inc.
- Anthem Blue Cross and Blue Shield
- CareSource Ohio, Inc.
- Buckeye Health Plan

OhioRISE:

In December 2020, ODM, in partnership with the Governor's Office of Children's Initiatives and the Ohio Family and Children First Cabinet, announced the launch of OhioRISE (Resilience through Integrated Systems and Excellence). This initiative has been designed to better address the needs of children with complex challenges and multi-system involvement.

As noted in the graphic below, on any given day, approximately 140 Ohio children are placed in out-of-state facilities, often in Psychiatric Residential Treatment Facilities. One goal of OhioRISE is to ensure access to appropriate treatment options through intensive case management, and expansion of in-state provider networks. OhioRISE is slated to begin operations July 1, 2022.

New services that will be available through OhioRISE include:

- Intensive and Moderate Care Coordination: Moderate and intensive levels of care coordination will be implemented under the principles of High-Fidelity Wraparound model and delivered by a Care Management Entity-qualified agency;
- Intensive Home-based Treatment: Ohio's existing IHBT services will be changed and aligned with those of the Family First Prevention Services Act;
- Psychiatric Residential Treatment Facility: This service will be designed to keep youth with the most intensive behavioral health needs in-state, and closer to their families and support systems.
- Mobile Response and Stabilization Services: This service will provide youth in crisis and their families with immediate behavioral health services to ensure they are safe and receive necessary supports and services. (Note: This service will also be available to children who are not enrolled in Ohio Medicaid.)
- Behavioral Health Respite: This service will provide short-term, temporary relief to the primary caregiver(s) of an OhioRISE enrolled youth.
- Flex Funds: Flex funds will support services, equipment, or supplies not otherwise

provided through the Medicaid state plan or OhioRISE Program that address an identified need in the case plan.

- **1915(c) Waiver:** This unique waiver provides an opportunity for at-risk children who are not otherwise eligible to become part of the Medicaid OhioRISE program. The waiver will cover services such as transitional services and supports (TSS), out-of-home respite, secondary flex funds for customized goods and services not otherwise provided.

Ohio | Department of Medicaid

OhioRISE (Resilience through Integrated Systems and Excellence)

Ohio's Current System for Kids with Multi-System Needs

Over 40% of kids over age 15 in the child welfare system are in congregate care **40%**

140 kids per day are receiving care out of state - a 200% increase in kids per year compared to 2016 **2016 - 2020 ↑ 200%**

38% of Youth with Multi-System Needs have individuals in their families with a history of OUD, SUD, and/or SED primary diagnosis **38%**

What The Evidence Tells Ohio

Kids with the most complex multi-system needs require a very different type of care coordination.

A specialized managed care organization (MCO) with expertise in providing services for the most complex multi-system youth

- Specialized MCO**
ODM will procure a special type of MCO – a prepaid inpatient health plan (PIHP) – to ensure financial incentives and risks are in place to drive appropriate use of high quality behavioral health services.
- Shared Governance**
OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.
- Coordinated and Integrated Care & Services**
OhioRISE brings together local entities, schools, providers, health plans, & families as a part of our approach for improving care for enrolled youth.
- Prevent Custody Relinquishment**
OhioRISE will utilize a new 1915c waiver to target the most in need and vulnerable families and children to prevent custody relinquishment.

To be eligible for OhioRISE Service, children/young adults must be:

- Enrolled in Ohio Medicaid—either under managed care or fee-for-service;
- Be under the age of 21;
- In need of significant behavioral health service; and
- Meet a functional needs threshold for behavioral health care, as identified by the Child and Adolescent Needs and Strengths (CANS) tool.

To view the Governor DeWine’s and ODM Director Corcoran’s announcements about the program, go to: <https://www.youtube.com/watch?v=09KHWbyH5fU&t=237s>

For Ohio Medicaid managed care youth members who are not enrolled in the OhioRISE plan, Ohio Medicaid Managed Care Organizations (MCOs) and the fee for service program will continue coverage for the Medicaid’s existing behavioral health services and Mobile Response and Stabilization Services. MCOs will also manage administrative care coordination, utilization management, and quality improvement efforts. The Ohio Medicaid MCOs also will be responsible for assuring access to the Child and Adolescent Needs and Strengths (CANS) assessment to determine when a child needs the enhanced services of the OhioRISE plan.

In April 2021, it was announced that Aetna was chosen as the vendor to implement OhioRISE.

For more detailed information about OhioRISE please visit:

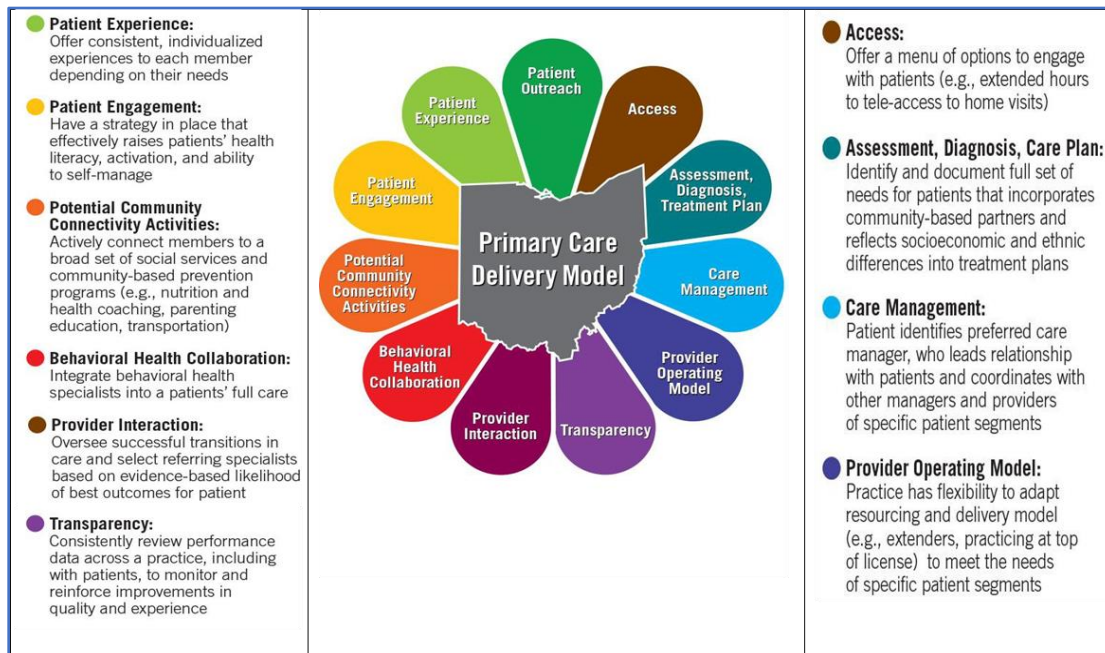
<https://managedcare.medicaid.ohio.gov/managed-care/ohiorise/ohiorise>.

Single Pharmacy Benefit Manager:

As part of the Next Generation Ohio Medicaid, pharmacy benefits will be administered through a single pharmacy benefit manager (SPBM) rather than the child’s MCO. This should provide more choice is selecting a pharmacy due to fewer restrictions. The SPBM will also include the implementation of a single set of clinical and prior authorization policies and claims process.

Medical Homes:

The transition to a managed care healthcare delivery system also aligned with Ohio’s vision for utilizing Primary Care Medical Homes (PCMH). Ohio’s Comprehensive Primary Care (CPC) and CPC for Kids programs utilize the patient-centered medical home (PCMH) model, a team-based care delivery model led by a primary care practice that comprehensively manages a patient’s health needs. These programs are an investment in primary care infrastructure intended to support improved population health outcomes. CPC began in 2017 and as of writing has 304 total Primary Care Practices with specifically 126 CPC for Kids entities.



In 2022, 281 Practices from 2021 re-attested for 2022 and 23 new Practices joined; in addition, there were six newly formed partnerships.

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.

Ohio's Medicaid School Program is jointly coordinated by the Ohio Departments of Medicaid and Education. Direct MSP providers include traditional school districts and community schools; however, other entities (e.g., Educational Service Centers) may also be contractually involved in the program.

During the COVID-19 pandemic, these services were allowed to be delivered by way of telehealth.

The COVID-19 pandemic has caused continuing stress affecting mental health needs in young people. The Ohio Department of Education created *Supporting School Wellness Toolkit* which is a collection of resources for students, families, teachers, administrators, and communities. To review the toolkit, go to [Supporting School Wellness Toolkit | Ohio Department of Education](#).

On March 20, 2020 Governor Mike DeWine announced the launch of a telehealth pilot project to expand telehealth throughout the state in Ohio's K-12 School System. Partnering with InnovateOhio, BroadbandOhio, the Ohio Departments of Education, Mental Health and Addiction Services, and Medicaid, the objective is to connect the school district with behavioral health services while also providing high-speed internet connections to Ohioans who have been left behind. The pilot project connected students with behavioral health providers in one remote Ohio School District. Phase One of the pilot was completed in February 2021 with a fully operational program in which the districts over 2,000 students have access to mental health counselors in real time. Due to the remote area of the state, a counselor would have a commute of up to 60 minutes

to reach a child in need. The state is currently searching for a statewide telehealth administrator to further this program expansion.

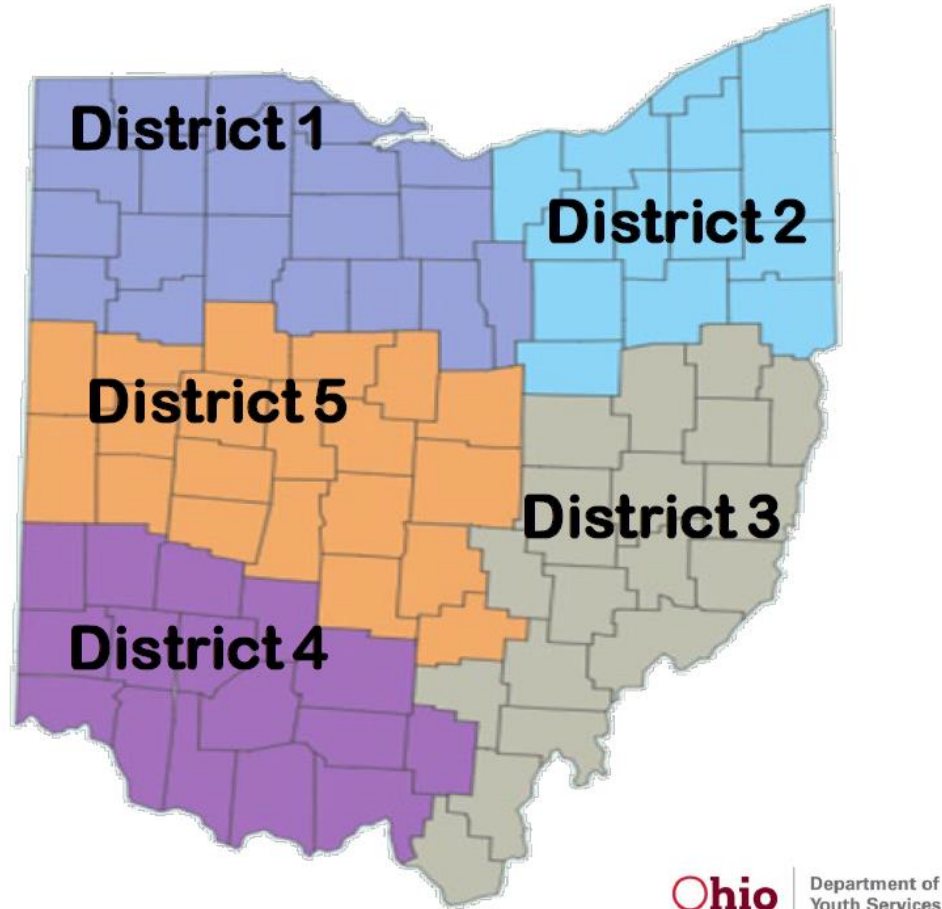
Dental Care

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

- The Oral Health Program (OHP) provides funding to local agencies to implement and maintain school-based dental sealant programs. With parental consent, teams of dental hygienists and dental assistants place sealants on children's teeth in schools that serve a higher proportion of children from lower income families.
- The OHP provides funding to support safety net dental programs which provide dental care to people on Medicaid, and offer sliding-fees, reduced fees or free care to patients who don't have dental insurance or can't afford to pay a private dentist. The dental "safety net" includes public dental clinics, dental care provided to schoolchildren, and mobile/portable dental care programs (e.g., mobile dental vans). These programs provide basic dental care such as exams, X-rays, fillings, extractions, root canals and dentures.
- The OHP provides funding to support the integration of oral health in prenatal services. Two prenatal services providers are funded to provide oral health assessment, education, and case management for dental treatment to support the oral health of prenatal patients.
- The OHP provides training and resources to non-dental health care professionals (e.g., early childhood education providers, primary care providers, WIC, Home Visiting) to help them conduct oral health assessments, provide anticipatory guidance, apply fluoride varnish, and make referrals for dental treatment.
- The OHP promotes infant oral health through a public awareness campaign aimed at parents and caregivers that provides tips on how to take care of a baby's mouth.
- The OHP promotes community water fluoridation, one of the most effective ways to prevent tooth decay in children.
- Healthy Start/Healthy Families is one of Ohio's Medicaid programs through which children (up to age 19), pregnant women and families can obtain low-cost dental care.
- Dentist and dental hygienist loan repayment programs allow dentists and dental hygienists who are providing dental care 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 14-21, 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, Adjudicated Youth and Pregnant and Parenting teens*, five district collaboratives have been established to comprehensively assess and address the needs of these high-risk populations. The districts 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 deliver areas of this statewide initiative.



PREP trains service providers how to conduct training on the evidence-based, *Reducing the Risk (RtR)* and *Making Proud Choices! (MPC)* pregnancy prevention models, 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 and a parent communication program *Beyond the Birds and the Bee's* are also implemented with the two evidenced based models. 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.

During the COVID-19 pandemic, this work transitioned under PREP Pandemic Pivot.

- The program transitioned all the evidenced based curriculum, data collection tools and the Birds and the Bee's Curriculum to virtual platforms.
- The program-initiated technology accessibility programs in all 5 districts making technology and equipment available to any agency or youth who needed the services.
- One of the districts implemented a touchless delivery system for program materials. This ensured partners could receive the materials needed to implement programs when we were unable to travel in a safe a way.
- The program added a mindfulness social emotional learning component (Breath4 Change) to help youth and staff better handle stress and anxiety during the pandemic.
- The program increased our professional development and awareness in Diversity Equity and Inclusion across the state to ensure all youth and community partners felt safe within the program.
- The program trained over 100 parents, foster care providers, and youth severing professionals in our Beyond the Birds and Bee's program, which teaches adults working with or parenting youth how to answer questions young people may have about sex.

Infant and Early Childhood Mental Health Consultation

OhioMHAS, in partnership with ODJFS, supports Ohio's Infant and Early Childhood Mental Health Consultation (IECMHC) Program designed to improve social and emotional wellness 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.

IECMH Consultation focus its resources to help children succeed in early learning environments by building the skills and competencies of the adults who care for young children. For children that may be at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development, IECMH Consultants work to connect these families to needed services including pediatric or behavioral health, early intervention, home visiting, special education and/or child protective services.

The Ohio Preschool Expulsion Prevention Partnership (OPEPP) is a free, statewide program that aims to reduce the rate of expulsions in preschool age children. The resource is available to any childcare, preschool or family childcare provider licensed by ODJFS or ODE to receive tools and resources to manage challenging behaviors. For additional information regarding this service, please visit:

<https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/ohio-preschool-expulsion-prevention-partnership>

A 2019 study published by Yale University empirically validates the success of Ohio's Whole Child Matters IECMH Consultation Services in demonstrating statistically significant improvements across all protective factors of Attachment, Initiative, Self-Regulation and Behavioral Concerns as measured by Devereux's Early Childhood Assessment (DECA).

IECMHC 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 Climate of Healthy Interactions for Learning and Development (CHILD)*; *Conscious Discipline*; and *The Positive Parenting Program (Triple P)*. To learn more about Ohio's Early Childhood Mental Health initiative, go to:

[Early Childhood Mental Health | Department of Mental Health and Addiction Services \(ohio.gov\)](#)

OhioMHAS also continues to distribute *Grow Power~ Ohio Kids Matter* and the next generation toolkit *You are Loved*. These toolkits provide information to parents and caregivers to promote their child's social-emotional development. To view the toolkit materials, go to: <https://mha.ohio.gov/community-partners/early-childhood-children-and-youth/early-childhood-mental-health/grow-power-packet>

Maternal Opiate Medical Support (MOMS) Program

Because the majority of opioid dependent pregnant women in Ohio have often not been engaged in prenatal treatment, Ohio launched the *Maternal Opiate Medical Support (M.O.M.S.)* project. This initiative was collaboratively designed by healthcare leaders, stakeholders, and medical professionals to improve maternal and fetal health outcomes, improve family stability, and reduce costs of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program.

Strategies to achieve these goals included:

- Use of Medication Assisted Treatment;
- Trauma- Informed, Gender-specific Behavioral Health counseling;
- Service Delivery through a Maternity Care Home (MCH) model of care;
- Coordinated case management; and
- Provision of non-clinical services needed to promote recovery (e.g., housing, childcare, transportation, employment support).

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.

Compared to a matched Medicaid comparison cohort, evaluation outcomes demonstrated that 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.

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 continued to support the MOMS program through support from the federal State Opioid Response grant. Currently, 11 MOMS programs have been funded throughout the state, and they are successfully treating prepartum and postpartum women. Ohio MOMS programs have monthly dialogues with one another as part of their MOMS learning community to encourage best practices with this population. For more information about MOMS, go to: <http://momsohio.org/>

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.



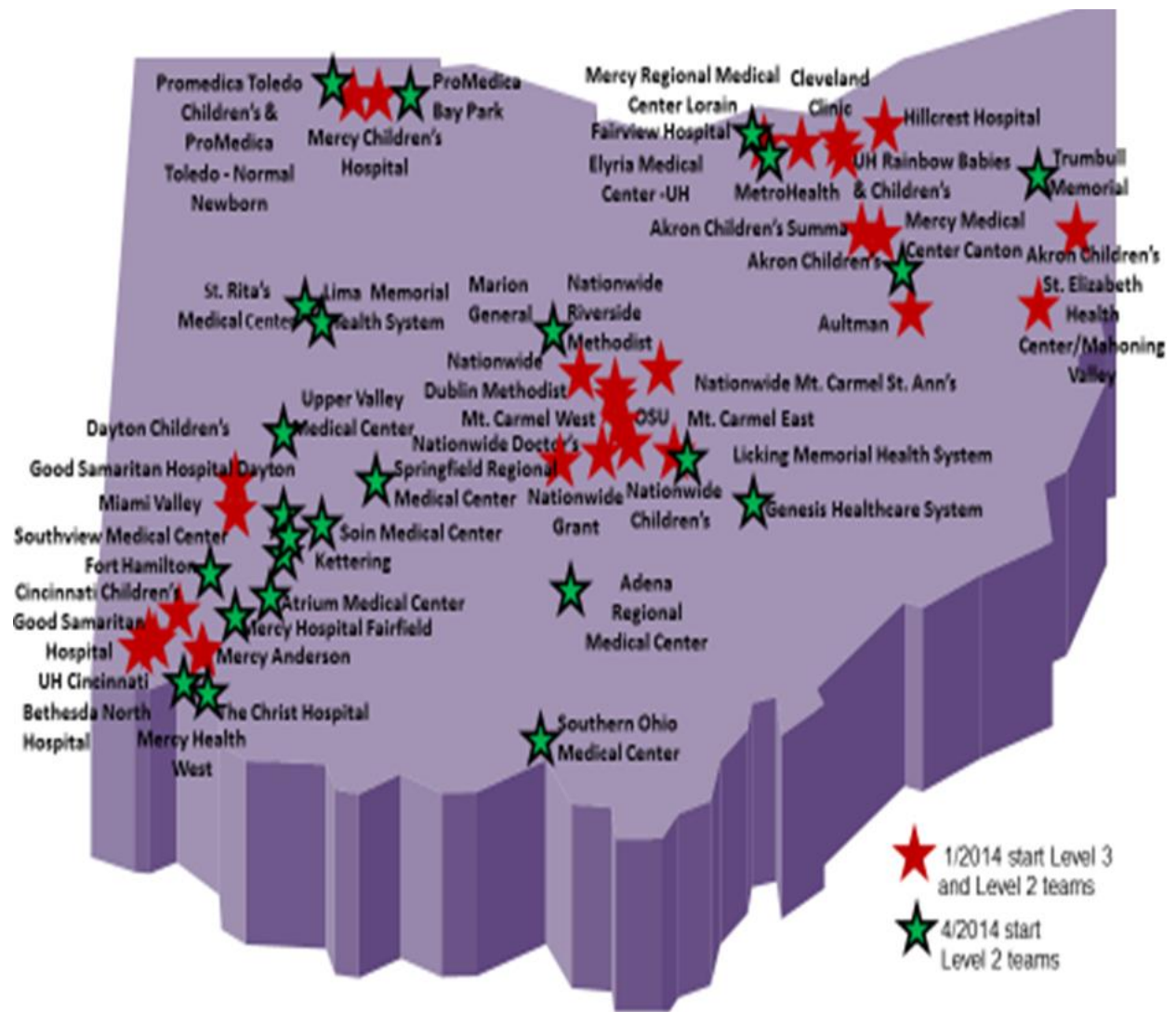
The goals of this project were to:

- 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.



Throughout its implementation, the Ohio's Neonatal Abstinence Syndrome Project developed clinical tools and protocols that remain in use today. These include:

- **Pause before you Prescribe:**
[https://static1.squarespace.com/static/5e8f4e2a4eaf8154a7c9c939/t/5f80797ab5183d5330550386/1602255227541/OPOC-NAS Provider Handout-03-b+%2800000002%29.pdf](https://static1.squarespace.com/static/5e8f4e2a4eaf8154a7c9c939/t/5f80797ab5183d5330550386/1602255227541/OPOC-NAS+Provider+Handout-03-b+%2800000002%29.pdf)
- **Resources for Prescribing Physicians:**
<https://static1.squarespace.com/static/5e8f4e2a4eaf8154a7c9c939/t/5f8079a6c1af6d45dc042525/1602255271210/Resources+for+Prescribing+Clinicians.pdf>
- **A Mother's Journey Through Addiction:** <https://vimeo.com/100335753>
- **Finnegan NAS Scoring Tool:**
<https://static1.squarespace.com/static/5e8f4e2a4eaf8154a7c9c939/t/5f807a1671fad318c31eda40/1602255383987/Finnegan+Neonatal+Abstinence+Scoring+Tool+OPOC+w+cc.pdf>
- **Medication guidelines to treat infant withdrawal:**
<https://static1.squarespace.com/static/5e8f4e2a4eaf8154a7c9c939/t/5f8876eea46ded5264d69ce9/1602778864031/OPOC+Recommended+NAS+Protocol+Changes+2017.pdf>
- **Understanding NAS as a Chronic Illness:** <https://vimeo.com/87682516>
- **NAS- Guide for Families:**
https://static1.squarespace.com/static/5e8f4e2a4eaf8154a7c9c939/t/5f8079d2e1e4dd0d523cfb42/1602255325601/opqc_nas_parent_guide_092914.pdf

MOMS + (Plus)

Based on the success of the NAS project, the Ohio Perinatal Quality Collaborative (OPQC) launched 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.

MOMS + is designed to better coordinate care provided by obstetricians, medication assisted treatment (MAT) providers, behavioral health clinicians, and neonatal specialists/pediatricians. The project is built upon a “Mentor-Partner” strategy that utilizes the expertise of faculty who provide successful maternity medical homes for pregnant women with Opioid Use Disorders (OUD) and those who developed and implemented the NAS care protocols. Hospitals serve as the lead agencies for these projects, and the facility serve as mentors to build the skills and capacity of local 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.



The MOMS+ Project ended in June of 2020 amid the COVID-19 pandemic. As this program ended, and in order to provide a total continuum of care, the OPQC created the Maternal-Infant Dyad Project (see next section).

OPQC – Maternal-Infant Dyad Project:

At the beginning of 2022, the Ohio Perinatal Quality Collaborative launched the initiative “Mother-Infant Dyad Project.” The project aims to build further on the MOMS+ Project to optimize post-partum support through the first 12 months for the dyad, the mother with OUD and her baby, by June 30, 2023. The key themes include:

- Providing prioritized, seamless, and integrated care coordination;
- Removing barriers to integrated medical and behavioral services; and
- Ensuring child safety and health while maintaining parental trust.

Interventions are implemented based on key drivers of the design that include:

- Evidence based clinical care;
- Accessible integrated person-centered care;
- Effective transition to primary care;
- Strengths based, inclusive, and empowering culture of care; and
- System policies support care.

Project information including a Key Driver Diagram, Charter, and provider resources can be accessed at: [Mother-Infant Dyad Project — OPQC](#)

NCSAW Practice & Policy Academy – Ohio:

The Ohio Departments of Mental Health and Addiction Services, Job and Family Services, Health, Developmental Disabilities, and Medicaid along with the Supreme Court of Ohio, Ohio Perinatal Quality Collaborative, Cincinnati Children’s Medical Center, and Fairfield County Job and Family Services participate in the National Center on Substance Abuse and Child Welfare (NCSAW) sponsored Practice & Policy Academy. The participating sites are comprised of cross-agency and cross-system partners from Alaska, Arizona, Indiana, Nebraska, Ohio, Oklahoma, South Dakota, and Riverside, CA. The goal is to enhance each state or county’s capacity to meet the needs of infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, and their families and improve outcomes for mothers, their infants, families, and caregivers. More information on Ohio’s engagement can be accessed at: [FINALProfile_Ohio.pdf \(cffutures.org\)](#)

Comprehensive Addiction and Recovery Act (CARA Implementation):

As part of the CARA implementation, the Ohio Mental Health and Addiction with oversight provided by Children and Family Futures launched the Practice and Policy Academy and brought together all of Ohio’s State agencies (Developmental Disabilities, Ohio Department of Health, ODJFS, PCSAs, hospitals, clinics, mental health). The Practice and Policy Academy developed the *Healthy Families Handbook*. This handbook contains a diverse array of trainings to support families impacted by substance use disorder. The handbook can be found at:

[Healthy Families Handbook | Department of Mental Health and Addiction Services \(ohio.gov\)](#)

Appendix C-1

Psychotropic Medication Toolkit for Public Children Services Agencies