

Joint Medicaid Oversight Committee

OhioRISE Prepared Materials

May 29, 2025



Department of
Medicaid



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Section 1

Testimony

Director Maureen Corcoran

Director Maureen Corcoran,

Ohio Department of Medicaid



Mike DeWine, Governor

Jim Tressel, Lt. Governor

[MEDICAID.Ohio.gov](https://www.MEDICAID.Ohio.gov)

Maureen M. Corcoran, Director



Joint Medicaid Oversight Committee

May 29, 2025

Testimony re: OhioRISE:

Resilience through Integrated Systems and Excellence

Mr. Chairman, Vice-Chairman Romanchuk and Ranking Member Liston, thank you for the opportunity to address you today about OhioRISE.

I'm going to take the first 15 minutes to discuss the design and key elements of OhioRISE. I am honored to be joined by Director LeeAnne Cornyn and a distinguished panel of individuals who will tell you more about the journey that we have been ...leading up to the Implementation of OhioRISE on July 1, 2022.

- **Ohio Department of Medicaid – Dir. Corcoran**
 - o OhioRISE and the System of Care

- **Panel Discussion – OhioRISE and the System of Care**
 - o **Shared Governance**
 - *Ohio Department of Mental Health and Addiction Services, Dir. LeeAnne Cornyn*
 - **Key Message:** *Collaboration across systems, statewide and local; MHAS develops policy and systems; ODM has MCOs – this is a handshake of systems*
 - **Additional Themes:** *historical, collaboration on service development – role with Care Management Entities*
 - o **Care Managed Entity**
 - *Cadence Care, Matt Kresic*
 - **Key Message:** *CME as SOC Member*
 - **Additional Themes:** *HFW, respite and IHBT pre-OhioRISE; Working with PCSA/SOC partners – care coordination, transitions between settings and systems*
 - *Positive Education Program, Habeebah Grimes*
 - **Key Message:** *CME and patient care*

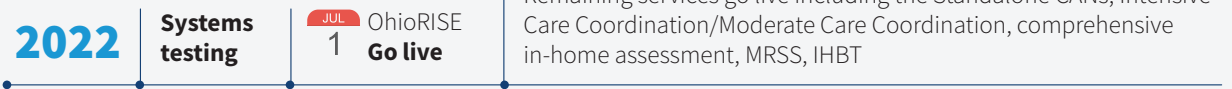
OhioRISE

a timeline

STORK



NEWBORN



INFANT



TODDLER



CHILD	ADOLESCENT	YOUNG ADULT	ADULT
<ul style="list-style-type: none"> Additional Program Development Capacity building – respite services Population Health and quality improvement projects 	<ul style="list-style-type: none"> Value-based contracting Rapid Cycle Quality Improvement Enhanced services for population needs like fire setting, eating disorders, developmental disabilities 	<ul style="list-style-type: none"> Improve linkages to behavioral health services as members transition into adult hood Statewide MRSS available 24/7 	<ul style="list-style-type: none"> Regular assessment of system of care implementation Regular assessment of specific services and supports

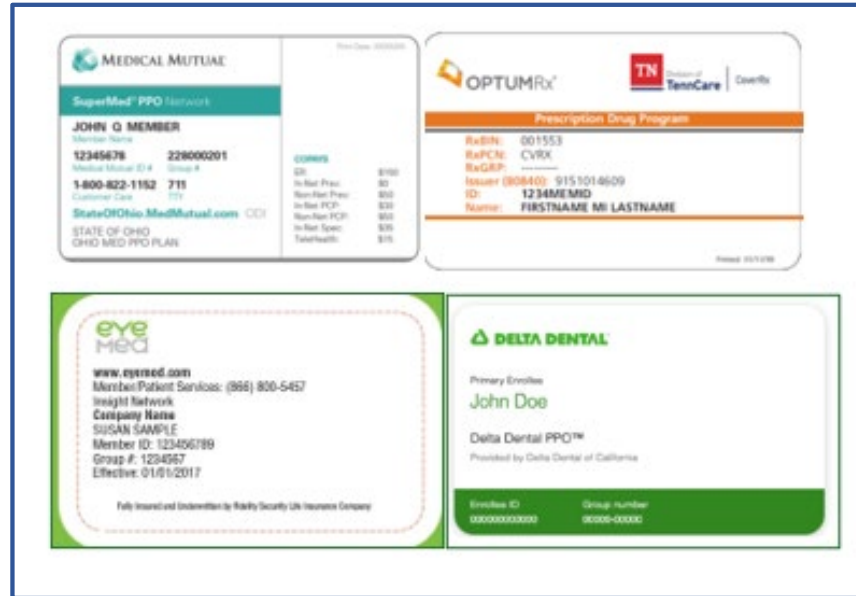
“For much of what we do, we will not see the results in the life of this administration, nor in some people’s cases, in our lifetimes. Yet we do these things nonetheless, grounded in the faith and grounded in hope that we can change the future.” – **Governor DeWine**, Inaugural Address 2019

Is OhioRISE a Managed Care Plan?

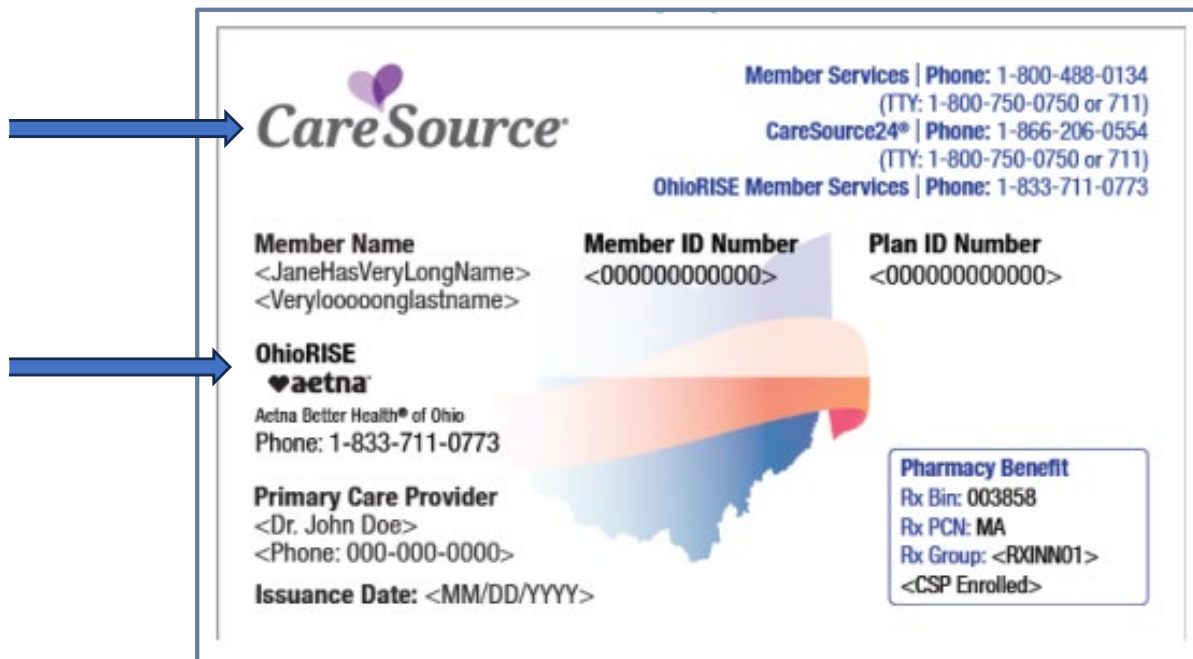
Yes, OhioRISE is a managed care plan, but we often refer to it as a “specialty” managed care plan. So, what does that mean?

Let’s take Maureen Corcoran, an employee for the State of Ohio.

Example of Health Benefits State Employee Medical Mutual...Optum RX...Eye Med...Delta Dental



And now let’s look at an example of OhioRISE



The Specialized Behavioral Health Services are Expanded or New.

OhioRISE New and Improved Services

In addition to the mental and substance use disorder services currently covered by Ohio Medicaid, OhioRISE provides the following behavioral health services.



Care Coordination

Depending on a child or youth's needs, they receive one of three levels or "tiers" of care coordination. OhioRISE members are assigned a care coordinator who has experience working with children, youth, and their families. Care coordinators assist young people and their families with:

- Making a care plan to ensure the young person's behavioral health needs are met.
- Helping young people access services and resources.
- Talking to and providing information to other providers who are involved in the child or youth's care.



Improved Intensive Home-Based Treatment (IHBT)

Intensive, short-term services within a child/youth's home to help stabilize and improve their behavioral health.



Behavioral Health Respite

Provides short-term, temporary relief to a child or youth's primary caregivers in a home or community-based environment.



Mobile Response Stabilization Services (MRSS)

Immediate behavioral health services for children/youth in crisis. MRSS might be used when a child or youth has a behavioral health situation, and their family/caregiver is considering taking them to the hospital or calling law enforcement. MRSS helps ensure children and youth are safe, served in their homes and communities, and receive necessary support and access to care they urgently need.

If you or someone you know is experiencing a mental health crisis, call: 1-888-418-MRSS (6777)

[Welcome to MRSS Ohio - MRSS](#)



Psychiatric Residential Treatment Facilities (PRTF)

Facilities, other than hospitals, that provide intensive psychiatric residential treatment services to individuals age 20 years or younger.



Primary Flex Funds

\$1,500 in a 365-day period to purchase resources that address a specific need in a child/youth's care plan. Funds must be used to purchase services or items that will:

- Reduce the need for other Medicaid services,
- Keep young people and their families safe in their homes, or
- Help a child or youth be better integrated into the community.

Here is an example of Intensive Home-Based Treatment (IHBT). This is a group of specialized behavioral health treatments for kids, and includes Intensive Home-Based Treatment (IHBT), Multi Systemic Therapy (MST) and Functional Family Therapy (FFT). They are evidence-based treatments, with requirements for fidelity to the model of care and staffing ratios. Fidelity reviews are a particularly important component of our design, with training and ongoing monitoring provided by the Center for Excellence (COE) at Case Western Reserve University.

Intensive Home-Base Treatment (IHBT)

Pre-Expansion Teams Across the State:

- 18 IHBT Teams
- 6 MST Teams
- 11 FFT teams
- Providing access to IHBT, MST and/or FFT to **39 counties**

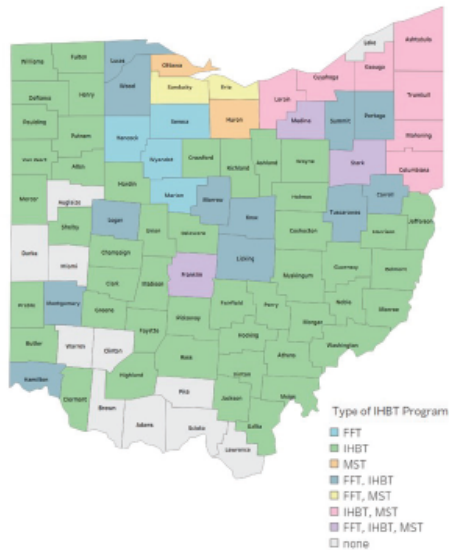
March 2024: 24 Expansion Awards to Ohio providers.

8 Months Post-Expansion Funding:

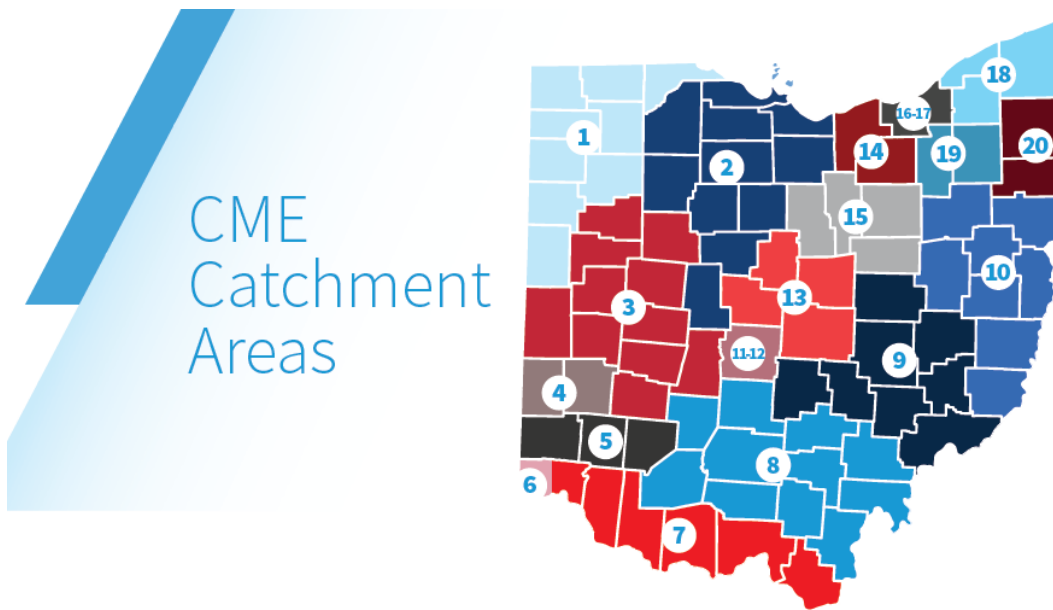
- **77 out of 88 counties** with access to IHBT, MST and/or FFT services
- 23 out of the 24 awarded are operational and accepting referrals

Number of staff hired across IHBT teams (March 2024 – January 2025):

- IHBT programs have filled **141 (89%)** out of the 159 projected positions (34 supervisors, 94 clinicians, 31 qualified behavioral health specialists (QBHS))
- Breakdown of hires by position:
 - 31 supervisors (91%)
 - 80 clinicians (85%)
 - 30 QBHS (97%)



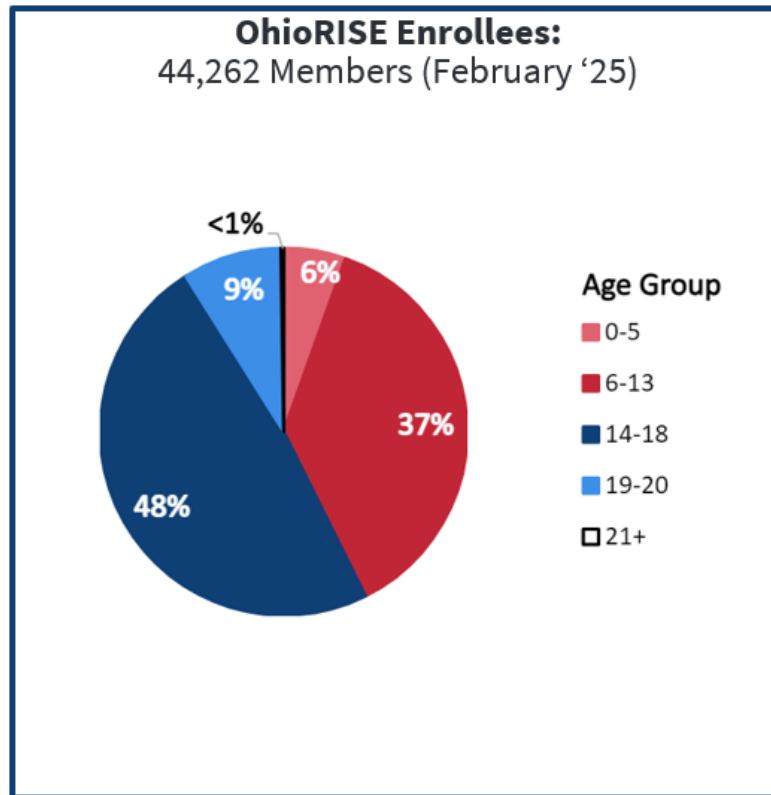
What are the CMEs that I keep hearing about? (Care Management Entities)



1 - Unison Health	Defiance, Fulton, Henry, Lucas, Mercer, Paulding, Putnam, Van Wert, Williams
2 - Harbor	Crawford, Erie, Hancock, Huron, Marion, Ottawa, Sandusky, Seneca, Union, Wood, Wyandot
3 - National Youth Advocate Program*	Allen, Auglaize, Champaign, Clark, Darke, Hardin, Green, Logan, Madison, Miami, Shelby
4 - Choices Coordinated Care Solutions	Montgomery, Preble
5 - CareStar	Butler, Clinton, Warren
6 - Lighthouse Youth and Family Services*	Hamilton (West)
7 - Cincinnati Children's Healthvine	Adams, Brown, Clermont, Hamilton (East), Lawrence, Scioto
8 - Integrated Services for Behavioral Health	Athens, Fayette, Gallia, Jackson, Highland, Hocking, Meigs, Pickaway, Pike, Ross, Vinton
9 - Integrated Services for Behavioral Health	Coshocton, Fairfield, Guernsey, Morgan, Muskingum, Noble, Perry, Washington
10 - Jefferson Co. Educational Service Center	Belmont, Carroll, Columbiana, Harrison, Jefferson, Monroe, Stark, Tuscarawas,
11 - The Village Network*	Franklin (West)
12 - The Buckeye Ranch	Franklin (East)
13 - I Am Boundless, Inc.	Delaware, Knox, Licking, Morrow
14 - Wingspan Care Group	Lorain, Medina
15 - Coleman Health Services	Ashland, Holmes, Richland, Wayne
16 - OhioGuidestone	Cuyahoga (West)
17 - Positive Education Program	Cuyahoga (Central)
18 - Ravenwood Health	Ashtabula, Cuyahoga (East), Geauga, Lake
19 - Coleman Health Services	Portage, Summit
20 - Cadence Care Network*	Mahoning, Trumbull

* In Partnership with the Child and Family Health Collaborative

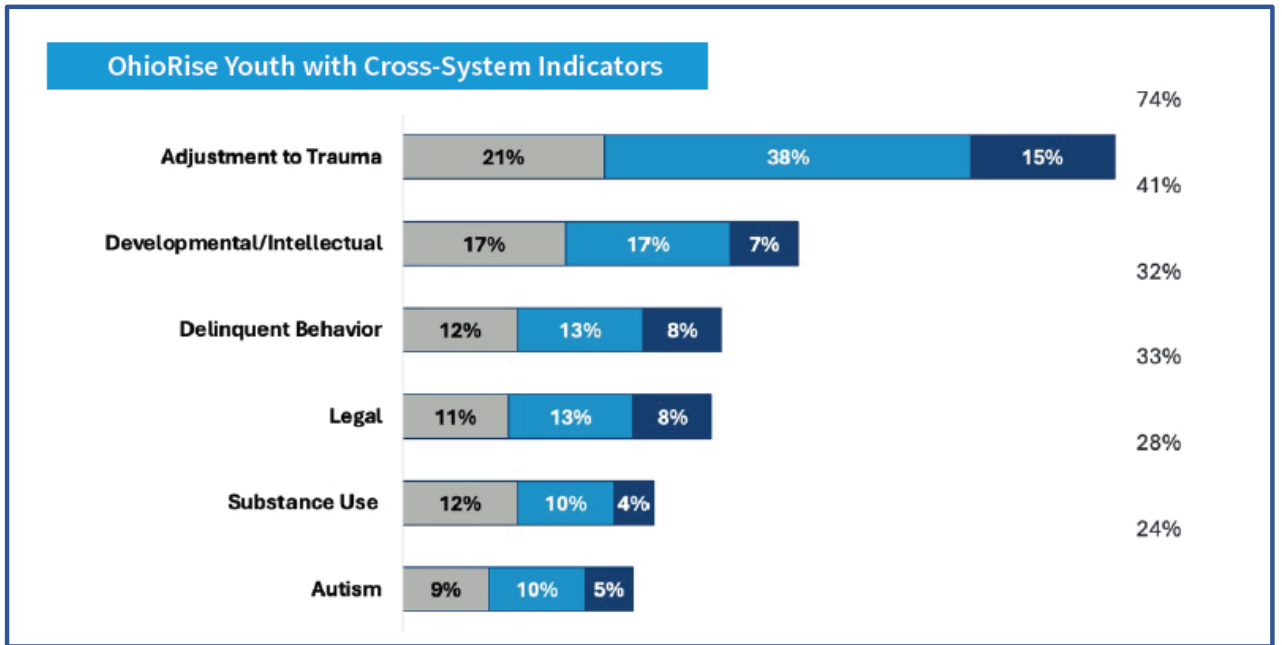
Who are the Children and Adolescents that OhioRISE serves?



- **OhioRISE CANS Data: Cross-System Indicators.**

Child Adolescent Needs and Strengths (CANS) is a tool used to gather information about a child or adolescent's strengths and needs, helping professionals and families assess level of care, develop individualized service plan, track progress and facilitate quality improvement. It is an open domain tool, free for use but requires regular training and assessment.

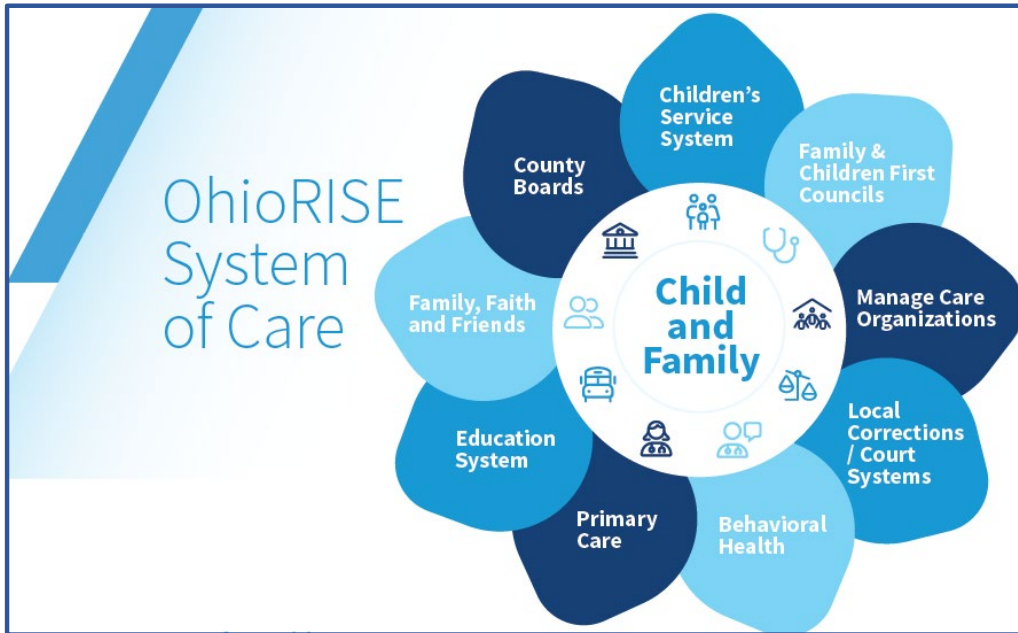
Ohio is one of, if not the only state in the country that has validated/adapted the tool for use across all youth-serving system, with the assistance of the Praed Foundation.



History/Possible Need
 Need Impacts Functioning
 Need Dangerous/Disabling

Source: CANS Data March 31, 2025

Silos vs. System of Care



System of Care Vision

The system of care is described as including overlapping dimensions to address the comprehensive needs of youth with behavioral health conditions and their families, rather than providing treatment in isolation.

This vision offers a comprehensive array of community-based services and supports that are coordinated across systems, individualized, delivered in the appropriate and least restrictive setting, culturally competent and based on full partnership with the family and youth. (Stroul, 2002).

Ohio's System of Care and the Care Management Entities (CME)

Implementation and sustainability of the system of care approach involves significant changes across systems serving youth and their families. (Hodges et al., 2010). Services must be coordinated at the system level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education, child welfare, juvenile justice, substance use and primary care) and with mechanisms for collaboration, system-level management and addressing cross-system barriers to coordinated care.

Care management entities are the local hub coordinating care across child-serving systems, working with natural supports and linking to community resources and programs, while putting the youth and family at the center to build off their strengths while supporting their needs.

What are the Results?

2023 Healthcare Effectiveness Data and Information Set Results

2023 Healthcare Effectiveness Data and Information Set Results			
Measure	OhioRISE	Ohio Medicaid Managed Care (MMC)	OhioRISE outperforms MMC by
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	86.1%	75.32%	14%
	> than 95th National Percentile	Between 90 and 95th National Percentile	
Follow-Up Care for Children Prescribed ADHD Medication, Initiation Phase	56.34%	46.13%	22%
	Between 90 and 95th National Percentile	Between 50 and 66.67th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 7-Day Follow-Up, Ages 13-17	48.15%	29.07%	66%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 30-Day Follow-Up, Ages 13-18	66.67%	44.27%	51%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (6-17)	75.9%	68.43%	11%
	Between 90 and 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (6-17)	88.81%	80.94%	10%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Hospitalization For Mental Illness- 7 days (6-17)	56.15%	48.9%	15%
	Between 75th and 90th National Percentile	Between 50th and 66.70th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (13-17)	63.09%	56.09%	12%
	> than 95th National Percentile	Between 90th and 95th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (13-17)	31.33%	22.76%	38%
	> than 95th National Percentile	> than 95th National Percentile	

Now, I'm going to turn it over to our panel. Thank you for listening.



Section 2

Testimony

Director LeeAnne Cornyn

LeeAnne Cornyn

Director of the Ohio Department of Mental Health and Addiction Services

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and members of the committee, thank you for inviting me here today to talk about how the Ohio Department of Mental Health and Addiction Services (OhioMHAS) connects to and collaborates with OhioRISE.

I am LeeAnne Cornyn, Director of the Ohio Department of Mental Health and Addiction Services. While my department does not manage OhioRISE, we are the regulatory body that oversees the licensure and certification of Ohio's behavioral health providers, including the provision of behavioral health services for OhioRISE's care management entities (CMEs). We also serve as an incubator for innovative programs, such as Mobile Response and Stabilization Services (MRSS) and Intensive Home Based Treatment (IHBT), services now funded, in part, through OhioRISE. We also help to recruit, retain, and develop our behavioral health workforce to deliver these life-changing services to more Ohio children.

Today, I want to share some of the challenges and opportunities facing Ohio's pediatric behavioral health system. Under Governor DeWine's leadership and through generous financial investment from the General Assembly, Ohio has made great strides to build a more robust system of care for our most vulnerable citizens. Not only is this the moral thing to do, but there is an economic imperative as well. Our young people will one day become our public and private sector leaders, and we owe it to our children and grandchildren to ensure they have every opportunity to live up to their full potential.

Background

For nearly a decade, the General Assembly has demonstrated leadership in addressing the needs of multi-system youth. In 2016, a joint legislative committee issued a series of recommendations to address gaps in care for children served by multiple systems.

Recommendations included:

1. Improved data collection and sharing;
2. Access to peer mentors, including youth, family, and adult peers;
3. Establishing a safety net of state level funding for services; This recommendation also cites the need for a uniform level of care tool and ensuring that the funding follows the child.
4. Ensuring access to High Fidelity Wraparound – an evidence-based model promoting joint decision making and care coordination – as a Medicaid-reimbursable service; and
5. Modernization of FCFCs (Family and Children First Councils).

These recommendations served as a guide to this Administration. In fact, Governor DeWine's first budget included a first-of-its-kind fund for multi-system youth, ensuring that children at risk of custody relinquishment had access to a safety-net fund for services.

In many respects, that initial investment was the precursor for today's OhioRISE.

As we discovered with those early multi-system youth investments, funding alone does not always equate to availability of services.

However, through intentional cross-agency collaboration and the financing of OhioRISE, we have strived to truly build the pediatric system of care our state so desperately needs.

One example is Mobile Response and Stabilization Services, or MRSS. OhioMHAS launched MRSS in 2017 and has since scaled to more than 50 Ohio counties, with the goal of providing these services in all 88 by this summer. MRSS is a free, evidence-based service that provides immediate assistance to young people under the age of 21 and their families when that young person is experiencing overwhelming behavioral health symptoms or crisis. Within 60 minutes of contact, a team of trained professionals comes directly to the young person. Not only does MRSS provide immediate de-escalation, but it also offers up to 42 days of follow-up support.

In SFY 2024, more than 38,400 referrals for Mobile Response and Stabilization Services were provided to youth and families. Of those, 43% were for suicidality and 11% were for youth at immediate risk of harming themselves or others. These numbers, while upsetting, are not shocking to those who know that suicide is now the second-leading cause of death for children aged 10-14.

In SFY 2024, Ohio Mobile Response Stabilization Services reduced short-term respite or crisis stabilization admissions by 52%, dropped arrests and admissions to detention centers by 45%, and lowered admissions to EDs by nearly 39%.

For families who don't know where to turn for help when their child is in a mental health crisis, MRSS is a godsend. Caregivers, parents, and educators often say that without MRSS, their children could have ended up in an emergency department, detention center, jail, or even worse, not here at all.

I mention MRSS not only because of its remarkable success but also because it has been added as a service under OhioRISE. Through programs designed and certified by OhioMHAS, OhioRISE now provides:

- Improved Intensive Home-Based Treatment (IHBT), which is delivered in home, school, and community settings to reduce the need for out-of-home placement or assist children with transitioning back into the home after an out-of-home placement. OhioRISE recently expanded IHBT services to 77 of Ohio's 88 counties.
- Psychiatric Residential Treatment Facilities (PRTF), an alternative to hospitals that provides intensive in-patient treatment services to individuals ages 20 years or younger. Through this and other programs, OhioRISE has reduced total youth psychiatric hospital stays by 28% and decreased the average stay at residential treatment facilities by 60%.
- Behavioral Health Respite, which offers short-term, temporary relief to a child or youth's primary caregivers in a home or community-based environment.

As I noted earlier, OhioRISE itself is not a system of care. It is, however, part of a larger system of care that incorporates the Ohio Department of Medicaid, Ohio Department of Children and Youth, Ohio Department of Job and Family Services, Ohio Department of Developmental Disabilities, and the Ohio Department of Youth Services.

In addition, the system includes the family and children first councils, local mental health boards, local DD boards, public children's services agencies, and a robust provider network.

Each one of us cares deeply about Ohio's children, and together we are seeing true progress in reducing the number of suicides, hospital visits, and stays in psychiatric facilities for our state's youth.

Very importantly, families are also seeing the benefits of this work and the importance of OhioRISE as a coordinated care program. In a recent op-ed in the Columbus Dispatch, parent Mark Butler wrote:

"Before OhioRISE, navigating multiple systems felt like playing a cruel game of hot potato, where no agency wanted full responsibility. As a parent, I experienced firsthand how difficult it was to get agencies to talk to each other and create a cohesive plan for my son, Andrew, who has autism, an intellectual disability and multiple mental health diagnoses.

OhioRISE has helped bridge those gaps, providing coordinated care that treats the child as a whole person rather than a collection of disconnected needs."

Future Steps

We as a state have plenty of work to do. While we are making considerable progress in recognizing and treating the behavioral health challenges of our youth, we still face common hurdles that my department is working to address — chief among them is ensuring we have the staff needed to carry out our various programs and initiatives. As I alluded to earlier, we are facing a massive gap between demand for behavioral health services (which grew more than 350% from 2013 to 2019) and the actual workforce (which grew by just 174%).

To that end, OhioMHAS is working to expand the services and supports provided by our Bureau of Workforce Sustainability and centralize all our workforce recruitment and retention efforts into one place, giving us insight and tools into every level of the behavioral health workforce.

And last but not least, we're working to improve coordination and collaboration among state and local agencies to meet the unique needs of individual communities. OhioMHAS will soon be launching another series of listening tours with the state's ADAMH boards, law enforcement agencies, judges, provider agencies, and more.

Again, this all goes back to our system of care and the crucial role each entity plays in making it work — together.

In its short existence, OhioRISE has been a mechanism to help build our pediatric system of care, including scaling several services incubated within OhioMHAS but without statewide reach or impact.

Thank you.

Section 3

Participant Testimony

Matt Kresic

CEO for Cadence Care Network

Mr. Kresic is the Chief Executive Office for Cadence Care Network and has worked at the organization since 1993. Prior to being named CEO in 2010, Kresic also served as their Director of Operations, Independent Living Program Coordinator and as a Case Manager. He brings more than 30 years of experience in the nonprofit child welfare and behavioral health space.

Cadence Care Network provides Treatment Foster Care, Comprehensive Mental Health Services, and Care Coordination to over 4,000 children across Ohio annually.

Professionally, he values a growth mindset and creativity, which has contributed to the organization growing from 28 employees in 2010, to its current staffing at roughly 310 employees.

He received his undergraduate degree in Social Work from Youngstown State University and his master's degree in public administration (with a focus in nonprofit management) from Kent State University.



Chair Holmes, Vice-Chair Romanchuk, Ranking Member Liston, and members of the Joint Medicaid Oversight Committee, thank you for the opportunity to provide testimony on our journey as the OhioRISE Care Management Entity for Trumbull and Mahoning Counties. My name is Matt Kresic; I am the CEO of Cadence Care Network. Cadence Care Network is a non-profit organization that provides a wide array of behavioral health and foster care services to vulnerable children, young adults, and families across the Northern portion of Ohio. Headquartered in Trumbull County, Niles specifically, we have office locations in Ashtabula, Mahoning, and Lucas Counties but serve many contiguous and adjacent counties via home-based behavioral health and foster care services.

Cadence Care Network's preparation for OhioRISE started long before we were awarded the contract to provide Tier 2 and 3 Care Coordination Services for Trumbull and Mahoning Counties. As a provider of behavioral health services and a member of the System of Care within Trumbull and Mahoning Counties, we had provided High Fidelity Wraparound Services for the Trumbull County Family and

Matt Kresic testimony continued

Children First Council and provided several evidence-based programs that we knew would be impacted by the new OhioRISE program that Medicaid was rolling out. As an organization, we had a deep understanding of our unique role with our broader system. We began, in earnest, to prepare with our partners that included Juvenile Court, Children Services, Family and Children First Council, the County Department of Developmental Disabilities, and the Mental Health and Recovery Board. We convened a work group (dubbed the Community of Support) of executive staff and key decision makers across all organizations and started to discuss ways in which our county could leverage the implementation of OhioRISE against the strengths of our current System of Care to build impactful services that assure children and families in need get the right services, at the right time, in the right place. We were acutely aware that OhioRISE was the opportunity to advance our already strong base of delivering High Fidelity Wraparound Services, we just needed to figure out how.

The system leaders in Trumbull County had the foresight to recognize that the impact of OhioRISE on the children and families they serve had the potential to be the most substantial development of many long careers. In fact, one local leader delayed his retirement until he could see this program come to fruition. As the CME, Cadence Care Network took on the role of not only trying to meet the needs of the most behaviorally challenged youth in our catchment area, but we also took an active role convening the team of local leaders monthly. We discuss OhioRISE program implementation, what's working, what is not. We solve problems at a macro level. At a System of Care Level! The purpose of our monthly Community of Support meeting is to be proactive. We don't just meet during a crisis (although we do that as well). Collectively, we have discussed where we are falling short as a System of Care. We have developed action plans to improve our processes and clearly identified communication patterns across systems. To date, this process has served us well.

Cadence Care Network, and our 17 CME Partners recognize that it is our responsibility to help build the System of Care within the communities we serve. This poses different challenges, as not all Ohio communities operate, communicate, or approach children with complex behavioral health needs uniformly. OhioRISE is the first statewide program of its kind, and it is driving change in the way services are delivered. It's designed to serve children who often fall through the cracks: youth involved with multiple systems, including child welfare, juvenile justice, developmental disabilities, and education. OhioRISE helps families and kids navigate the challenges they face with multisystem involvement and leads to successful outcomes. OhioRISE care coordinators serve as navigators and advocates, forming customized support teams that include schools, therapists, case managers, families, and other community supports. The goal? To keep children out of courtrooms, foster homes, and emergency rooms—and instead link them to long-term, developmental and behavioral health

Matt Kresic testimony continued

services and supports. After almost three years, feedback from families involved with the program is overwhelmingly positive.

Cadence Care Network has worked hand in hand with our partners to develop our System of Care for children and families. We routinely meet with providers in our catchment area to see how they can meet the needs of OhioRISE enrolled youth and urge them to become part of the solution for kids and families. We identify unmet needs in our community and work to address them. This is targeted and planned with feedback from our community partners and the families and children we serve.

Currently, Cadence Care Network serves 1,173 OhioRISE enrolled youth in Trumbull and Mahoning Counties. We employ 73 Care Coordinators who work diligently to meet the complex needs of the children and families we serve through the coordination of services with our system partners. Those 1,173 enrolled youth represent more than just a number. They represent children that are already deeply multi system involved, children who have had their first acute psychiatric hospitalization, children that have had their first experience with a juvenile court, or children that are at risk of deeper involvement in one (or many) of the multiple systems that impact kids and families. Cadence Care Network has worked diligently to stand up services funded by OhioRISE like Intensive Home-Based Treatment and Behavioral Health Respite. We have also worked with partner agencies to stand up Mobile Response Stabilization Services. These services are vital to meeting the current and future needs of children and families in Ohio. They are vital to the System of Care for children and families.

My role at Cadence Care Network allows me to learn about how children and families with complex needs are served not only in Ohio, but across the country. I can say with confidence that after 31 years in this field, OhioRISE is the first time I have witnessed leaders in our field, across the country, looking to Ohio as THE leader in best practices for serving this population. That is something that should not be lost on any of us in this process. We are on the cutting edge of service delivery for these children and families. Sometimes things get bumpy, however, the system as it stands today is substantially more responsive and fluid than it has been at any time during my career. Thank you once again for the opportunity to discuss our experience as a Care Management Entity for OhioRISE.



Habeebah Grimes

CEO of Positive Education Program

Habeebah Rasheed Grimes is Chief Executive Officer for Positive Education Program. Serving our community's most vulnerable children has been Grimes' life's work. She first joined PEP in 1999 as a one-on-one aide. After earning her master's in clinical psychology and a specialization in school psychology from Cleveland State University, Grimes returned to PEP as a clinical supervisor for one of its Day Treatment Centers. After being promoted to the chief clinical officer role in 2015, Grimes led PEP's embrace and ultimate certification in evidence-based, trauma-informed practices, working closely with The Child Trauma Academy. She is a graduate of the Robert Wood Johnson Foundation's Ladder to Leadership: Developing the Next Generation of Community Health Leaders program. In 2015, Crain's Cleveland Business recognized Grimes as a 40 Under 40 honoree. Grimes currently serves as a mentor for multiple organizations and collaborative ventures, including as the chair, Cuyahoga County Citizen's Advisory Coalition; Chair, Northeast Ohio Steering Committee, Mental Health and Addiction Services Advocacy Coalition; member, OhioRISE Advisory Council; board member & chair, nominating committee, The Woodruff Foundation; and board member, Prevent Child Abuse America.



Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and members of the committee, thank you for the opportunity to speak today.

I'm Habeebah R. Grimes, CEO of the Positive Education Program in Cleveland. I first joined PEP as a one-on-one aide in 1999. Today, I lead an organization committed to helping children with severe behavioral health needs find healing and hope in their homes and communities. That hope is being realized through OhioRISE, which provides the structure and support families need to stay together and thrive.

Since 2022, PEP has served over 2,500 children as a Care Management Entity for OhioRISE and has one of the lowest hospitalization rates of all CMEs, if not the lowest, at a mere 1.07 percent. That's remarkable. It means families are no longer forced to relinquish custody just to access mental health care. It means law enforcement is no longer the default response to family crises. And it means that children are building futures in the communities that love them.

Habeebah Grimes testimony continued

We serve Central Cuyahoga County, a place burdened by lead poisoning, high poverty, trauma, violence and a legacy of racism. Our families face generational harm—and before OhioRISE, they faced those challenges alone. But now they are part of a network of support that understands their needs.

At PEP, we employ 53 care coordinators—dedicated, courageous and creative professionals who meet families where they are. Sometimes, that means sitting in a fast-food booth helping a teen open up about their fears. Sometimes, it means organizing an entire support system to respond to a crisis. Our care coordinators are the “buffers”—the consistent, caring adults who help kids form new, positive patterns of relationship and experience. That’s what changes lives.

I speak from professional experience—and from personal. My older brother struggled profoundly as a child with social, emotional and behavioral challenges. Without a program like PEP or OhioRISE, he entered a traumatic cycle that impacted our entire family. His life could have been different with a village like this one behind him.

OhioRISE brings a child’s full support system together—parents, teachers, doctors, case workers—and aligns them around the child’s needs. It’s flexible. It’s creative. And most importantly, it’s effective.

I have a photo of a young girl, once lost in the system, sitting in a sewing class with a prominent fashion designer here in Cleveland. Her mom went from feeling hopeless to hopeful after a care team collaborated and got her daughter to a place where she could find her passion and stability.

This program is working. It’s not perfect—but it’s powerful. And it’s the most promising path we have to keep kids with their families and out of institutions. Thank you for your investment in youth and families through OhioRISE. Your support means our futures being built in living rooms, not hospital beds. These kids have so many gifts and talents that are being buried by their behavioral health challenges. We need to continue unearthing these diamonds in the rough.

Thank you for inviting me today and taking the time to learn more about PEP and OhioRISE. I look forward to answering your questions and working together for Ohio’s kids.

Please know that I am available to each of you at your convenience to answer more questions.



Frank Angotti M.D.

Board-certified Child, Adolescent, and Adult Psychiatrist

Frank T. Angotti, III, M.D. is the Senior Behavioral Health Medical Director for Aetna Medicaid. Dr. Angotti is an experienced double boarded Psychiatrist (General Psychiatry and Child and Adolescent Psychiatry and Behavioral Health Management professional with 15 years of health care industry experience and 9 years of managed Medicaid experience. His expertise includes leadership roles in the child and adolescent psychiatry, behavioral health, substance use, and trauma arenas, He also has extensive experience managing children with complex behavioral health needs under the Medicaid system and within the state of West Virginia. Prior to joining Aetna, Dr. Angotti served as the Child and Adolescent Psychiatrist for United Summit Center in Clarksburg, West Virginia, where the majority of the population received the Medicaid benefit. His educational background includes a Doctor of Medicine (M.D) and a Bachelor of Science in Biology both from West Virginia University, He completed his residency and fellowship at the University of North Carolina Department of Psychiatry. Dr. Angotti is licensed to practice medicine in West Virginia, Kentucky and North Carolina.



Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston and members of the committee, thank you for the opportunity to speak today about OhioRISE and its impact on children and families across the state.

My name is Dr. Frank Angotti. I serve as Executive Medical Director for Behavioral Health at Aetna and currently as Interim Chief Medical Officer for OhioRISE. I've spent nearly two decades working with children and families in behavioral health, from my early days in community mental health and state hospital systems in West Virginia and North Carolina to my leadership roles here in Ohio and surrounding states.

I currently live in West Virginia, where I served for many years as a medical director in areas that continue to be heavily impacted by the opioid epidemic. That experience — seeing firsthand how addiction, trauma, poverty and lack of access devastate communities and impact children — has shaped how I view the importance of coordinated systems of care. My experience has also shown me how deeply behavioral health challenges can affect a child's life and a family's future.

Frank Angotti testimony continued

Some children carry mental health burdens that begin before they can even speak. Others endure abuse and neglect that define their childhoods and shape them into adults doomed to repeat the cycle. Their challenges are not just clinical. They are educational, legal, economic and relational. And addressing those challenges requires a system that can surround a child and family with coordinated, sustained support.

That's where programs like OhioRISE are critical. They're called wraparound, and you can think of them as a literal embrace. Wraparound care goes beyond addressing clinical needs — it takes a deeper look at what's happening from the family's perspective and builds community-based supports to help kids experience what a typical childhood should look like: learning, growing, developing skills, finding a job and ultimately becoming happy, productive members of society. It can prevent outcomes like chronic homelessness, dependence on public services or long-term substance use. In addition, it can provide opportunities, that often through no faults of their own, are taken from both the child and their families.

Mental health recovery doesn't happen in isolation. It happens in the context of families, schools and communities. Therapy or medication may help a child regulate emotions, but positive mental health — and true healing — also requires stable housing, supportive adults and opportunities for growth and learning. Ultimately, this is about more than just getting kids healthier. It's about breaking the cycles we've seen repeat themselves far too often.

What Makes OhioRISE Different

Before OhioRISE launched in 2022, high fidelity wraparound care coordination was spotty in Ohio and dependent on local funding. Intensive services such as in-home therapy, psychiatric residential treatment facilities (PRTF) and respite care were not consistently available across the state. Some counties had access; others did not. Many families had to give up custody or leave the state to get their children into residential treatment.

That was not a sustainable, fair or compassionate system.

OhioRISE was designed to change that. It is a standout program that is becoming a national model. Through Governor DeWine's commitment to children and mental health, OhioRISE was brought to life through the leadership of state agencies, community partners, Governor DeWine's administration and support from Ohio's legislature.

OhioRISE isn't just another Medicaid program. It's a transformational approach to caring for children with the most complex behavioral health needs. Instead of offering more services in isolation, OhioRISE builds a coordinated, individualized system around the child and family — one that wraps support around every aspect of life, including school, housing, health and community.

Frank Angotti testimony continued

OhioRISE is also rooted in the principle that children do best when they are safe, supported and growing up with people who love them — whether that’s a parent, relative or someone else close to home. Our wraparound model helps children and families navigate not only the behavioral health system, but also child welfare and juvenile justice. It connects them with clinical services and addresses population health concerns while aiming to heal families and keep them together.

Some have asked why we don’t roll these youths and families back into the general Medicaid managed care system. The truth is, the needs of these kids are unique and specialized. They are complex. Managing them through multiple MCOs dilutes the focus, accountability and expertise. We end up where we were before OhioRISE.

OhioRISE was designed as a single statewide plan so we can:

- Provide focused oversight and quality improvement;
- Identify and address statewide service gaps (like in-home therapy or PRTFs);
- Coordinate training, fidelity monitoring and workforce development;
- And ensure a consistent experience and standard of care, regardless of ZIP code.

Having one plan working closely with the state allows us to build infrastructure, not just provide coverage. And as you look at the health care data measures on the back of the trifold that is included in your binder, you will see that because of this specialized approach, OhioRISE is performing at or above the 90th percentile nationally in core measures.

But key to the success of this model are OhioRISE’s local partners.

OhioRISE empowers local Care Management Entities to drive care — because we know a child in rural Appalachia faces very different circumstances than one in downtown Cincinnati. Local care teams understand the community, the providers and the unique cultural context. At the same time, the statewide structure allows us to maintain consistency, monitor quality and identify and address service gaps across all 88 counties.

This hybrid model — centralized accountability with local execution — is one of OhioRISE’s greatest strengths. Aetna had the honor of establishing OhioRISE and bringing support to grow a vast network of providers and services, from traditional providers to the expanding suite of services offered to OhioRISE members.

Frank Angotti testimony continued

Early Success, and More Work to Be Done

Today, almost three years since the launch of OhioRISE, the coordinated care landscape looks entirely different:

- Ohio has a network of CMEs delivering wraparound care in every corner of the state.
- We've expanded access to psychiatric residential treatment facilities (PRTFs) here in Ohio, reimagined to keep families engaged and prepare for successful transitions back to the community.
- Respite care, in-home therapy and other crucial services are now available more broadly and consistently.
- We are on the cusp of launching statewide MRSS for all youth this July.
- And importantly, families now have access to these supports without having to relinquish custody of their children.
- These aren't small changes — they are life-changing interventions for thousands of families that are creating systemic change at the local level.

The work of healing kids with complex behavioral health needs doesn't start and stop at a therapy session. It's about helping a child feel safe. Helping a parent feel supported. Rebuilding a family's sense of control and hope. We're not just treating symptoms. We're addressing root causes and preventing future crises.

OhioRISE helps children move from crisis to stability, from survival to growth. We're seeing kids stay in school, avoid hospitalizations and access services that simply didn't exist before. We're also preventing homelessness, reducing long-term reliance on public systems and breaking generational cycles of trauma and poverty

Aetna is proud to support the state in delivering this program. We've come a long way in a short time, but we know there's more work to do. We remain committed to improving access, quality and outcomes for every child in OhioRISE.

Thank you for your time, your partnership and your commitment to Ohio's children and families.



Marilyn Pape

Executive Director of Trumbull County Children Services

Marilyn Pape is the Executive Director of Trumbull County Children Services. Marilyn has dedicated 39 years to TCCS, having begun her career there as a caseworker fresh from receiving a bachelor's degree from Youngstown State University. Marilyn later received a Master of Science in Social Administration degree from Case Western Reserve University in 1989 and is licensed as a Supervising Independent Social Worker. Marilyn is married to Joseph and has three adult children, whom she is most proud of. She is a current board member for Warren Rotary and a member of the bishop's council for the Catholic Diocese of Youngstown.

The welfare of children and families is Marilyn's passion. She believes in the tenets of strength-based service delivery and trauma informed care. She has witnessed the devastating results of emotional and physical abuse on the most vulnerable population but has also marveled at the resilience of children. TCCS continues to be one of only a few child welfare agencies in the state who run their own Qualified Residential Treatment Program for children, and Marilyn has seen first-hand how important quality treatment and maintaining a child in their own community is for the healing process. Her experience allows her to understand the gravity that each decision holds, as well as the sanctity of permanency, whether in a child's biological, foster or adoptive home.



Chair Holmes, Vice-Chair Romanchuk, Ranking Member Liston, and members of the Joint Medicaid Oversight Committee, thank you for the opportunity to provide testimony on the impact of OhioRISE on our local system of care for children and families. My name is Marilyn Pape, and I have the privilege of serving as the Executive Director of Trumbull County Children Services. I have over 39 years of experience providing services to abused and neglected children and their families in Trumbull County. I believe that the impact of strength-based and trauma informed services such as those provided by OhioRISE are not only central to helping children and families live their best possible life, but also responsible for preventing abuse and neglect to our most vulnerable population.

Trumbull County Children Services has provided High Fidelity Wraparound and been a part of our local System of Care since the mid-nineties. We have long understood that a child's life circumstances generally bring them to our attention. Factors such as poverty, mental health issues, and substance abuse issues are central to almost every parent and child's life that we are called on to provide an intervention. As you are

Marilyn Pape testimony continued

probably aware, children's services staff are not trained mental health providers, yet, we have historically been the de facto front door for children and families in need of those services. The advent of OhioRISE has allowed us to change the way we engage with families and children who are not presenting with abuse or neglect, but rather in need of more intensive behavioral health services and care coordination.

Often, families come to our attention, or walk into our lobby, frustrated, tired, and without the necessary resources to meet the needs of their child's challenging behaviors. Prior to OhioRISE, we would be faced with a difficult decision; screen the family in for services in a system that is ill fitted to their needs, or screen them out and hope that another system will be able to assist the family before a tragic incident of abuse or neglect brings them back to our system. Working with those families who are struggling with their child's behavior is not necessarily in our wheelhouse, it is not what our system was set up to do. In addition, families who seek our help with their child's behavior are desperate and at the end of their rope. They would not choose to be involved in a system they fear could remove their child, but their desperation brings them to us.

In July of 2022, the month OhioRISE went live, we made the administrative decision to refer these cases to our local Care Management Entity (CME), Cadence Care Network, so that they could take the lead with OhioRISE Wraparound Services. Our agency would step back and no longer screen these cases in as there was no abuse or neglect indicated. The results have led to families feeling empowered, aided, and free of the concern that Children Services would be in their lives or attempt to take custody of their children. Our local CME partners with us to make sure kids stay safe, families are engaged with care coordination, and that families and children receive the services they need to prevent them from deep end involvement in child welfare, juvenile justice, or any other systems that tends to touch the children we serve.

Our OhioRISE Care Management Entity has become an integral part of our System of Care for children in the custody of our organization. These children have faced some of the most severe trauma imaginable and we know their needs are more complex. They and their families need and deserve the extra care and attention that OhioRISE Wraparound brings to the table. We have found this service so important that we offered for Cadence Care Network to have three Care Coordinators embedded in our organization. They have desks in our building and help our staff navigate complex behavioral health issues through the access they have to other behavioral health providers across the county and state, Aetna, and the families with whom they have generated solid relationships. The CME staff embedded at our organization understand

Marilyn Pape testimony continued

how child welfare operates; they take a routine part in our team meetings, incorporate OhioRISE services to meet the complex needs of our kids in custody, and work the back door by helping us identify local resources that can bring kids placed out of our county, back into our county, where they belong!

Our CME's involvement does not completely absolve us from working on cases that may or may not have a history of services with us. Our System of Care collectively comes together on complex cases, leverages our internal expertise, and works collaboratively to pull together resources. While one system may not have the answer, collectively we work together to find that answer for the child and family. We help our CME find placement for children with behavioral health issues where there is no abuse or neglect indicated. That is something our agency has a history of doing and is a routine part of the services we provide, because these children belong to our community and deserve the full power and influence of the system of care in Trumbull County that we have worked so hard to build. We know that this type of collaboration keeps families together and keeps kids out of our system whenever possible.

It is my hope, that as OhioRISE continues to evolve, we can continue to work together to keep children out of the child welfare system, and when we do have to intervene, it is our hope that children exit the system sooner with a support system that will remain when we close the case, to an outcome that involves the right treatment, in the right place, and at the right time. Thank you for this opportunity to discuss a program that is delivering for children and families and has the potential to do so to a greater extent as more services are developed.

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Laura C. Domitrovich, MSSA, LSW

Director of Youth Programs for the Trumbull County Mental Health and Recovery Board

Laura Domitrovich is the Director of Youth Programs for the Trumbull County Mental Health and Recovery Board. For over 25 years, Laura has worked to develop and improve the System of Care for children, youth and young adults in Trumbull County, Ohio. Laura leads and participates in numerous committees, coalitions, and youth initiatives on a local, regional, and statewide level. As a consultant with Case Western Reserve University, Laura also provides Practice-Applied Learning (PAL) Program Consultation and Coaching to OhioRISE Care Management Entities, working to support the CMEs in the areas of Workforce Development, Care Coordination/High Fidelity Wraparound, and Organizational Design. Laura received her Master of Science in Social Administration from Case Western Reserve University in 1999 and is a Licensed Social Worker. Laura, along with her husband, has also dedicated the past 23 years to the growth and development of their three children.



Chair Holmes, Vice-Chair Romanchuk, Ranking Member Liston, and members of the Joint Medicaid Oversight Committee, thank you for the opportunity to provide testimony on the impact of OhioRISE on our local system of care for children and families. My name is Laura Domitrovich, and I serve as the Director of Youth Programs for the Trumbull County Mental Health and Recovery Board and as a Consultant with Case Western Reserve University working to support Care Management Entities in the areas of Workforce Development, Care Coordination, High Fidelity Wraparound, and Organizational Design. I have over 25 years of experience providing and overseeing the implementation of High-Fidelity Wraparound for the Trumbull County Family and Children First Council.

It is difficult to fully understand OhioRISE and its impact on Trumbull County children and families without first understanding the foundation on which it was built. Trumbull County has a history of implementing High Fidelity Wraparound dating back to 1994. It was that long ago that the local system partners agreed that children and youth with multiple needs that were being served by numerous agencies were “community children” rather than the primary responsibility of one agency in the historically siloed system of care. The largest child-serving organizations, including child welfare, juvenile court, developmental disabilities and mental health, determined that indeed there was a shared responsibility for meeting the needs of the

Laura Domitrovich testimony continued

most complex children and families in Trumbull County. This determination led to an environment across systems and providers that supports trust, true collaboration, and partnership. It was a system ideally set up to benefit from the likes of a program such as OhioRISE.

Prior to OhioRISE implementation, scaling High Fidelity Wraparound was very difficult and complex for a county of our size. We considered wraparound to be the best kept secret in our county and rationed the services with a focus on only the most complex 75 to 100 children and families annually, due to limited financial resources. In 2012, we embarked on researching the fiscal impact of our System of Care Approach and High-Fidelity Wraparound. Using a level of care tool to assess the probable placement needs and cost of 42 children receiving High Fidelity Wraparound in our county, we estimated an annual 3.7 Million Dollar savings (even when factoring in Medicaid Spending) due to the shared work and vision of our community partners and the implementation of High-Fidelity Wraparound. OhioRISE has allowed us to proliferate that approach and today, Wraparound is no longer the county's best kept secret.

Through the OhioRISE Program, over 700 children in our county receive Care Coordination using High-Fidelity Wraparound. That represents over a 700% increase from the number of children served prior to OhioRISE. While there are certainly opportunities for further refinement and improvement, our System of Care has become stronger, accessibility is no longer the issue it once was, and we can keep children out of deep end system involvement with the services and interventions provided by OhioRISE.

OhioRISE has allowed Trumbull County to further our commitment to keeping kids out of custody of the court or child welfare system, and with their families, where they belong. Trumbull County Family and Children First Council resources, including our local pooled fund, are now utilized differently as we try to fill the gaps that may not be covered by OhioRISE. That includes funding services and supports that are not in the Medicaid menu, providing gap funding for children who may need placement or resources prior to Multi-System Youth funding approval, serving youth who are ineligible for OhioRISE but still need support, or funding additional respite services that are above and beyond what can be provided by OhioRISE. OhioRISE has allowed our local system of care to impact kids and families further upstream, providing them with the support they need to keep them out of the more costly and complicated deeper ends of systems, so that only those children who need those higher levels of care receive them.

Laura Domitrovich testimony continued

OhioRiSE has allowed for service expansion that has become a vital component of our System of Care. Earlier, I spoke to the fact that nearly seven times the number of children receive Care Coordination using High-Fidelity Wraparound than prior to OhioRiSE. We have also experienced an increased availability in Intensive Home-Based Treatment services and Multi-Systemic Therapy in our community. These specialized treatment services seek to keep children with their families through intensive interventions and support provided by social workers and counselors. Capacity within these programs has grown by 200%, with the ability to work with roughly 50 children and families annually. Lastly, capacity for behavioral health respite services has tripled since Medicaid and Aetna have implemented OhioRiSE. Families have historically asked for respite services as they are often under-resourced and overwhelmed. OhioRiSE fits nicely into our System of Care and has in fact allowed all our systems, including our Family and Children First Council, to grow other complimentary services. Early indicators show that fewer children are entering the front door of many of our systems, and when they do, Trumbull County agencies and providers are more capable of addressing their needs. Thank you for the opportunity to discuss this vital program and its impact on our System of Care.



Katherine Junger, Ph.D.

Director of Systems Integration, Office of Population Health
at Cincinnati Children's Hospital

Dr. Katherine Junger, Ph.D. is a clinical psychologist and the Director of Systems Integration in the Office of Population Health at Cincinnati Children's Hospital. Her role focuses on improving the health of all children in Southwest Ohio by increasing timely access to high quality, evidence-based treatment, capacity building across the care continuum, and improving coordination of care across healthcare and child serving systems. She has overseen the integration of OhioRISE processes and programs across sites of care at Cincinnati Children's, and has been deeply involved in identifying and supporting the stand up of new OhioRISE services in the region.



Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston and Members of the Committee,

Thank you for the opportunity to speak today. My name is Dr. Katherine Junger. I'm a clinical psychologist and Director of Systems Integration at Cincinnati Children's Hospital. My work focuses on improving children's health across Southwest Ohio by expanding access to mental, behavioral, and developmental health care, building service capacity, and coordinating support across systems that serve kids.

We are one of the largest pediatric mental health providers in the nation, and we see firsthand how policy decisions impact the health and well-being of Ohio's children. Our services span the treatment continuum from community-based prevention all the way to inpatient care. Even before the pandemic, the mental health needs of children in our region were growing at an unsustainable rate. Our emergency room visits for mental health concerns more than doubled from 2011 to 2017 from ~4,000 to 8,000k and our system struggled to keep up. Families waited weeks—or longer—for care and kids' conditions worsened.

We, like many other agencies in our region, make every effort to respond to the growing need. We have trained more providers, expanded services in schools and primary care, and opened new crisis-focused outpatient programs. Cincinnati Children's alone saw outpatient visits grow from nearly 80,000 in 2014 to 200,000 in 2022. Even with the largest inpatient pediatric psychiatry program in the country, we still couldn't meet the need.

Katherine Junger testimony continued

One major barrier was that our treatment continuum had critical gaps, especially for intensive, family-focused treatments for youth with complex mental, behavioral, and developmental health needs which led to ongoing and escalating crisis cycles. This meant that instead of serving youth in their communities, an emergency room and/or inpatient admission was often needed.

That's why OhioRISE has been a game-changer.

OhioRISE is a Medicaid innovation that supports intensive, community-based mental health services—exactly where they're needed most. It allows for mobile crisis teams, in-home therapy, and respite care—so children can get the right care, at the right time, in the right place. They mean that a child in crisis can get intensive help and still sleep in their own bed at night. It's not just better care—it's better policy.

As just one example, thanks to OhioRISE, Youth Villages launched a new intensive, home-based treatment in Hamilton County for youth involved with child welfare and juvenile justice systems. This model treats youth and caregivers together in their homes multiple times a week, improving health, academic, and social outcomes. The program is currently serving 24 youth and actively expanding to meet high demand. Before OhioRISE, these youth often cycled through emergency departments, psychiatric hospitals, detention facilities, sometimes ending up in far-away congregate care. Now, they receive specialized care at home, supported by coordinated wraparound teams. This not only improves outcomes but frees up high-acuity hospital services for those who need them most.

Through OhioRISE mechanisms, Cincinnati Children's is also preparing to open the first Psychiatric Residential Treatment Facility (PRTF) in our region—so that youth with the most severe needs can stay in-state, close to loved ones, instead of being sent hundreds of miles away. OhioRISE has already reduced the number of youth in that out-of-state care from 90 in 2023 to 60 in 2024 and is building capacity to eventually serve every Ohio youth in-state. Keeping kids close to home is paramount for their long-term success.

OhioRISE is also breaking down barriers to access. Programs that were once out of reach—like Cincinnati Children's partial hospitalization programs for neurotypical youth and youth with neurobehavioral concerns—are now available to families who

Katherine Junger testimony continued

need them. And by dramatically expanding access to wraparound care, OhioRISE is helping thousands more families navigate not just mental health needs, but also school challenges, physical health needs, child welfare involvement, disability services, juvenile justice requirements—all under one coordinated plan.

The program has also strengthened the mental health workforce—a critical need in our state. OhioRISE has created diverse new jobs across the care continuum. Additionally, ensuring that youth are seen at the appropriate level of care helps reduce provider burnout. Clinicians are less stretched to serve youth whose needs exceed the setting, like those with complex, high acuity needs being treated by school-based therapists when intensive, multi—system interventions are warranted.

This is what families need to heal—and what our state needs to thrive.

Thank you for your time and for your commitment to the children and families of Ohio.

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Mark Butler

Parent Advocate

Mark Butler is the father of two autistic adults and has spent the past decade advocating for families and children with complex behavioral health needs in Ohio. As a passionate voice in the OhioRISE initiative, he has worked to bring systemic change and support for multi-system youth, drawing on his personal experiences as both a parent and an advocate. Mark is a current board member of the OhioRISE Advisory Board and a former board member of the Autism Society of Central Ohio. He also currently sits on the Board of Creative Housing | Creative Renovations, a nonprofit organization dedicated to providing safe, accessible, and affordable housing to individuals with disabilities in Central Ohio.



Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and Members of the Committee:

My name is Mark Butler, and I am a proud father of three. Two of my children, my son Andrew and my daughter Katie, have Autism. Andrew also has a severe intellectual disability, is non-verbal, and lives with multiple mental health diagnoses. For the past 26 years, I have navigated life as a parent of children with developmental disabilities and complex, multi-system needs.

For far too long, families like mine had few options for accessing the support and services our children desperately needed. Many of us were forced into impossible decisions, including surrendering custody just to get our children help. That was the reality my wife and I faced nearly eleven years ago. In the midst of a crisis caused by Andrew's extreme behavioral health needs, we were told that giving up custody was the only path to secure the treatment he required.

Our story is not unique. For decades, Ohio parents of multi-system youth, or MSY, have faced the same heartbreaking choice. But that changed with OhioRISE.

OhioRISE is the result of years of work by parents, advocates, and agency leaders who believed Ohio could and must do better. Watching it launch felt like witnessing the dawn of a new day. The program has given families access to home-based services,

Mark Butler testimony continued

respite care, and, when necessary, residential treatment, all without having to relinquish custody. That change has been nothing short of life-altering.

Before OhioRISE, navigating the system felt like a cruel game of hot potato. No agency wanted full responsibility, and getting them to communicate was nearly impossible. My son was not a case file. He was a whole person. Our family needed a plan that recognized that. OhioRISE helps make that possible. It bridges gaps, coordinates care, and surrounds families with the support they need.

Serving on the OhioRISE Advisory Council has allowed me to turn our trauma into hope for other families. Ohio is not the same state it was a decade ago, and OhioRISE is a major reason for that progress. It shows what is possible when children and families are placed at the center of the system.

The truth is, many people still do not understand what families like ours go through. Some legislators have been shocked to hear the reality. A few have even apologized, realizing the system had failed thousands of Ohio families. But thanks to OhioRISE and the dedication of so many, Ohio is becoming a national model. Other states are looking to us, hoping to replicate what we have built.

We cannot stop now.

We would not be where we are today without the leadership of Governor Mike DeWine, Medicaid Director Maureen Corcoran, our agency partners, and the legislators who have championed this work. I urge each of you to continue that momentum. Let us build on this foundation. The next ten years must expand access, eliminate barriers, and ensure that every child, no matter their needs, can thrive without families being forced to make heartbreaking sacrifices.

Thank you.



Section 4

Previously Submitted Testimony

Aetna Better Health® of Ohio
7400 West Campus Road, Ste 200
New Albany, OH 43054



May 29, 2025

The Honorable Members of the Joint Medicaid Oversight Committee

Ohio General Assembly
1 Capitol Square
Columbus, OH 43215

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and Members of the Committee:

On behalf of OhioRISE and Aetna, I want to extend our sincere gratitude for the opportunity to participate in today's committee session and for your continued partnership in improving the lives of Ohio's children and youth with complex behavioral health needs.

We are especially thankful for the ongoing support of the Ohio General Assembly. The legislature's commitment to advancing access to critical services through the OhioRISE program has made a meaningful difference for families across our state. Your backing is a vital part of the success we've achieved, and we remain deeply appreciative of your leadership.

Regrettably, I am unable to attend today's session due to previously scheduled travel that could not be changed. Please accept my apologies for not being there in person to represent Aetna and OhioRISE. In my place, we are pleased to have Frank Angotti, Aetna's Executive Medical Director for Behavioral Health, attend and participate in today's discussions. Dr. Angotti brings deep expertise and is well-positioned to provide insight into our collective work.

In addition to Dr. Angotti representing our team today, I have included my testimony that was previously submitted to this committee.

Should you have any questions following the session or wish to explore any topic in more detail, I warmly welcome the opportunity to connect. Please do not hesitate to reach out to me directly. I remain committed to working closely with each of you to ensure that

OhioRISE continues to serve as a national model for high-quality, person-centered care. Thank you again for your time, your trust, and your enduring support of OhioRISE.

Best regards,

A handwritten signature in black ink that reads "Marti Taylor".

Marti Taylor
Chief Executive Officer, OhioRISE
VP, Aetna Better Health Ohio

OhioRISE Program Overview

Joint Medicaid Oversight Committee

April 10, 2025

Marti Taylor, RN, MSN

Chief Executive Officer of OhioRISE

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and members of the committee, thank you for inviting me to share about OhioRISE, but most importantly, to share what has been a success story for thousands of children and youth across Ohio.

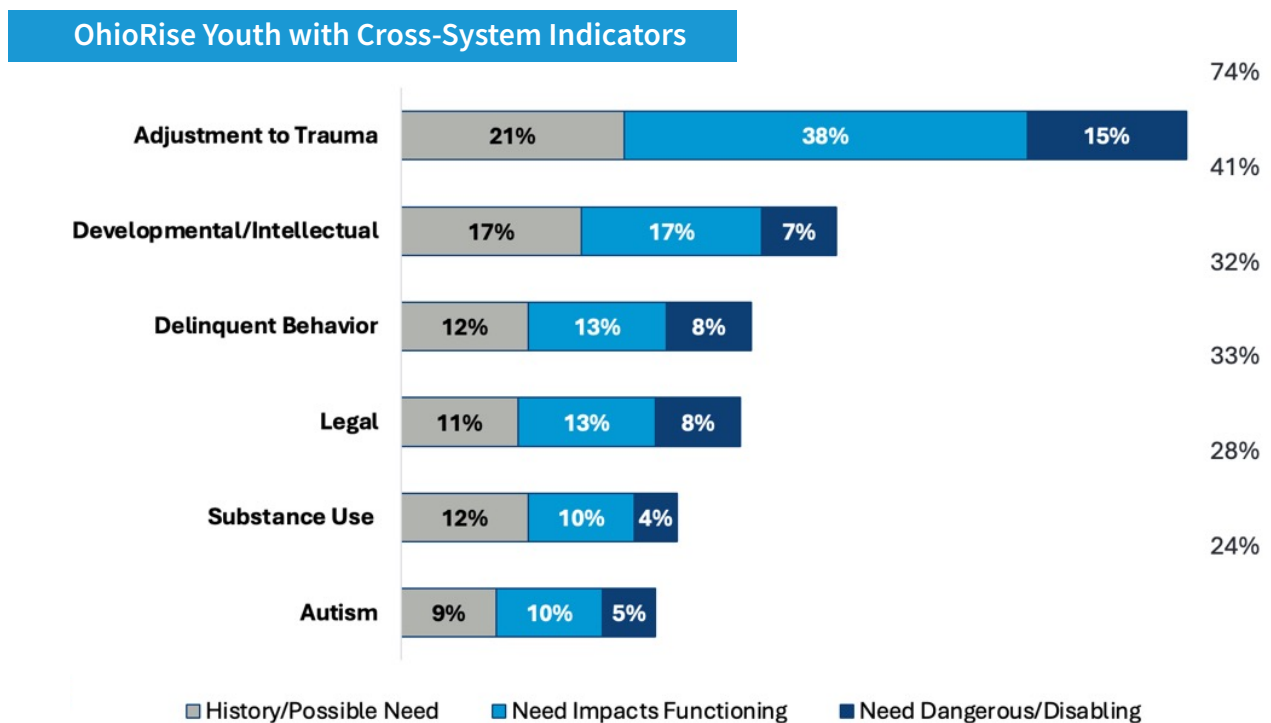
I am Marti Taylor, Chief Executive Officer of OhioRISE. I would like to start by introducing myself and providing my experience in healthcare for nearly four decades. I am a native Ohioan from Northwest Ohio, and I attended Capital University here in Columbus to become a registered nurse. I went on to earn my Master of Sciences in Nursing from Duke and worked in the Duke University health system for 25 years before coming home to central Ohio. I served as Chief Executive Officer of University Hospital and the Ross Heart Hospital at the Ohio State University Wexner Medical Center for six years. Most recently, I served as President and CEO of OneFifteen, and the Executive Director for Behavioral Health Innovation at Verily. OneFifteen is a state-of-the-art behavioral health and substance use treatment facility in Dayton. There I led a cross-disciplinary team focused on modernizing addiction treatment.

I highlight my career not to boast but because it is all relevant to my dedication to health care and behavioral health, and my commitment to quality improvement, evidence-based programs and outcomes. Despite all my years of executive leadership, I have remained a nurse at heart with patient care the priority for every decision. It is through these two lenses that I view the work of OhioRISE, and it gives me great honor to serve many of Ohio's youth and families with the most complex behavioral health needs.

OhioRise CANS Data: Cross-System Indicators

Child Adolescent Needs and Strengths (CANS) is a tool used to gather information about a child or adolescent’s strengths and needs, helping professionals and families assess level of care, develop individualized service plan, track progress and facilitate quality improvement. It is an open domain tool, free for use but requires regular training and assessment. Ohio has 1,820 registered CANS assessors.

Ohio is one of, if not the only state in the country that has validated/adapted the tool for use across all youth-serving system, with the assistance of the Praed Foundation.



Source: CANS Data March 31, 2025

OhioRISE launched in 2022 as part of the Ohio Medicaid NexGen. It is a statewide Medicaid program that coordinates behavioral healthcare services and supports for youth who have complex behavioral health needs. This includes Medicaid and waiver-eligible youth. OhioRISE is a specialty behavioral health managed care program that provides mental health and addiction services and supports across multiple systems, including education, developmental disability, child protection and juvenile justice. OhioRISE collaborates with these community-based systems, alongside the families or caregivers, to support the needs of enrolled youth throughout Ohio.

OhioRISE has a unique structure built with 18 community-based care management entities or CMEs. OhioRISE provides oversight and support to the CMEs to assure alignment of goals and to achieve excellent health outcomes for all youth in the program. The care management entities each represent a unique catchment area. This ensures that the CME is embedded in the local community, with knowledge of the local population, continuously building relationships with system partners, providers and other support services. Much like the oversight and guidance that this committee provides to Ohio's Medicaid program, Aetna and the Ohio Department of Medicaid collaborate with the OhioRISE working board. It is there that we routinely share outcomes, data and ask for input from informed and engaged board members and the public. In addition, the OhioRISE regional teams regularly meet with representatives in each of the regions of Ohio, hearing from CMEs and partners in all catchment areas and sharing outcomes and program updates to provide additional oversight to the program.

The structure of OhioRISE is also unique to the specialty managed care it provides. The behavioral health focus of the program allows for member centric focus on the individual needs of each child. All of this starts with care coordination.

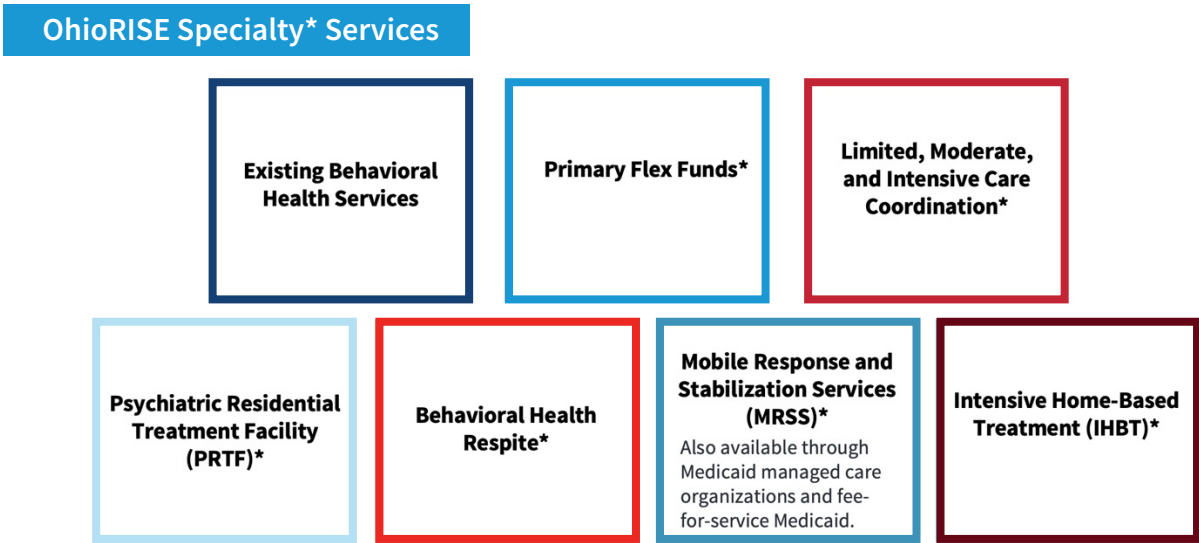
While care coordination at three tier levels is a major component, it is not the only component of OhioRISE. OhioRISE also maintains and grows a network of providers, covers the cost of new and enhanced services, and provides oversight of CMEs and quality outcomes, all while continuing to assess and address gaps and opportunities as they arise. Ninety six percent of the enrolled youth have or continue to receive services through the OhioRISE benefit, meaning they are receiving some level of service from OhioRISE, even if they are not currently actively engaged in care coordination. In fact, some families decline care coordination services, but these are often families that have been in the behavioral health system for some time, and they are independently managing care, or they prefer existing provider relationships.

The high level of care coordination and engagement is precisely the reason why OhioRISE ranks in the top 10% nationally in at least eight health effectiveness categories, and it outperforms Ohio MCOs in nine. You can review these rankings in the supplemental materials provided.

As you can imagine, the problems that existed before OhioRISE, that all MCOs in Ohio grapple with, are the disparity in access to care – notably rural versus urban settings. The advantage of the OhioRISE program is it allows, for the first time, a focused effort across the state to build a network of behavioral health, respite, and community providers. This was achieved in part due to Aetna leveraging its relationships with existing Aetna providers – expanding the total provider network but ensuring that all eligible youth could access care close to home. OhioRISE is designed to engage the CMEs at the community level to understand needs and gaps in services and supports that inform the ever-evolving

development of a statewide network of providers – there is definitely room to grow the network but the good news is, now we can focus efforts on that growth.

OhioRISE families are connected to OhioRISE care coordinators and local case workers across multiple systems – community-based systems that have supported youth and families before and after the implementation of OhioRISE, and remain vit partners to these families and to the success of OhioRISE. OhioRISE care coordinators work to connect all the systems, providers, and supports identified by youth and family to build the Child and Family Team (CFT). The CFT identifies and connects the youth to treatment services, natural supports (such as faith-based services), and community resources. This coordinated support happens through regular meetings to assess and adjust the care plan to meet the youth’s needs. This process helps ensure all the child’s providers are working together, and that families have support to navigate, what can be a confusing and complex, health care system.



*Youth in OhioRISE have their behavioral health benefits covered by Aetna Better Health of Ohio, the OhioRISE plan. Their physical health benefits are covered by their current managed care organization or fee-for-service Medicaid.

Today, less than three years since its launch, OhioRISE serves nearly 46,000 kids through a robust and constantly evolving provider network. Although enrollment is not a measure of success, it is important to understand how this number represents successful implementation of the program. One example of how successful enrollment has occurred is because OhioRISE necessitated the development of CANS assessor across the state – program assessors who are responsible for assessing the level of need and eligibility of a youth. OhioRISE partnered with hospitals to educate staff on OhioRISE enrollment at an inpatient admission. The steady increase in enrollment reflects the continued maturity of the program and the work to ensure all youth can enroll and engage the unique behavioral health benefits of OhioRISE.

OhioRISE is a one-of-a-kind managed care program. And before OhioRISE, while our system partners were supporting these families, the resources varied by community and no statewide infrastructure existed to support services as they do now. Because of OhioRISE, many of these youth are now receiving expanded services across the continuum of care they would not have otherwise received or if they did, it likely would bankrupt families, or lead a family to make the difficult choice of relinquishing custody of their child to access otherwise inaccessible services.

I feel confident that one of the main reasons you invited me here today is to understand the program outcomes.

First and foremost, this is a network of specialized services for youth with the most complex needs, and a level of care coordination that meets the unique needs of each youth and family. But this doesn't happen without the locally embedded CMEs and a local system. Ohio believes in creating more opportunities at the local level and implementing a local system of care, and when needed, we supplement that with statewide resources. All the insights, knowledge and data are collected at scale to ensure youth and family needs are met but also that the program has the capacity to self-analyze and constantly improve. Earlier I mentioned that there are currently nearly 46,000 youth enrolled in OhioRISE. Previous testimony to this committee incorrectly stated that OhioRISE was 40% under enrolled, citing data that read about 29,000 youth as of February 2025. We believe this was simply a misreading of the data, as the source cited shows that in February 2025, enrolled youths totaled nearly 45,000. And we are experiencing growth at an average rate of 2,000 new youth per month.

As was mentioned earlier in my testimony, we know that 96% of those youth enrolled are receiving some level of services and supports. Every single day we see the success behind those numbers. We know that we are top 10% nationally in effectiveness rankings. It is almost a guarantee that when a youth enrolls in OhioRISE, they will benefit from it and receive some level of service and support.

Behind that 96% though, there are tangible and meaningful outcomes, for the kids, for the families and for Ohio. I want to share with you some of those meaningful data points:

- OhioRISE has reduced ED visits by 41%, total psychiatric hospital stays by 28% and the average length of hospital stay by 40%.
- OhioRISE is committed to keeping kids in Ohio and close to home when they need intensive behavioral health care. In 2023, 90 youth needed out-of-state treatment. And in 2024, OhioRISE reduced that number to 60. And in 2026, more beds will become available for Ohio's youth.
- OhioRISE has also decreased the average length of stay for youth at psychiatric residential treatment facilities by 60%. The cost of this care averages \$140,000.
- From calendar year 2023 to 2024, the utilization rate of mobile response and stabilization services increased by 26% and the utilization of intensive home-based treatment increased by 42%. The use of these services reduces Emergency Department visits and the number of hospitalizations.

- OhioRISE is working to reduce the fiscal burden on Ohio’s child welfare system. Since its inception, OhioRISE has prioritized care for youth and families served by Ohio’s Public Children Services Agencies. Through early 2025, 25% of the total program spend — or \$248M — benefited these youth.
- As recognized by our families and many stakeholders, Behavioral Health Respite is an important benefit to support families, and we are pleased that respite services over the last year have grown by nearly 200%.
- Beyond traditional behavioral health care, OhioRISE provides flex funds, helping youth access services, equipment and more that are not typically covered as a Medicaid benefit. Flex funds are not a cash benefit and must be tied to a child and family care plan with an identified therapeutic benefit and implemented through care coordination. From March 2024 to February 2025, 9,000 kids across Ohio received flex funds.

The data speak volumes to the impact OhioRISE is having on Ohio and the youth and families served. And it is because of the system of care partners in coordination with OhioRISE that this success is happening.

In December, Governor DeWine shared with us a letter he received from an OhioRISE parent, and its comments like these that remind us why the program matters. This parent wrote:

“As I reflect on 2024 and contemplate 2025, this is the first year in many many years that I have a sense of hope and future not only for myself, but more importantly for my daughter and our family. The sole reason for this sense of hope is because of the Ohio RISE program.... The only reason why we have been able to receive the level of care [my daughter] needs is because of the OhioRISE program. Since being in the program, [my daughter’s] care team has helped me understand what progress looks like and we treat every day as a new opportunity to set milestones, or at a minimum, not regress from the progress we have made. As we continue her treatment plan in 2025, I am hopeful that my daughter can continue her education, make new and maintain existing friendships, and access opportunities in the community.”

Next, I want to discuss the impact that mental health and addiction has on the communities in our state. Behavioral health challenges represent a critical public health crisis in Ohio and across the United States, with deep economic and societal impacts. Approximately one in four U.S. adults and children experiences a mental health condition annually, yet access to care remains insufficient – only half of those in need receive treatment, and nearly 77% of adults with substance use disorders remain untreated. This gap contributes to approximately \$300 billion in annual losses to the U.S. GDP, driven by factors such as reduced productivity, absenteeism, increased medical expenses, and diminished labor participation. Globally, lost productivity from mental health and addiction tops one trillion dollars, annually.

In Ohio, the opioid crisis alone costs the state an estimated \$6.6 to \$8.8 billion each year, which is comparable to the state's annual K-12 education budget. Mental health issues lead to extensive workplace disruptions. Employees with untreated conditions miss 9.3 to 12.5 hours of work weekly, and caregivers lose over 32 hours per week in unpaid support duties. This means that when behavioral health challenges are present in our communities and families, fewer hours are spent at work, our workers are less productive, and Ohio businesses are losing money – employees with behavioral health challenges cost over \$13,000 annually per employee in healthcare, absenteeism, and turnover.

Despite these daunting costs and real-life challenges, there is hope and a path forward for Ohio businesses and the economy. For every \$1 spent on mental health services, there is a \$4 return in improved health outcomes and workplace productivity. Recovery can boost workforce participation by up to 42%, translating into \$53 billion in additional economic output annually due to reduced absenteeism and presenteeism. Moreover, healthier communities reduce the societal burden of homelessness, crime, and incarceration – factors often linked to untreated mental illness and substance use. Ohio has an incredible network of children's hospital and pediatric support services that are providing mental health care to all kids. And a program like OhioRISE is reaching the most vulnerable kids and families. Pediatric mental health programs are an upstream approach that aim to discover and treat behavioral health challenges before they need hospitalization, intensive psychiatric care or a lifetime of medication. Kids who are receiving care in the OhioRISE program are set up for a better future and one where they can reach their full potential and have a positive impact on the Ohio economy. As these youth's lives improve so do their parents and caregivers, allowing parents and caregivers to return to work, miss less work, add hours, and overall focus on other aspects of their lives.

We are thankful that we can be here today and share with you about OhioRISE. After only two and a half years, OhioRISE is already creating meaningful outcomes for families that would not have been possible without it. The program is also producing valuable savings for Ohioans, counties and the state. OhioRISE and local communities continue to work toward serving youth and families in the most efficient and cost-effective ways to build an even stronger OhioRISE. The goal is to build a system of care that provides local community supports to all Ohio's youth, reaching our rural communities and filling service gaps across the state. These efforts are built on feedback from local communities, stakeholders and families. We are grateful for the dedication from the legislature, Governor Mike DeWine, families, care management entities and OhioRISE program partners. OhioRISE is a national example and yet another reason why Ohio is a leader in addressing behavioral health.

Thank you for inviting me today and taking the time to learn more about OhioRISE. I look forward to answering your questions and working together to continually improve OhioRISE. Please know that I am available to each of you at your convenience to answer more questions.

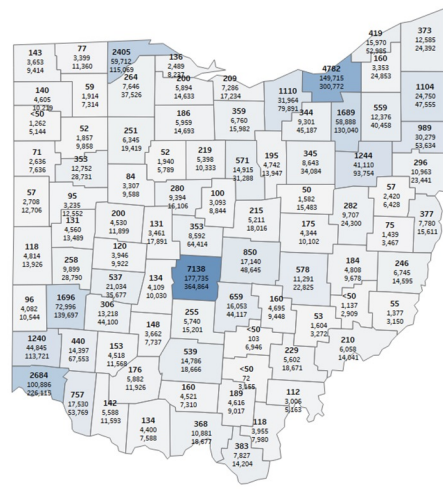
OhioRISE Enrollment

Map Key

(1) OhioRISE enrollment data is based on Feb. 2025, Range 13 – 7,138 youth across all 88 counties

(2) Medicaid enrollment data is based on Feb. 2025.

(3) The under 21 total population data is from the U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.



OhioRISE New and Improved Services

In addition to the mental and substance use disorder services currently covered by Ohio Medicaid, OhioRISE provides the following behavioral health services.



Care Coordination

Depending on a child or youth's needs, they receive one of three levels or "tiers" of care coordination. OhioRISE members are assigned a care coordinator who has experience working with children, youth, and their families. Care coordinators assist young people and their families with:

- Making a care plan to ensure the young person's behavioral health needs are met.
- Helping young people access services and resources.
- Talking to and providing information to other providers who are involved in the child or youth's care.



Improved Intensive Home-Based Treatment (IHBT)

Intensive, short-term services within a child/youth's home to help stabilize and improve their behavioral health.



Psychiatric Residential Treatment Facilities (PRTF)

Facilities, other than hospitals, that provide intensive psychiatric residential treatment services to individuals age 20 years or younger.



Behavioral Health Respite

Provides short-term, temporary relief to a child or youth's primary caregivers in a home or community-based environment.



Primary Flex Funds

\$1,500 in a 365-day period to purchase resources that address a specific need in child/youth's care plan. Funds must be used to purchase services or items that will:

- Reduce the need for other Medicaid services,
- Keep young people and their families safe in their homes, or
- Help a child or youth be better integrated into the community.



Mobile Response Stabilization Services (MRSS)

Immediate behavioral health services for children/youth in crisis. MRSS might be used when a child or youth has a behavioral health situation, and their family/caregiver is considering taking them to the hospital or calling law enforcement. MRSS helps ensure children and youth are safe, served in their homes and communities, and receive necessary support and access to care they urgently need.

If you or someone you know is experiencing a mental health crisis, call: 1-888-418-MRSS (6777)

[Welcome to MRSS Ohio - MRSS](#)

Intensive Home-Base Treatment (IHBT)

Pre-Expansion Teams Across the State:

- 18 IHBT Teams
- 6 MST Teams
- 11 FFT teams
- Providing access to IHBT, MST and/or FFT to **39 counties**

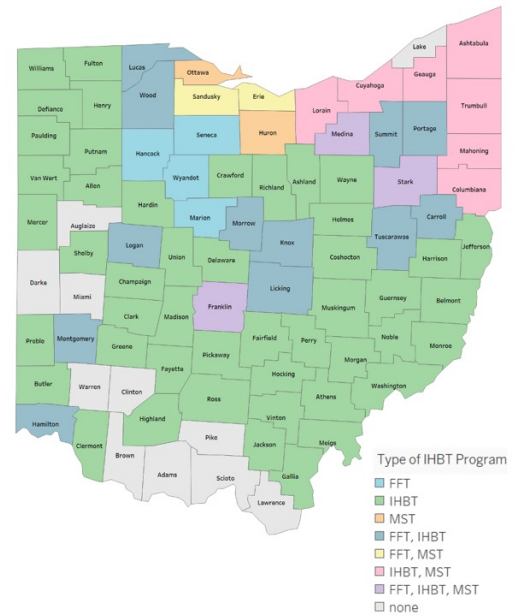
March 2024: 24 Expansion Awards to Ohio providers.

8 Months Post-Expansion Funding:

- **77 out of 88 counties** with access to IHBT, MST and/or FFT services
- 23 out of the 24 awarded are operational and accepting referrals

Number of staff hired across IHBT teams (March 2024 – January 2025):

- IHBT programs have filled 141 (89%) out of the 159 projected positions (34 supervisors, 94 clinicians, 31 qualified behavioral health specialists (QBHS))
- Breakdown of hires by position:
 - 31 supervisors (91%)
 - 80 clinicians (85%)
 - 30 QBHS (97%)



Type of IHBT Program

- FFT
- IHBT
- MST
- FFT, IHBT
- FFT, MST
- IHBT, MST
- FFT, IHBT, MST
- none



Ohio Children's Alliance

Leading change for child and family service providers

Ohio Senate Medicaid Committee

May 15, 2025

Ohio Children's Alliance Testimony on HB 96

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee, thank you for the opportunity to testify on HB 96.

My name is Mark Mecum, CEO of the Ohio Children's Alliance. Since 2011, I have led this statewide nonprofit advocacy organization. Our focus is on improving Ohio's system of care for children and families, with a particular emphasis on child welfare and behavioral health. We pursue our work through partnerships with our network of 90 community-based organizations, advocacy coalitions, funders, and state agencies. I am here today to call for support of state budget funding to ODM for OhioRISE, Ohio's specialized Medicaid program for youth with complex behavioral health needs.

OhioRISE was developed after years – decades in fact – of progress made in advancing and modernizing Ohio's children's mental health system of care. This progress dates back to the Voinovich Administration. Over this time, the state, counties, and community agencies have experimented with various approaches, learned from other states, and built an innovative but fragmented system of care. That's where OhioRISE came in.

OhioRISE established a statewide infrastructure, standards, and a singular MCO to administer it. OhioRISE has also cultivated a network of hundreds of health care provider organizations that are all rowing in the same direction to improve outcomes for multi-system youth. The program is still in its infancy but is already demonstrating excellent results and is becoming a model for other states, including Wisconsin and North Carolina.

Today OhioRISE serves 46,000 youth enrolled in Medicaid who have intensive mental health needs. OhioRISE care teams surround families with guidance and support to build a plan and see it through. Given that many of these families are dealing with not only mental illness treatment but pharmacological management, juvenile court involvement, special education, foster care, or developmental disability services, this type of quarterback-style care coordination is essential.

To be clear, OhioRISE provides boots-on-the-ground, in-person, care coordination. Care managers meet families where they are in the community, at home, at school, or wherever is convenient. Given OhioRISE youth are normally very expensive Medicaid members to cover, this type of care coordination yields significant cost savings spanning Medicaid and all of the other systems.



Ohio Children's Alliance

Leading change for child and family service providers

Some OhioRISE results over its first year of operation include:

- 41% fewer emergency department visits.
- 28% fewer psychiatric hospitalizations.
- 60% shorter stays in residential psychiatric treatment (care that costs around \$100,000 per admission).

In addition to care coordination, OhioRISE has also cultivated much more treatment services that families have been seeking for years, including intensive home-based treatment and respite care.

Although OhioRISE has achieved enormous success in a short period of time, much more progress has to be made. There are new top-down collaborations involving OhioRISE, children's hospitals, and community behavioral health organizations that are leveraging new technology to improve health outcomes. There are numerous bottom-up collaborations led by OhioRISE Care Management Entities providers that are leveraging local resources that maximize a community's potential. There are expansions of value-based initiatives underway. And there is a growing network of treatment services that is becoming increasingly accessible to families.

The state and stakeholders laid the foundation for OhioRISE in the last biennium—now it's time to build on that momentum and elevate the program to new heights.

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee, thank you for the opportunity to testify today. I welcome any questions you may have.

Mark Mecum
CEO
Ohio Children's Alliance

PHONE 614-461-0014 | WEBSITE www.ohiochildrensalliance.org
2600 Corporate Exchange Drive | Suite 180 | Columbus, OH 43231



Ohio Senate Medicaid Committee

May 15, 2025

Integrated Services for Behavioral Health Proponent Testimony on HB96

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee, thank you for the opportunity to testify on HB 96. My name is Cory D'Ambrosio and I am the Managing Director of OhioRISE Care Coordination at Integrated Services for Behavioral Health (ISBH). We are an agency that provides a comprehensive array of community-based behavioral health and youth and family services in Southeast and Central Ohio. I am honored to be here today to talk about OhioRISE and the impact the program is having on children and families across our state.

ISBH is one of the Care Management Entities providing OhioRISE care coordination to youth with complex behavioral health and multisystem needs. OhioRISE has created over 190 jobs within our organization, across 19 counties. Through care coordination, OhioRISE brings together families, providers, and systems like child protection, juvenile justice, and the education system to create a single plan that supports the young person's behavioral health needs and helps families access critical services and resources. Often families come to us feeling overwhelmed and unsure of how to navigate their journey ahead.

As an example, one family we are serving through care coordination came to us struggling to support their son living with multiple behavioral health diagnosis. Due to an unreliable vehicle, their son's medication refills had expired, and they were no longer linked to any behavioral health services. Through OhioRISE Care Coordination, we were able to form a team to address the barriers to treatment this family was experiencing. The team linked the family back with a psychiatrist and to a local community resource to assist with fixing their vehicle making it much easier to attend medical appointments and make trips to the pharmacy. Since this youth has been back on their medication and working hard on his coping skills, they have thrived and been able to transition out of a behavioral health classroom and recently told his team that "I feel like a whole new person." This is one of many stories of success.

The benefits of OhioRISE and the new and improved services are visible and making an impact across our communities. Families receive support in their homes through Mobile Response and Stabilization Services (MRSS) to help prevent unnecessary emergency department visits and Intensive Home-Based Treatment (IHBT) to stabilize and improve a young person's functioning. Behavioral Health Respite provides temporary relief to a youth's primary caregiver, reducing out of home placements. Primary flex funds allow for the purchase of items such as lock boxes to keep medications secure, attending classes at local businesses to enhance social skills, and access to additional services like equine therapy to reduce the need for other Medicaid services while helping them remain at home and better participate in their community. We see OhioRISE working every day for youth and families and are grateful for the opportunity to provide these critical services.

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee, thank you for the opportunity to testify today. I welcome any questions you may have.

Sincerely,

Cory D'Ambrosio
Managing Director OhioRISE Care Coordination
Integrated Services for Behavioral Health



Ohio Senate Medicaid Committee

May 15, 2025

Talbert House Proponent Testimony on HB 96

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee, thank you for the opportunity to testify today on House Bill 96. My name is Jodi Harding, and I am the Chief Operating Officer of Talbert House in Cincinnati. Talbert House is a large non-profit organization serving Hamilton, Warren, Clinton, and Brown counties. We employ 950 dedicated staff members and provide services to over 60,000 individuals each year through a comprehensive continuum of care. I am honored to be here today to voice our strong support for the OhioRISE program.

May is Mental Health Awareness Month—a time to reflect on the critical importance of mental health and to advocate for those most affected, particularly our youth. It is in this context that I urge your continued support for OhioRISE, a program that has proven essential in meeting the complex behavioral health needs of children across Ohio.

OhioRISE serves some of the most vulnerable young people in our state with significant behavioral health challenges. The program's approach is holistic and collaborative, engaging families and stakeholders to develop tailored care plans. The goal is clear: stabilize youth and help them remain safely in their homes. This not only reduces trauma caused by placement disruptions but also leads to substantial cost savings. To date, OhioRISE has supported more than 45,000 youth, many of whom would not have had access to this kind of support prior to this initiative.

The need for such services is urgent. In 2023, 20% of Ohio's middle schoolers and 33% of high schoolers reported poor mental health most or all of the time. The COVID-19 pandemic only deepened this crisis, dramatically increasing rates of depression, anxiety, and suicidal behaviors among adolescents. In Ohio, emergency department visits for mental health issues rose by 31% among children ages 5–11 and youth ages 12–17.

OhioRISE is part of the solution. Since its implementation, it has reduced emergency department visits by 41%, psychiatric hospital stays by 28%, and costly out-of-state placements by nearly 40%. These are not just statistics—they reflect real children staying out of crisis and closer to home.

The success of OhioRISE lies in its structure. Local Care Management Entities (CMEs)—longstanding, trusted providers in their communities—are at the heart of the program. They are uniquely equipped to deliver intensive home- and community-based services, which are essential to keeping families together and children in supportive environments. Services such as respite care for caregivers, intensive home-based treatment, mobile crisis response, and access to Flex Funds ensure comprehensive, flexible support tailored to each family's needs.



In conclusion, OhioRISE is not just a program—it is a lifeline for thousands of Ohio families. Continued investment in this initiative is vital. As we observe Mental Health Awareness Month, let us reaffirm our commitment to the well-being of Ohio’s youth. By supporting OhioRISE, we invest in healthier futures, stronger families, and more resilient communities.

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee thank your dedication to Ohio’s children and families. I welcome any questions you may have.

Sincerely,

Jodi Harding
Chief Operating Officer
Talbert House

Section 5

Letters in Support of OhioRISE

The Columbus Dispatch

Recognizing the needs of multisystem youth and the impact of OhioRISE | Opinion

Mark Butler | Guest Columnist

April 3, 2025

Mark Butler is a longtime advocate for multisystem youth, a current board member of the OhioRISE Advisory Board and a former board member of the Autism Society of Central Ohio.

For parents like me, the months of March, April and May have always held deep significance.

March is Developmental Disabilities Awareness Month; April is Autism Acceptance Month; and May is Mental Health Awareness Month. For families like mine — [families of multisystem youth \(MSY\)](#) — these awareness months don't exist in isolation.

Instead, they reflect the overlapping challenges we navigate every day. That's why I started thinking about these 92 days together as MSY92 — an opportunity to shine a light on the experiences of youth who require support across multiple systems and the families who fight every day to get them the care they need.

What is MSY?

A MSY is a child or adolescent with complex needs, requiring coordination among multiple partners — mental health services, developmental disability supports, educational accommodations and sometimes even juvenile justice interventions.

Families often face isolation, frustration and impossible choices to access basic care. A decade ago, Ohio was in crisis, with parents forced to surrender custody of their children just to get them the necessary treatment. There is a dehumanizing aspect to that. A family with a kid battling leukemia wouldn't be forced to surrender their child for them to get treatment. My own family lived through this nightmare.

Ohio is a different place now than it was 10 years ago, and a major reason for that transformation is [OhioRISE](#), a statewide Medicaid program that coordinates behavioral health services for youth who have significant or complex behavioral health needs. OhioRISE makes it possible for parents to access home-based care, respite services and — when necessary — residential treatment without being forced to relinquish custody. The change has been nothing short of life-altering.

Before OhioRISE, navigating multiple systems felt like playing a cruel game of hot potato, where no agency wanted full responsibility. As a parent, I experienced firsthand how difficult it was to get agencies to talk to each other and create a cohesive plan for my son, Andrew, who has autism, an intellectual disability and multiple mental health diagnoses.

OhioRISE has helped bridge those gaps, providing coordinated care that treats the child as a whole person rather than a collection of disconnected needs.

How OhioRISE helps families

The concept of MSY92 is not just about recognizing the intersection of these awareness months — it's about ensuring that families of MSY know they are seen, heard and supported. It's about advocating for continued investment in programs like OhioRISE, expanding services and making sure no parent must choose between their child's safety and their parental rights.

The truth is, far too many people still don't know what MSY go through. Legislators have been shocked when they hear the reality of our experiences. Some have even apologized after dismissing parents' struggles, realizing the system was failing thousands of Ohio families. But thanks to OhioRISE and the efforts of so many dedicated advocates, Ohio is now a model for the rest of the country. Other states are looking at us, hoping to replicate our success.

Ohio has come a long way, but we cannot stop now. We need to reach every family struggling in silence, ensure continued funding for critical services and encourage broader conversations about MSY beyond these 92 days.

We wouldn't be here without Ohio Gov. Mike DeWine, Medicaid Director Maureen Corcoran, many other cabinet members and all our legislative champions, who I encourage to support Ohio's most vulnerable citizens. The next 10 years must build on our progress so that every child — regardless of their needs — can thrive without unnecessary barriers or heartbreaking sacrifices.

Mark Butler is a longtime advocate for multisystem youth, a current board member of the OhioRISE Advisory Board and a former board member of the Autism Society of Central Ohio.



NATIONAL YOUTH ADVOCATE PROGRAM

Caring for People, Connecting Communities, Promoting Peace

May 29, 2025

The Honorable Members of the Joint Medicaid Oversight Committee
Ohio General Assembly
1 Capitol Square
Columbus, OH 43215

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and Members of the Committee:

On behalf of the National Youth Advocate Program Inc. (NYAP), I want to thank the Ohio General Assembly for its continued investment in the OhioRISE program. As a Care Management Entity for OhioRISE, NYAP has seen firsthand the life-changing impact this program is having on youth and families across our communities.

Before the launch of OhioRISE, behavioral health services in our region were limited, and too often, inpatient care was the only option available for youth in crisis. That reality has changed. Today, because of OhioRISE, we are seeing expanded access to key services such as Intensive Home-Based Treatment (IHBT) and Behavioral Health Respite. IHBT is now available in Allen, Hardin, Logan, Shelby, Champaign, Clark, Greene, and Madison Counties. Behavioral Health Respite is accessible in all eleven counties we serve. These services are giving families options that support stability and healing, allowing children and youth to remain in their homes and communities.

The introduction of Flex Funds has also played a critical role in supporting families. These funds have been used to remove barriers to care and stability—paying for camps, specialized services, and even home safety items like cameras and fences. These seemingly small supports make a big difference. They provide stability and prevent out-of-home placements by ensuring children have what they need to stay safe and supported, and where they belong.

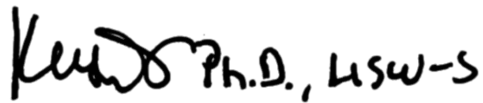
In regions where a full continuum of care remains under development, care coordination has been a vital bridge. Care coordinators are helping families build creative solutions, access local resources, and stay connected to essential services. Most importantly, they are becoming trusted partners to the families we serve. We hear time and again that care coordination reduces stress and confusion by bringing everyone involved in a child's care together around a shared plan.

We recently hosted a community event in Shelby County in collaboration with the Ohio Department of Medicaid. The event included two roundtable discussions – one with community partners and another with families and young adult members. The feedback from both groups was deeply affirming. Caregivers told us they feel heard and not judged. Families described care coordinators as reliable, consistent and compassionate. Two young adult members shared that

they would not have graduated high school without the support and encouragement they received through OhioRISE.

OhioRISE is more than a Medicaid program – it is a system of care rooted in the idea that every kid and every family deserve the chance to succeed and thrive in life. OhioRISE is making a tangible difference in the lives of young people and building stronger, more responsive systems across our state. NYAP is proud to be a partner in this work and deeply grateful for your continued commitment to Ohio’s children.

Sincerely,

A handwritten signature in black ink that reads "Kelly Davis, Ph.D., LISW-S". The signature is written in a cursive, slightly slanted style.

Kelly Davis, PhD, LISW-S
Executive Director, Ohio
National Youth Advocate Program Inc.



May 23, 2025

The Honorable Members of the Joint Medicaid Oversight Committee
Ohio General Assembly
1 Capitol Square
Columbus, OH 43215

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and Members of the Committee:
As the Chief Operations Officer of CareStar, I am privileged to represent a Care Management Entity that serves Butler, Clinton, and Warren counties – three communities that reflect both the promise and the complexity of youth behavioral health in Ohio. Through our work with OhioRISE, we are witnessing lives transformed and systems strengthened in regions that continue to experience considerable behavioral health needs.

In Butler, Clinton, and Warren Counties, children and families face a range of behavioral health challenges stemming from substance use, trauma, educational systems that have challenges and growing economic stressors such as job loss and rising housing costs. These factors often lead to service fragmentation, long waitlists for care, and families unsure where to turn. OhioRISE has allowed us to step in and fill these gaps by providing comprehensive, youth-centered, and family-driven coordination that bridges multiple systems

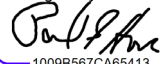
We recently supported an adoptive family of two young brothers, one of whom had significant behavioral health and developmental challenges tied to early trauma and in-utero substance exposure. With OhioRISE support, our CareStar Care Coordinator connected the family to a robust network of services from developmental disability resources to counseling and occupational therapy. When a crisis arose, our team rapidly collaborated to arrange a partial hospitalization placement. Flex Funds were used to provide a home monitoring system, and today, that youth has stepped down to a lower level of care and returned to school and community life with renewed confidence.

This type of success is only possible through trusted local partnerships. In each of our counties, we work hand in hand with community mental health centers, schools, juvenile courts, Boards of Developmental Disabilities, and social service organizations. These partners are essential to the OhioRISE Wraparound Model, providing the expertise, access, and compassion that families depend on during their most vulnerable moments.

In addition to transforming care, OhioRISE is strengthening our regional economy. It has created care coordination and behavioral health jobs, attracted new providers to historically underserved areas, and is supporting workforce development across our local systems. This investment is helping to close provider gaps, build long-term capacity, and support families, not only in times of crisis, but throughout their children's developmental journey.

OhioRISE is preventing larger problems for our community and youth as they get older. It is building community resilience, restoring hope, and advancing opportunity in care. On behalf of the families we serve, and the dedicated professionals doing this vital work, I thank you for your support and investment in youth and families.

Sincerely,

Signed by:

1009B567CA65413
Paul Howe, MSW, LSW, CCM
Chief Operations Officer
CareStar, Inc.



INTEGRATED SERVICES
for behavioral health

**HEALTHY PEOPLE.
STRONG COMMUNITIES.**

May 27, 2025

The Honorable Members of the Joint Medicaid Oversight Committee
Ohio General Assembly
1 Capitol Square
Columbus, OH 43215

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and Members of the Committee:
At Integrated Services for Behavioral Health (ISBH), we are committed to walking alongside children and families in some of the most under-resourced areas of Ohio. As the Chief Executive Officer, I have witnessed firsthand the profound impact OhioRISE has had on the lives of those we serve. We serve 19 counties where families face daunting challenges that include addiction, food insecurity, economic instability, and under-resourced education systems. OhioRISE has been a transformative force in addressing these systemic issues by creating access, fostering care coordination, and elevating local solutions.

The youth and families in our heavily rural region often experience multi-generational trauma, isolation, and difficulty accessing essential services. Through OhioRISE, we are able to provide these families with wraparound care coordination, behavioral health supports, and meaningful connections to local resources that understand the community's context and culture.

OhioRISE has not only helped us support individual children but has also elevated entire families. From children like Griffin, who transitioned back into a general education classroom with the help of psychiatric care and family supports; and like Scarlett, who is thriving through YMCA programs and home safety modifications made possible by flex funds. The impact is tangible. OhioRISE helped a boy named Tyler reintegrate into his school and community, and supported a young man named Steven to find success in education and employment. And in almost every case, OhioRISE has provided comfort and strength to caregivers who previously felt lost and alone.

Across our region, five core challenges persist that directly impact the behavioral health of our youth:

- **Fragmented Behavioral Health Systems with Limited Provider Collaboration** – OhioRISE has addressed this through its CME model, which coordinates care across systems, reduces service duplication and ensures continuity of care.
- **High Rates of Adverse Childhood Experiences (ACEs), Youth Trauma, and Substance Use** – Through new access to Intensive Home-Based Treatment (IHBT) and Mobile Response and Stabilization Services (MRSS), families are getting the right support, at the right time. These services are keeping kids in their

homes and communities and reducing unnecessary hospitalizations. Before OhioRISE, most of our counties lacked these supports.

- **A Regional Mental Health Workforce Shortage** – OhioRISE has expanded access to supports not traditionally reimbursed by Medicaid, such as respite care and wraparound coordination. The model has allowed us to hire and train staff with lived experience, addressing workforce gaps, while opening new pathways into the field.
- **Deep-Rooted Mistrust of Systems and Stigma Around Mental Health** – As a trusted provider, ISBH has built credibility by hiring local team members who reflect and understand the culture and values of Appalachian communities. This approach has opened doors to care for families who might otherwise not seek support.
- **Lack of Reliable Transportation** – Transportation challenges are a constant barrier to care. Through OhioRISE’s enhanced transportation benefits and our care coordinators’ local partnerships, families are better able to access critical services and maintain care plans that support their long-term well-being.

All this success is made possible through local partnerships. Our network of local providers, schools, juvenile courts, developmental disability boards, and community-based services are vital to the success of the OhioRISE wraparound model. They are the hands and hearts delivering on the promise of comprehensive care.

In addition to improving clinical outcomes, OhioRISE is also strengthening our local economies. The program is creating jobs in some of Ohio’s most distressed regions – care coordinators, peer supporters, behavioral health workers – and bringing new providers into areas long considered mental health deserts. We are filling gaps, training a new generation of professionals and building a workforce equipped to handle complex youth needs.

OhioRISE is more than a Medicaid benefit. It is a catalyst for economic development, a stabilizing force in family life and a visionary approach to children’s behavioral health. We thank the General Assembly and the DeWine Administration for its leadership in investing in the well-being of our youth and we urge the continued support of this essential program.

Sincerely,

Signed by:

578C7E2D94DD4EF...

Samantha Shafer

President & Chief Executive Officer

Integrated Services for Behavioral Health



May 29, 2025

The Honorable Members of the Joint Medicaid Oversight Committee
Ohio General Assembly
1 Capitol Square
Columbus, OH 43215

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and Members of the Committee:

As a dedicated Care Management Entity (CME) within the OhioRISE program, Coleman Health Services is proud to play an integral role in improving the lives of children and youth with complex behavioral health needs across Ohio. We see firsthand the impact of your leadership and investment in initiatives like OhioRISE, which has become a vital lifeline for families in need.

In many of the rural counties we serve, behavioral health services are sparse, and families often face immense barriers such as limited providers, transportation challenges, and geographic isolation. Through OhioRISE, we are bridging these gaps by offering access to services through telehealth and empowering families to build resilience through community-based and non-clinical supports.

Where systems of care are underdeveloped, Coleman assists families in navigating a fragmented provider landscape. We act as connectors – coordinating care, resolving communication gaps among providers, and identifying creative solutions that go beyond traditional service models.

A particularly critical function of OhioRISE has been its ability to support youth transitioning into adulthood – a time when services often drop off. Our team collaborates closely with ADAMH Boards, child welfare agencies, and Family and Children First Councils to ensure continuity of care, giving young people the support they need when they need it most.

In Richland County, the needs are especially acute. Youth face long waitlists for mental health care, rising substance use issues, social isolation and exposure to violence and trauma. Through OhioRISE, we work together with local schools, juvenile courts, child welfare, and mental health agencies to provide coordinated, trauma-informed and family-centered care. We are reducing custody relinquishment, incarceration and school expulsions – outcomes that strain both families and systems.

OhioRISE has enabled Coleman to bring systems and stakeholders together around one shared vision: a holistic, integrated approach to behavioral health. By doing so, we are enhancing existing resources and reducing reliance on higher-cost interventions.



We commend the State of Ohio for its commitment to this transformative model of care. With your continued support, OhioRISE will remain a cornerstone of behavioral health progress in Ohio, ensuring that every child, regardless of geography or circumstance, has a path to hope and healing.

Sincerely,

A handwritten signature in blue ink that reads "Hattie Tracy".

Hattie Tracy
President and CEO
Coleman Health Services



Thursday, May 29, 2025

The Honorable Members of the Joint Medicaid Oversight Committee
Ohio General Assembly
1 Capitol Square
Columbus, OH 43215

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and Members of the Committee:

As the Vice President of Integrated Care Services at The Buckeye Ranch, I am honored to be a leader at one of Ohio's longest standing and most comprehensive providers of behavioral health services, restoring hope and providing healing to children, youth and families for more than 60 years. In partnership with OhioRISE, we have addressed some of the most urgent and complex behavioral health challenges facing families in Franklin County and beyond.

Franklin County is home to both vibrant communities and deep-rooted systemic challenges. Youth and families in our region experience elevated rates of poverty, homelessness, food insecurity and involvement in the juvenile justice system. These public health challenges are not peripheral – they are core stressors contributing to the behavioral health needs of our youth and families. OhioRISE allows us to support the unique needs of each youth and family with a coordinated, trauma-informed, and family-oriented approach that focuses on strengths, system optimization, continuity and care.

The impact of OhioRISE can be seen in the stories of families we serve:

- Two grandparents, following the death of their daughter, struggled to meet the high behavioral health needs of two grandsons exposed to trauma and prenatal substance use. With OhioRISE, they now receive weekly support, feel heard and validated and have maintained consistency despite life's challenges.
- A single mother navigating her own grief after the loss of one twin has worked for years to support her surviving son's mental health needs. With the help of a care coordinator and flex funds, she is no longer alone in this journey.
- A father has found new hope for his daughter, who needs round-the-clock supervision, by relying on weekly support and access to critical services like respite care.
- A mother whose daughter faced multiple school expulsions and hospitalizations now sees stability thanks to a care coordinator who engaged directly with schools and the court system. Her entire family, including the caregiver herself, is healing through the OhioRISE model.



Each of these stories underscores the same themes: OhioRISE empowers families, reduces crisis, prevents unnecessary system involvement and strengthens the entire support network around the child. At The Buckeye Ranch, we work closely with local schools, juvenile courts, mental health providers and social service agencies creating a continuum to optimize support for youth and families through impactful care coordination services. Through these partnerships, we maximize opportunities to prevent youth from entering or deepening their involvement in the juvenile justice system, help families avoid custody relinquishment, and provide access to stabilizing supports like respite, mentoring and housing.

OhioRISE is more than a care coordination program, it is a system transformer. It fills longstanding gaps, ensures opportunity for our most vulnerable communities and aligns resources in a way that produces measurable outcomes and provides hope for children and families. What we are doing in Ohio is a national model, and Ohio is emerging as a national leader, changing the trajectory of our work now and setting the stage for continued innovation in the years ahead.

On behalf of the thousands of families we serve in Franklin County, thank you for investing in our youth through OhioRISE. We urge you to continue your support for this vital initiative. OhioRISE is working, and our children and families are counting on us.

Sincerely,

Margrit Springer

Vice President – Integrated Care Services

The Buckeye Ranch



40060 National Road, Bethesda, OH 43719
(740) 782-0092 • Fax: (740) 782-0122
thevillagenetwork.org

05.27.2025

Subject: Letter of Support for the OhioRISE Program

Dear Joint Medicaid Oversight Committee,

On behalf of The Village Network, I am writing to express our support for the OhioRISE program. As a community-based agency committed to improving the well-being of children and families across Ohio, we have seen firsthand the impact OhioRISE is having on youth with complex behavioral health needs. OhioRISE represents a critical advancement in how our state delivers care to some of its most vulnerable populations. By offering coordinated services across multiple systems OhioRISE fills longstanding gaps in care. This approach is especially vital for the youth we serve who often experience fragmented or insufficient support under traditional service models.

Since the implementation of OhioRISE, we have observed significant improvements in service accessibility, family engagement, and overall care coordination. The use of Care Management Entities (CMEs) has allowed for more personalized, wraparound support that meets youth and families where they are emotionally, socially, and geographically.

Moreover, the focus on youth voice and family-driven care planning aligns closely with our own mission to empower individuals and respect their lived experiences. We have been particularly impressed with how OhioRISE incorporates family input into service plans, which has led to higher levels of satisfaction and engagement in treatment processes.

We encourage continued investment in and expansion of the OhioRISE program. It is clear that OhioRISE is not just a program, it is a lifeline for many of the youth and families we serve. Thank you for your leadership in championing innovative and compassionate care solutions through OhioRISE. We are proud to stand with you in support of this vital initiative and look forward to continued collaboration.

Sincerely,

Marsha Woods, MSW, LICSW, LISW-S, ICGC2
Program Director- IHBT
The Village Network
mwoods@thevillagenetwork.com
330-641-2740

Section 6

Member and Family Stories



Parent Letter

I have personally had the best experience with OhioRISE. I had been struggling for a couple years trying to get my child the help she needed. When OhioRISE was recommended, I wasn't sure how much help they would be since I was struggling so much, but I told myself "What would it hurt." Once my child was accepted, we were assigned to Leah. And let me tell you she has been a GODSEND. She immediately sent the referrals out to all the right people, and we finally started getting the help my child needed within a month. Still to this day, Leah is always checking in and going to meetings with us to make sure my child doesn't slip through the cracks and making sure my child has all the help that she needs and then some. My daughter and I absolutely love Leah. Without her, this momma would probably be going out of my mind while still trying to get the help my child needed. I Highly recommend OhioRISE!

Yours Truly,
A very satisfied mother



Parent Letter

I am writing to tell you about our family's experience with OhioRISE.

We completed the CANS assessments for our two grandsons in December of '22, one month after our daughter's, their mother's, death. We have had custody of both boys since they were infants. Our daughter was an addict so both boys were exposed to drugs and alcohol in utero and then experienced quite a bit of trauma in the first few months of their lives, before we had the legal rights to them. Due to these factors, they both have special needs and lots of behavioral issues. Some days can feel impossible. This is why we are so grateful that OhioRISE came into our lives. We have nothing but amazing things to say about this program.

Both boys tested in the "intensive" category so we have weekly meetings and check in with our care coordinators and any therapists that they are seeing at the time. These meetings and check-ins were vital. As a caregiver that is exhausting. I have been supported and validated. In my opinion, these are the two most crucial things that a caregiver in a tough situation needs. I have never felt judged for my feelings of being overwhelmed, anxious, exhausted. I have felt nothing but support.

We have been through a few care coordinators since we started with OhioRISE as each of the previous cc's have been promoted to supervisor. That says a lot about the program. Usually there is high turnover, we have experienced a lot of this in this line of work. The fact that each of them has stayed and only moved on due to promotion speaks volumes. I have loved each of our care coordinators and have felt like each of them has my back and has a strong desire to support not only our boys, but us as caregivers. This is very unique and such a welcome change! We have been through a lot of programs and therapists so I feel that I can speak from experience on this topic. Each of the cc's has been consistent with our weekly meetings and with checking in on us via text, phone call, or weekly meetings with the whole team.

We are beyond grateful for this program and for each of the cc's and therapists that have come into our lives. I honestly feel like I do not have the right words to express this. As I type, I'm in tears. Happy tears. Tears of gratitude.

Thank you to each and every one of these people that have been placed in our lives and to the program in general.

With sincere gratitude,
Mike and Patty Kray



Member Success Story

Originally published in the OhioRISE RISE Together newsletter, January 2025.

An Ohio family adopted two young brothers after a close family member, who was battling substance use disorder, could no longer care for them. The adoptive parents found themselves overwhelmed with no support. One of the youths demonstrated a range of behavioral challenges that included struggles in school and violent tendencies toward his brother. Doctors diagnosed him with numerous complex behavioral health disorders.

He was enrolled in OhioRISE after an inpatient stay. CareStar, a Care Management Entity (CME) with OhioRISE, assigned a care coordinator to ensure the youth and family were connected to the right services. At the initial meeting, the care coordinator developed a plan. First, they called the local county board of developmental disabilities (DD) office since they knew his diagnoses also qualified him for DD services. The care coordinator, the board of DD services and the support administrator, the person who works for a county board of DD and is assigned to be a main point of contact to help with patient needs, created a care plan together that included the following services: respite care, behavioral health and counseling, occupational therapy and support from various community members.

Not long after starting these services, the care coordinator responded to a panicked call from the parents. There was a safety concern in the home, and the family knew they needed immediate support. The care team searched for residential placement, explored several options and ultimately found a local, partial hospitalization program. This is a type of outpatient treatment designed to provide comprehensive care during the day while allowing the youth to return home at night. The care coordinator and a care manager from an Ohio Medicaid managed care plan secured transportation for the entire length of the program stay.

The team started to see immediate improvement after a medication adjustment and counseling support that enabled the youth to learn how to de-escalate and self-soothe. Flex Funds paid for a camera system to support the family when the youth was home. A recent Child and Adolescent Needs and Strengths (CANS) assessment downgraded the youth from needing OhioRISE's intensive level of care coordination to moderate. The family reports he graduated from the partial hospital program and started school and outpatient services. They thanked the entire team for the support to transform their son into a more well-adjusted child.



Care Coordinator Update

I have worked with Solomon for more than three years, first as his Therapeutic Behavioral Services (TBS) worker and currently as his OhioRISE care coordinator. Solomon recently emancipated from the permanent custody of Trumbull County Children's Services Board (TCCSB). After numerous placements in residential centers and foster homes, Solomon returned to the units at TCCSB about a year ago and was able to stabilize there.

With the help and support of the child and family team, Soloman has achieved many accomplishments this year which include:

- Completing coursework after failing Algebra last year.
- Participating in the summer youth work experience program, which is sponsored through Ohioans with Developmental Disabilities
- Gaining employment at Salvatores working as a dishwasher.
- Graduating high school.

Solomon is diagnosed with Autism and received an IO waiver through Trumbull DD Services. Solomon receives job coaching through Compass and has a 1-on-1 at Salvatores. It is the hope that Solomon may obtain employment at Salvatores after the summer work experience is complete. DD services also identified housing for Solomon with the help of Community Integration Supports (CIS) and Solomon's waiver covers the expense of 24/7 staff.

Solomon was also successfully matched with a roommate who shares his love of Legos and Nerf Guns. Solomon moved into his new home in Niles on May 19th and has expressed the desire to remain involved in OhioRISE. Solomon will also receive ongoing supportive services through DD and mental health services at Cadence Care.

I am very proud of Solomon's accomplishments and can't wait to see how he thrives in the community after years of congregate care.



Parent Letter

Our journey with OhioRISE started in January of 2024 following my child's first suicide attempt. We were blind-sided with this action and in a total state of crisis. Over the next six months we endured 10 hospitalizations, multiple runaways and lots of ups and downs. OhioRISE was there for it all. Planning, coordination and lending support in every way they could. Through safety plans, discharge meetings, finding opportunities to explore interest and a way to express emotion they were there. Every text or call as a parent, I know I had someone listening and my child knew his voice was being heard.

Our next obstacle was residential. Our coordinator walked us through the process and divided a 4-page list of potential options in half and started calling. Eventually in June of 2024 our child found a residential 3.5 hours from home and spent the next five months there. Our care coordinator at this time changed and while the residential was not what we expected our new coordinator (Trista Reckling) was so much more than what we could even dream of. She fought and advocated to meet our needs. She built a bond with both of us and then helped me and my child build one together. She made sure we had resources in place to visit our child and checked in with us both through the good and bad times.

Trista was in my home shortly after my child was discharged in November of 2024 and she helped him to adjust to being back home. Trista kept my child on her case load long after she took a management position. She researched and provided resources for every obstacle we faced and once she had to transition him to a new coordinator, she handpicked Katlyn Hendrickson. Trista could not have picked a better person to go forward with us. Katlyn provided support in February when my child had a major knee surgery utilizing his flex funds to keep him entertained and of a positive spirit.

More recently my child found out that he is not the father of a one-year-old. The first person he wanted to tell was Trista and Katlyn. OhioRise has supported and advocated for us in ways I can't even put in to words and there is no doubt in my body that my child would not be celebrating 5 months out of residential with only one acute stay, he would not be preparing for his 18th birthday and looking for his first job, he would not be free of the weight of questioning whether or not he is the father of a child, he would not have a strong bond with his care team and know where to go and what to do when things get rough. OhioRise has changed our lives for the best and we could not be more thankful!

Care Coordinator Update

Youth was just 16 years old when she came to OhioRISE. She struggled with severe depression, trauma, and suicidal ideations and had been hospitalized several times for suicidal ideations. Family life and school were tough on the teen. Peers often taunted and bullied her while she struggled with her grades and a will to live. When we began care coordination for her, her family was at their wits end; and seeking desperate help for her.

She was a Tier 3 Level of Intensive Care Coordination when we started. As we began working with her, she was very non-communicative and did not trust the system. It was almost like pulling teeth to build a rapport with her. As we began working with her and her family she slowly began to trust, and we were able to apply wrap around services for her because she was more open to them. She finally agreed to counseling, medication management, and the utilization of flex funds to help meet her needs. While she started to become more open and willing to deal with what she was struggling with, there were still times she would not take her medication and would stop going to counseling.

She stated that she was fighting for her life everyday as she dealt with her past trauma. She stated that with the help of her care coordinator, her therapist/counselor and her deep faith, she began the process to heal from her trauma. There were times when she wanted to give up but having that consistent team gave her hope. She began to focus on her education and pull her grades up. She recovered the credits needed to graduate from high school and began to work part-time as a CNA. In 2024, she graduated from high school and started college. She is now attending North Central State College and majoring in Bioscience. She also has a wonderful relationship with her family now and loves her new counselor which took many months to find the right one. She is medication adherent and is working part-time at a local greenhouse which she enjoys. She sings in her church choir and is on the Worship Team. She also finds strength in music, and digital art.

She and her family are very grateful to OhioRISE and She now has a wonderful outlook on her life and has a bright future ahead of her. It has been such a pleasure working with her and her family as her OhioRISE care coordinator. There is no doubt that she is a true success story; and is on the journey of healing from her past trauma and is fully capable of fulfilling and achieving all her dreams.



A Parent Perspective

For many parents and caregivers of children with behavioral health needs, the journey can feel isolating and overwhelming. Navigating healthcare systems, advocating for services and finding the right support can be daunting. That’s where peer support comes in — offering guidance, encouragement and most of all, hope from those who have been in their shoes.

Heather Brooks knows firsthand the importance of peer support. Already having raised four children together, Heather and her husband adopted their son, Brenden, at age three, and faced challenges they never anticipated. Brenden was aggressive, nonverbal and getting kicked out of preschools. Despite having a background in nursing, Heather found herself lost in a system that didn’t provide clear answers or support for these development delays and behavioral issues.

“I could not figure out what to do, and people would tell me it’s just a phase. I felt like nobody was advocating for him,” said Heather.

Everything changed when an OhioRISE care coordinator reached out from Harbor, a leading mental health and substance use disorder treatment provider in northwest Ohio, offering to connect Heather with specialized services. The care coordinator helped set up the child with multiple services that included counseling, speech therapy and care from health experts to get Brenden’s challenges accurately diagnosed. Specialists diagnosed Brenden with autism, Attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD) and reactive attachment disorder (RAD).

With a care plan and team in place, Heather learned how to advocate effectively for Brenden’s needs, access vital services and build a support system that empowered their family.

“It felt like a white flag was being flown in front of us and that someone finally heard our cry for help and was listening. We finally understood the diagnosis, where he came from and how to better support him. Brenden has done a complete turnaround these last few years.”

Inspired by her experience, Heather became a Certified Family Peer Supporter through the Ohio Department of Mental Health and Addiction Services. She currently helps caregivers navigate similar challenges as Harbor’s lead parent peer support specialist, where she oversees Ottawa, Sandusky, Seneca and Wyandot counties. Harbor secured a federal grant for peer support services for the system of care in those four counties. Through one-on-one support, parent cafes and educational resources, peer supporters provide families with the tools they need to educate themselves, advocate for their children and build resilience.

“The biggest benefit of peer support is knowing you’re not alone,” Heather says. “Sometimes, just having someone listen and say, ‘I understand’ can make all the difference.”

Member Story

At the age of 13, my member found himself in a cycle of crisis and turmoil. Referred to OhioRISE by our County JFS, he was facing significant challenges that most children his age should never have to experience. His struggles were severe: aggression, homicidal ideations, and a history of carrying weapons with plans to use them. His mother lived in constant fear in her own home, with the police called multiple times each week, and the member being taken to the hospital for evaluation on numerous occasions.

For over two years, he was unable to attend school (neither in-person nor online) and moved between juvenile detention centers in different counties. Despite numerous efforts to secure appropriate care, it took months for a solution to emerge. The team worked tirelessly to secure the best placement for the member, eventually finding an ICF in Columbus that was willing to provide him with the care he desperately needed. This marked a turning point in his journey, as the wraparound team ensured that he had access to the right services and constant support.

Now, almost 90 days in the group home, the member has made a truly remarkable transformation. There have been no hospital visits in the past 30 days, and not a single call to the police. He has been able to communicate with his mother in a healthy, respectful manner, rebuilding a bond that has been strained. His participation in community events has shown that he is a young person with potential, hope, and a willingness to engage.

While there are still challenges to face, such as attending school on a consistent basis, the progress he has made is undeniable. When he is present, he participates actively in class and engages positively with his peers. The staff at his group home have been key in helping him manage his emotions. When he shows signs of aggression, they can redirect him and engage in meaningful conversations about coping skills. His receptiveness to these conversations has been a breakthrough, showing that he is learning to manage his emotions and reactions in healthy ways.

This success story is a testament to the member's resilience, the unwavering dedication of his support team, and the power of collaboration in the face of overwhelming challenges. With the right resources and ongoing support, the member is on a path to a brighter, healthier future. His turnaround is not just a win for him, but also for his family and everyone who has been part of his journey.



Family Letter

Coming from another state, OhioRISE was like nothing I had ever experienced. As a single parent, I was struggling to manage all of the healthcare costs for my son. On top of that, I was constantly scrambling to find the best resources to support him.

OhioRISE has truly changed the trajectory of my son's life, and it's immeasurably reduced my stress as the parent of a child with special needs.

My appreciation for the state of Ohio starts with the OhioRISE program. I am beyond grateful.



INTEGRATED SERVICES
for behavioral health

Family Letter

My name is Sarah Scott, and my family consists of two grown children, two school-aged children, and three grandkids. Our youngest son is 11 years old and attends New Story Schools. Since the day he was born, when he didn't breathe for over four minutes, he has faced immense challenges. Over the years, he has been diagnosed with Generalized Anxiety Disorder (GAD), Intermittent Explosive Disorder (IED), fine motor delay, ADHD, and Autism Spectrum Disorder (ASD) Level 2. Navigating these diagnoses has been an ongoing journey, marked by struggles, small victories, and the relentless pursuit of what works best for him. It's been a life different from the ones my older children lived—a life of micromanagement and constant advocacy. But despite the difficulties, it's a life filled with hope, especially since discovering OhioRISE.

Although our story began long before OhioRISE entered the picture, it's where we are today that matters most. And it's where I have found a program that has truly been a godsend for my child and our family. When my son was younger, we received wraparound services through our local Family and Children First Council (FCFC), which were successful at the time. However, when he began to struggle again a few years later, I knew I couldn't do it alone. As a Wraparound Service Coordinator myself, I understood the power of having a team, and I turned to OhioRISE for help. That's when I met McKayla, who became not just a coordinator but a compassionate guide and witness to our journey.

At that time, I felt like I was adrift on a boat, lost at sea with no destination in sight. I was seen but not heard. Even as someone who works within the system, I found it disheartening and intimidating to sit at a table where others often disagreed with what I knew was best for my child. What makes OhioRISE so exceptional is that they honor the voice of the family. They trust that you know your child better than anyone else. Even when we didn't have all the answers, the wraparound team helped us gather pearls of wisdom from everyone involved. Together, we built goals around my son's strengths. That was the beauty of it: I felt heard, supported, and, most importantly, not alone anymore.

OhioRISE doesn't just offer services; it transforms lives. By honoring the voice of families and providing practical, meaningful supports, it's a program that lifts burdens and creates hope. I know this to be true because it's changed my life and, most importantly, my son's life. Today, we are not just surviving—we're thriving. And for that, I will be forever grateful.



Member Story

Jeremy engaged in care coordination following a crisis event in which there was police involvement and pending litigation. Member, who was in the National Junior Honor Society, had never been in trouble at school, maintained good grades and was starting to involve himself in school sports for the first time. Following a social interaction that went horribly wrong, Jeremy found himself in Juvenile Detention over a holiday weekend. He spent most of his time sleeping to avoid stressful situations at the facility. The member became involved with MRSS and then was referred to OhioRISE.

Jeremy experienced a significant emotional response to the traumatic event and spiraled quickly into isolation from peers, family, friends, and school. He was no longer allowed to participate in school sports and no longer felt safe engaging with anyone outside of the confines of his house. Although he continued to attend school in person, he struggled emotionally and spent time speaking to mostly no one. Jeremy was suffering from nightmares and re-experiencing the traumatic event almost daily. As time grew closer to the court hearing for sentencing, Member's anxiety was heightened. He continued seeing a therapist and started to learn coping strategies.

Jeremy's exemplary citizenship prior to the incident helped his case. Charges were reduced to a misdemeanor offense, and he completed his community service.

Jeremy secured an item through flex funds that helped get him back into outdoor physical activities, while providing him some safety and security outside of the home. He has followed his care plan and has stretched himself to re-engage with his peers and friends at school, while also using coping skills he learned to communicate and apologize for disengaging in the first place.

Jeremy continues to show great progress and is getting back to being the person he was before the incident.



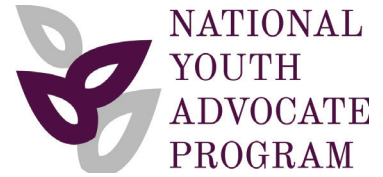
Member Story

The youth was a **day one** recipient through OhioRISE when Talbert House became an OhioRISE provider. At that time, the youth was a senior in high school and struggled with his severe mental health symptoms, family relationships and disordered eating. The youth's vision of what they wanted their life to look like was different from what their parents' expectations were. These differing opinions caused major turmoil in the home and significantly impacted the youth's mental health. Both the youth and their family agreed that their mental health needs warranted residential treatment, one that could address maladaptive thinking patterns, disordered eating, and family communication.

Through implementing the wraparound principles, the care coordinator was able to develop a plan and facilitate a teaming process that honored both youth and parents' voice and was able to address his needs. The youth completed residential treatment successfully and was discharged home to parents. Although the youth and his family relationship improved, there continued to be conflict and the young person, and his parents felt it best for the youth to begin looking at alternative living arrangements. Care plan goals changed and shifted to meeting his need to increase self-sufficiency. By utilizing various supports and services, including those based on fostering independence in youth (TIP programming, OOD and DDS), the youth created a life that both he and their family can be most proud of. The youth continued to address their mental health needs and increased their autonomy, while creating healthy and supportive boundaries with his parents.

The care coordinator requested OhioRISE Flex funds to pay for driving school and this helped him gain more independence and increased their self-esteem and self-worth. The youth successfully completed high school, obtained a driver's license, and secured steady employment. The youth also worked with their TIP case manager on life skills and moved into an independent living apartment. The young person rebuilt a close relationship with their father and started engaging more socially in community activities, both of which were always a struggle. Youth has also succeeded in maintaining their responsibilities and challenging themselves to grow socially and in their art skills, a talent that the youth has developed over the years and become very proud of and passionate about.

Now at 20 years old, he is still involved in services for maintenance of mental health, but they are now more of a background piece in his life. The youth successfully completed the OhioRISE Care Coordination (Tier 3) and has transitioned to Limited Care Coordination with Aetna.



Member Story

An 18-year-old female in Shelby County was failing her classes and school.

A NYAP care coordinator obtained tutoring for her and worked with the school to provide various interventions during the school day for the member.

After expressing interest in designing hair bows, the care coordinator got her a printer through flex funds. Now the youth has been able to start her own business, making hair bows for various cheerleading teams and for the general public.

She is set to graduate at the end of May.



Member Story

Jackson was highlighted at his school for participating in the school's "DoorDash" program. This program teaches students with special needs how to make breakfast sandwiches in the microwave, coffee, and plate a light breakfast for themselves, students and staff.

Diagnosed with autism, Jackson has struggled in the past to be engaged and stay on task at his previous school. This school year, Jackson is engaging in learning activities that support his socio-emotional development and academic learning.

With the support of his Child and Family Team (CFT) he has made major improvements in his classroom behaviors and developed a sense of belonging. His Intervention Specialist and one-on-one aide provide a supportive and loving environment for Jackson and his classmates.

His mother has expressed how appreciative she is to be able to feel more relaxed about her son being at school the entire day without any phone calls or trips to the emergency room due to uncontrollable outbursts at his school.



Member Story

When OhioRISE care coordinator Misty Eddy first met 3-year-old Josh*, his extreme energy and aggression made it immediately clear why she was needed. His mother Barbara*, caring for Josh and three other young children, was overwhelmed and unable to enroll him in preschool due to his behavior and lack of potty training. Adding to her stress, Barbara had lost her Section 8 housing opportunity, leaving her to choose between homelessness and living in a lead-contaminated home that had already harmed her children.

Building trust was the first step. Many families like Barbara's are wary of service providers due to past negative experiences. Eddy, sensing a natural rapport, began offering guidance—helping Barbara with strategies for managing Josh's behavior and starting potty training. She also provided the necessary housing paperwork to restart the Section 8 application process.

Within a week, Barbara was seeing progress. But Eddy noticed she hadn't completed the housing paperwork. It turned out that Barbara couldn't read—a fact she was ashamed to admit until a strong trust had formed. With Eddy's help, they completed and submitted the application.

As Barbara gains confidence in managing Josh's behavior and moves toward securing safe housing, her story illustrates the transformative impact of OhioRISE care coordinators. By building trust and meeting families where they are, professionals like Eddy make lasting, meaningful differences in their lives.



Member Story

We have a young member (age 10) that struggled to engage with others, especially if there was not an established relationship. He acted out and would not respond to his care coordinator. He would put his head down or cross his arms and not reply to any questions asked of him. The care coordinator was able to connect this young man with Big Brothers/Big Sisters. He received a “big” that shared his interests.

The care coordinator also got him involved with Young Chefs. The first time he attended he refused to get out of the car. The care coordinator encouraged his mom to keep attending. Soon he was having fun and engaging with others at cooking class. After each class he would share with his mom what he made that day. He no longer sits silently with his care coordinator but instead talks freely now.

The family requested flex funds for him to take the necessary classes to become a Junior Chef. He is very proud of his white chef coat with his name embroidered on it. He has made tremendous progress with his social goals since becoming involved with OhioRISE.

A Parent's Perspective

On Christmas morning, Lily opened her gifts and was full of joy. She celebrated by smiling, singing and clapping.

“As soon as she comes home from school now, she’s upstairs playing with them and still so excited,” Prestina said.

Moments like these were hard to imagine before Lily and her family were connected with OhioRISE and Dana Richards, Unison Health’s care coordinator for the OhioRISE program. Lily struggled with severe emotional outbursts, frustration, and aggression, leaving Prestina feeling overwhelmed and unsure how to help.

Dana became a calming and supportive presence for the family. She secured tools and resources to help Lily in communicating and sensory needs. Using OhioRISE flex funds, Dana purchased kinetic sand, flashcards and a sensory swing, giving Lily new ways to calm herself.

“When she’s upset, she’ll go right to the sand and start playing with it to calm down. It’s now an outlet that she knows she can use on her own,” Prestina shared.

Dana highlights the importance of celebrating progress, big or small. “For Lily to use her tools to calm down or express her needs is a big step forward,” she said. “Behaviors are always unmet needs, and we work to meet those needs with care, patience and the right resources.”

With these new resources and routines, including speech and occupational therapy, Lily has made incredible progress both in the home and at school.

“OhioRISE has been a lifeline,” Prestina says. “I want other families to know this program is here. It’s made such a difference in our lives.”



Member Story

I am so happy to report on the turnaround I've seen with one of my members who has phased down from a Tier III to a Tier I. When the mother was referred to us, her daughter had no support services. One of the first supports we connected her with was Intensive Home-Based Treatment (IHBT) and medication management.

The Village Network also ordered her a weighted blanket with flex funds for her anxiety. Her mom reports that she curls up in it every night and sleeps throughout the whole night now. There also have been no significant issues at school for the last couple of months.

We have only been working with this family for a total of five months and to see her complete everything under six months and see such a drastic change in her behavior is so rewarding.

Mother is so pleased with OhioRISE and I am so happy for this family.



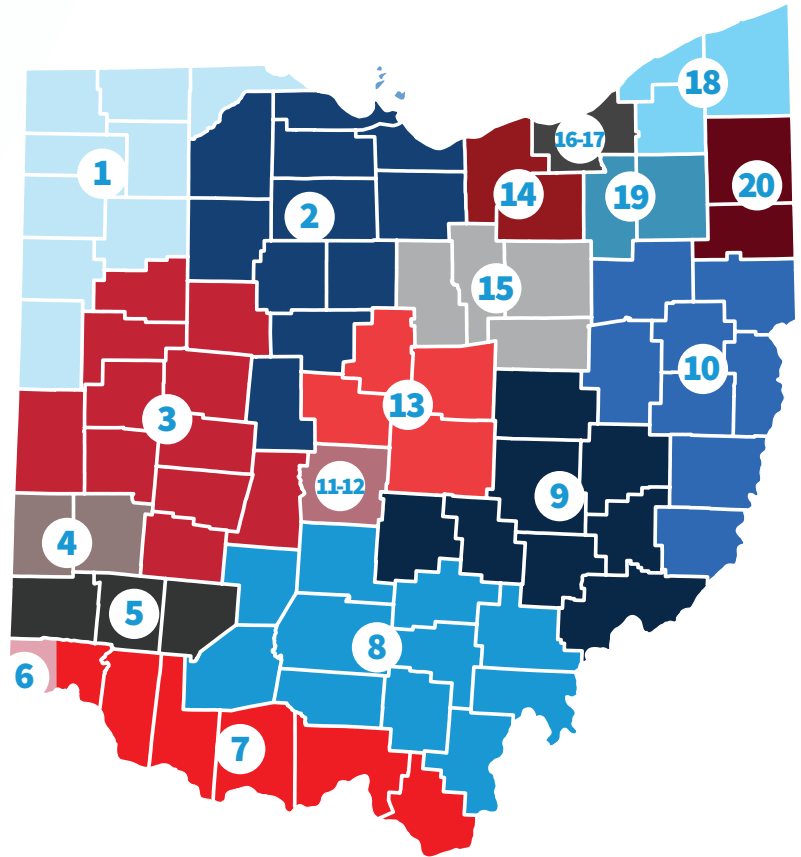
A Care Coordinator's Perspective

I've worked with a teen with complex diagnosis for nearly 2 years who has never wanted to attend a child and family team meeting (CFT). Last week he attended the CFT for the first time. The youth agreed to attend future meetings as well.

The youth requested one-on-one therapy and agreed to a behavior plan to encourage positive behaviors in the home. I am so happy the youth is self-advocating! The family was also having difficulties finding respite services for after school care. The child has medical needs which makes it difficult to find facilities able to provide respite. After months of research and phone calls, Wingspan was able to find and secure a private provider who will help with after school care. This is a major win for the family!

Appendix

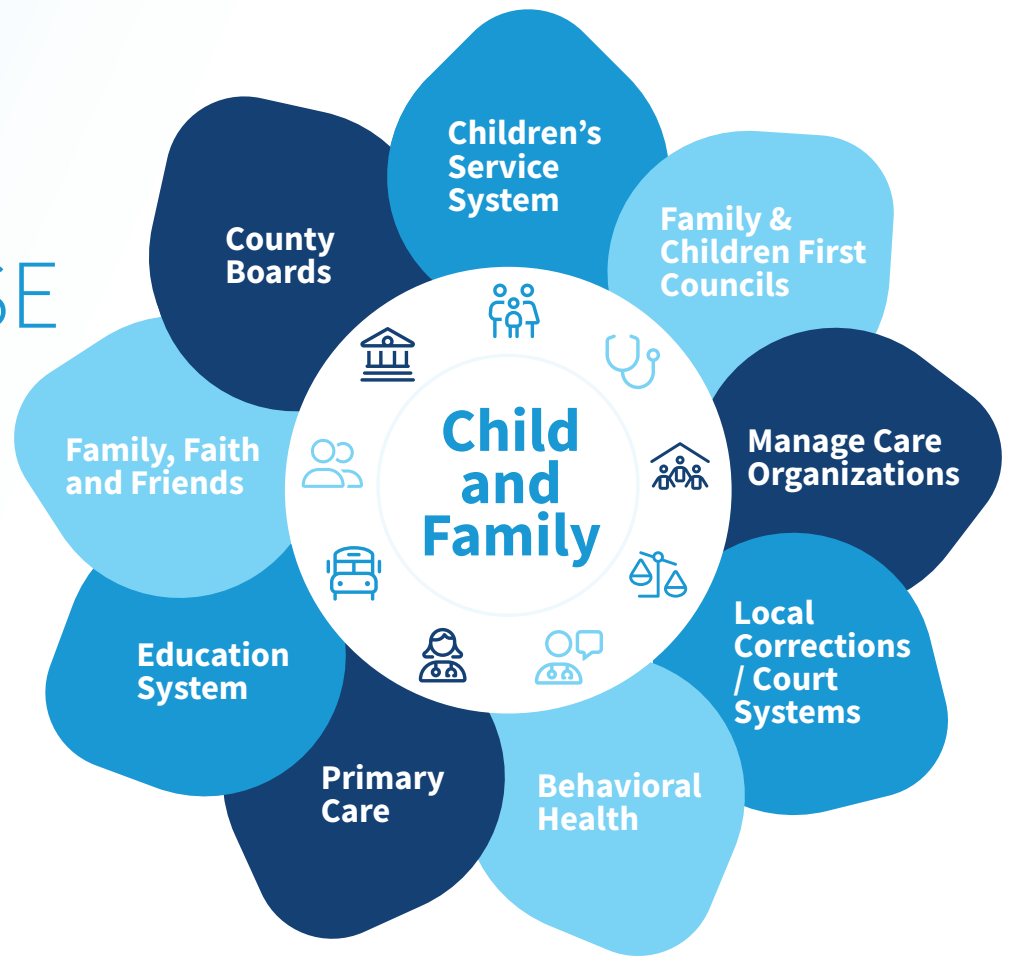
CME Catchment Areas



1 - Unison Health	Defiance, Fulton, Henry, Lucas, Mercer, Paulding, Putnam, Van Wert, Williams
2 - Harbor	Crawford, Erie, Hancock, Huron, Marion, Ottawa, Sandusky, Seneca, Union, Wood, Wyandot
3 - National Youth Advocate Program*	Allen, Auglaize, Champaign, Clark, Darke, Hardin, Green, Logan, Madison, Miami, Shelby
4 - Choices Coordinated Care Solutions	Montgomery, Preble
5 - CareStar	Butler, Clinton, Warren
6 - Lighthouse Youth and Family Services*	Hamilton (West)
7 - Cincinnati Children's Healthvine	Adams, Brown, Clermont, Hamilton (East), Lawrence, Scioto
8 - Integrated Services for Behavioral Health	Athens, Fayette, Gallia, Jackson, Highland, Hocking, Meigs, Pickaway, Pike, Ross, Vinton
9 - Integrated Services for Behavioral Health	Coshocton, Fairfield, Guernsey, Morgan, Muskingum, Noble, Perry, Washington
10 - Jefferson Co. Educational Service Center	Belmont, Carroll, Columbiana, Harrison, Jefferson, Monroe, Stark, Tuscarawas,
11 - The Village Network*	Franklin (West)
12 - The Buckeye Ranch	Franklin (East)
13 - I Am Boundless, Inc.	Delaware, Knox, Licking, Morrow
14 - Wingspan Care Group	Lorain, Medina
15 - Coleman Health Services	Ashland, Holmes, Richland, Wayne
16 - OhioGuidestone	Cuyahoga (West)
17 - Positive Education Program	Cuyahoga (Central)
18 - Ravenwood Health	Ashtabula, Cuyahoga (East), Geauga, Lake
19 - Coleman Health Services	Portage, Summit
20 - Cadence Care Network*	Mahoning, Trumbull

* In Partnership with the Child and Family Health Collaborative

OhioRISE System of Care



System of Care Vision

The system of care is described as including overlapping dimensions to address the comprehensive needs of youth with behavioral health conditions and their families, rather than providing treatment in isolation.

This vision offers a comprehensive array of community-based services and supports that are coordinated across systems, individualized, delivered in the appropriate and least restrictive setting, culturally competent and based on full partnership with the family and youth. (Stroul, 2002).

Ohio's System of Care

Implementation and sustainability of the system of care approach involves significant changes across systems serving youth and their families. (Hodges et al., 2010).

Services must be coordinated at the system level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education, child welfare, juvenile justice, substance use and primary care) and with mechanisms for collaboration, system-level management and addressing cross-system barriers to coordinated care.

Care management entities are the local hub coordinating care across child-serving systems, working with natural supports and linking to community resources and programs, while putting the youth and family at the center to build off their strengths while supporting their needs.

OhioRISE is committed to strengthening the program and continuing Ohio's national leadership.



After only two and a half years, OhioRISE is already creating meaningful outcomes for families that would not have been possible without it. The program is also producing valuable savings for Ohioans, counties and the state. OhioRISE and local communities continue to work toward serving youth and families in the most efficient and cost-effective ways to build an even stronger OhioRISE.



The goal is to build a system of care that provides local community supports to all Ohio's youth, reaching our rural communities and filling service gaps across the state. These efforts are built on feedback from local communities, stakeholders and families. We are grateful for the dedication from the legislature, Gov. DeWine, families, care management entities and OhioRISE program partners. OhioRISE is a national example and yet another reason why Ohio is a leader in addressing behavioral health.

2023 Healthcare Effectiveness Data and Information Set Results			
Measure	OhioRISE	Ohio Medicaid Managed Care (MMC)	OhioRISE outperforms MMC by
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	86.1%	75.32%	14%
	> than 95th National Percentile	Between 90 and 95th National Percentile	
Follow-Up Care for Children Prescribed ADHD Medication, Initiation Phase	56.34%	46.13%	22%
	Between 90th and 95th National Percentile	Between 50 and 66.67th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 7-Day Follow-Up, Ages 13-17	48.15%	29.07%	66%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 30-Day Follow-Up, Ages 13-18	66.67%	44.27%	51%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (6-17)	75.9%	68.43%	11%
	Between 90 and 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (6-17)	88.81%	80.94%	10%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Hospitalization For Mental Illness- 7 days (6-17)	56.15%	48.9%	15%
	Between 75th and 90th National Percentile	Between 50th and 66.70th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (13-17)	63.09%	56.09%	12%
	> than 95th National Percentile	Between 90th and 95th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (13-17)	31.33%	22.76%	38%
	> than 95th National Percentile	> than 95th National Percentile	



OhioRISE is a specialty behavioral health managed care program

that provides mental health and addiction services and supports across multiple systems, including education, developmental disability, child protection and juvenile justice. OhioRISE collaborates with these systems to support the needs of enrolled youth throughout Ohio.



OhioRISE helps Ohio youth with complex behavioral health needs receive critical services and support.

Because of OhioRISE, more kids are alive, engaged with behavioral health services and receiving evidence-based care close to their homes. OhioRISE gives these youth the greatest opportunity to live their lives and be part of Ohio's future.

Over a decade ago, we had nowhere to turn, and I was forced to surrender custody of my son just to get him the behavioral health care he desperately needed. Today, thanks to OhioRISE, families like mine have somewhere to turn. OhioRISE is more than a program; it is the fulfillment of a promise made by the Ohio General Assembly. Families like mine suffered in silence for too long, caught in overly complicated systems. OhioRISE has changed that. The needs of Ohio's most vulnerable families are real. I shudder to think what will happen if OhioRISE is taken away.

MARK BUTLER

Ohio resident and behavioral health advocate



Learn more about OhioRISE.

OhioRISE by the numbers:



46,000 kids

Today, OhioRISE serves nearly 46,000 enrolled kids. These youth are receiving a level of behavioral health care they would not have received without OhioRISE.



Reaching kids in crisis and helping kids receive care in their homes

From calendar year 2023 to 2024, the utilization rate of mobile response and stabilization services increased by 26% and the utilization of intensive home-based treatment increased by 42%. The use of these services reduces Emergency Department (ED) visits and the number of hospitalizations.



Top 10% in National Behavioral Healthcare rankings

OhioRISE is a national leader in behavioral health outcomes for youth; outperforming Ohio's Medicaid Managed Care in nine critical categories of behavioral health effectiveness for youth. Additionally, it ranks in the top 10% nationally in at least eight health effectiveness categories.



\$248 million of behavioral health care for Ohio's child welfare kids

Since its inception, OhioRISE has prioritized care for youth and families served by Ohio's Public Children Services Agencies. Through early 2025, 25% of the total program spend—or \$248 million—benefited these youth. OhioRISE is working to reduce the fiscal burden on Ohio's child welfare system.

CHANGING youth behavioral health care CHANGED lives.

Ohio's legislature and Gov. DeWine have been committed to behavioral health, recognizing how the addiction and mental health epidemic was destroying lives and families in our state. Part of this commitment led to OhioRISE, and the outcomes in the first three years of OhioRISE demonstrate the value of the state's commitment.

- **Reducing ED visits, total psychiatric hospital stays and length of stays:** OhioRISE has reduced ED visits by 41%, total psychiatric hospital stays by 28% and the average length of hospital stay by 40%.¹ With OhioRISE, more kids are able to receive care in their homes and communities.
- **Keeping kids close to home:** Before OhioRISE, youth often had to go out-of-state to receive intensive behavioral health care.² In 2023, 90 youth needed out-of-state treatment. And in 2024, OhioRISE reduced that number to 60, with more in-state treatment options under development. More kids are staying in Ohio and staying close to family, receiving care in our communities and by our behavioral health experts.
- **Improved health outcomes for the most intensive care:** OhioRISE has decreased the average stay for youth at psychiatric residential treatment facilities by 60%.³ The average cost of this care is \$140,000.
- **96% engagement:** Between all three tiers of OhioRISE, 96% of youth enrolled are engaged in behavioral health services as evidenced by claims data. To maintain an open door as a resource to families, outreach is hands-on and continuous to those who are not actively engaged.
- **Over \$7 million in flex funds to enhance health outcomes:** Beyond traditional behavioral health care, OhioRISE provides flex funds, helping youth access services, equipment and more that are not typically covered as a Medicaid benefit. Flex funds are not a cash benefit and must be tied to a child and family care plan and implemented through care coordination. Thanks to OhioRISE, youth receive services that enhance and supplement their care, leading to stronger health outcomes.
- **Ohio families value OhioRISE:** 3,000 Ohio families participated in an independent survey, and even at this early stage of OhioRISE, nearly 80% of respondents had a favorable opinion of the services and support they receive, and nearly 90% indicated the services they receive are right for their family.⁴

¹ ED visits and total hospital stays are for every 1,000 member months, in the six months prior to OhioRISE enrollment versus six months after enrollment.

² Prior to OhioRISE, annually about 130 kids were being treated out-of-state.

³ From 2022 to 2024, the average length of stay at a residential treatment facility was cut by 155 days to 106 days per youth.

⁴ Research was conducted in 2024 by Ohio Colleges of Medicine Government Resource Center.

The Buckeye Ranch Care Management Entity





Our Mission

**Restoring hope and
providing healing for
children, youth,
and families.**

The Buckeye Ranch's Organization-Wide Impact

Total Individuals Supported Through Service, Outreach, and Prevention

21,691

TOTAL INDIVIDUALS SUPPORTED THROUGH SERVICE, OUTREACH, AND PREVENTION

Program Line	Individuals Served
Integrated Care Services	2,986
Child Welfare Services	2,372
Community-Based and Education-Based Mental Health Services	1,575
Residential Treatment Services	186
Total Individuals Served	7,119
Total Outreach and Prevention Encounters	14,572

The Buckeye Ranch Continuum of Care

Integrated Care Services

- Same-Day Access
- Community Medication Management
- Care Management Entity (CME)

Community-Based Mental Health Services

- Intensive Family Support Program (IFSP)
- Intensive Home-Based Treatment (IHBT)
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Outpatient (OP)
- Integrated Co-Occurring Treatment (ICT)

Education-Based Mental Health Services

- The Bonner Academy
- School-Based Mental Health
- Somali Outreach and Mental Health
- Early Childhood Mental Health

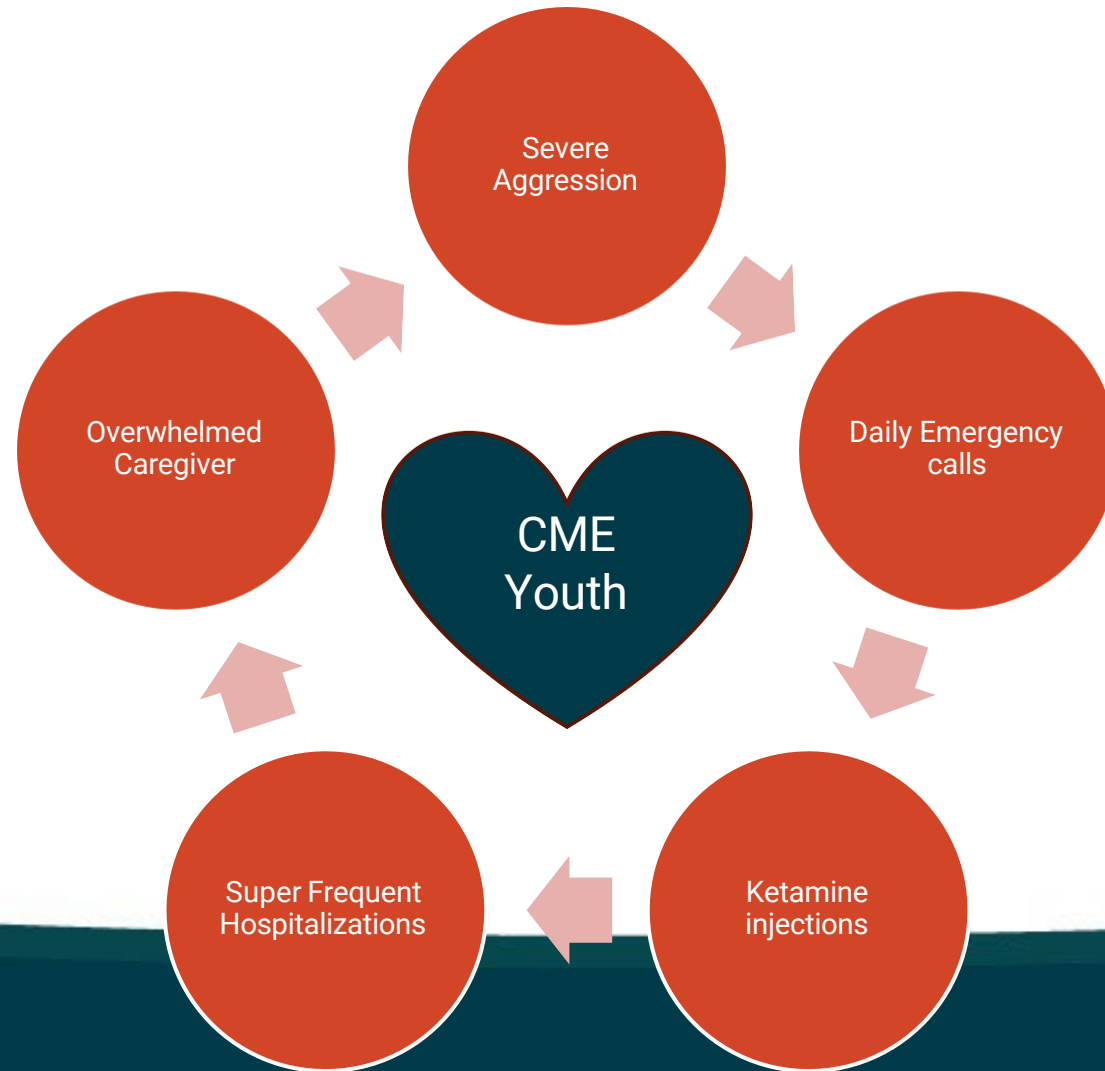
Residential Treatment Services

- Qualified Residential Treatment Program (QRTP)
- Psychiatric Residential Treatment Facility (PRTF)

Child Welfare Services

- Foster Care
- BRIDGES
- My Place
- Permanent Family Solutions Network (PFSN)
- Healing Alternatives For Youth (HAY)

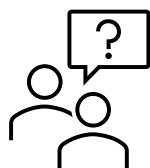
TBR CME Youth & The Crisis Pattern



Recent TBR Success Story

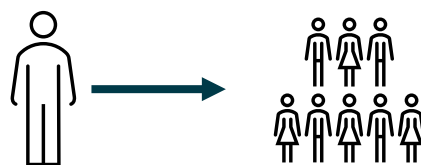
Where We Started:

- Daily ER visits
- PCSA involvement: Wanting to court order residential through use of MSY funding



What Happened Next:

- Care Coordinator was intentional regarding hearing the family and their needs and concerns.
- Developed relationships with NCH staff by engaging face to face while youth was at hospital.



Then:

- CFT engaged local police department/CIT officer to provide additional support and plan for potential crisis.
- Police and medics were informed of the diagnosis, best interventions, triggers, etc.
- After clarification of clinical recommendation, PCSA closed case and allowed the team to focus on keeping youth in his home and establishing in-home support.

Successful Outcomes:

- ✓ For over 3 months, the youth has not been the hospital or received calls out to the home.
- ✓ Going to school daily without incident (was previously a couple hours, once or twice a month.)
- ✓ The fire department asked about the family since they hasn't received an emergency call from them!

There was no one change (i.e., one service or medication) that helped this child and family; it was wraparound, the integration of all partners and services.

Creative Solutions Used by TBR

Allowing Casual Drop-Ins with CME Leadership

Providing consistent, ad hoc, support for the care coordinators, **helping them navigate complexities**, and vocalizing confidence in the care coordinators.

Completing Additional Assessments and Trainings

OSU conducting assessments like Functional Behavioral Assessment (FBA) and **helping home health aides learn how to address safety concerns**.

Integrating with System of Care Partners

Sharing perspectives with partners in the CFTs, and using contacts like DD representatives or police liaisons to form additional connections.

Inclusion of natural supports as a pivotal point to stabilization

Allowing additional family members to attend CFTs, **providing extra support to guardians during CFTs**; using other trusted adults as home health supports.

Making Time for Ample Discussion and Explanation

Creating spare time to ensure the team is on the same page and feel comfortable discussing decisions and next steps. Allows for clarifying questions to be asked.

Balancing / Focusing on Family Voice and Choice

Engaging face to face with the family, committing to regular cadence meetings, **being flexible with family scheduling and what they say they need**.

For More Information, Questions, or Inquires, contact:

Margrit Springer - VP of Integrated Services

mspringer@buckeyeranch.org

Christin Yoli-Stalls – Senior Manager of Care Coordination

cyclistalls@buckeyeranch.org



DISTRICT #85 TIM BARHOST

SHELBY, LOGAN, CHAMPAIGN

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your Counties ...



National Youth Advocate Program (NYAP) is your local care management entity. This means that your youth are receiving services from people who understand their community.

	Shelby	Logan	Champaign
OhioRISE serves	131 youth	180 youth	136 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	82 providers	168 providers	231 providers
OhioRISE cares for this many youth in PCSA custody in your district	5 youth	23 youth	7 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



DISTRICT #45 JENNIFER GROSS

BUTLER

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ... CareStar

CareStar, your local care management entity, manages the care for your youth with more needs. This means that your youth are receiving services from people who understand their home.



OhioRISE serves 1,261 youth.



Has 3,391 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 73 youth in PCSA custody.

Statewide Impacts of OhioRISE

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OhioRISE: Impacting Families and Communities

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Cincinnati Children's Healthvine and Lighthouse, are your local care management entities. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 2,694 youth.



Has 12,179 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 492 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.
- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ... **choices** COORDINATED CARE SOLUTIONS

Choices Coordinated Care Solutions, your local care management, manages the care for your youth with more needs. This means that your youth are receiving services from people who understand their home.



OhioRISE serves 847 youth.



Has 7019 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 138 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.
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DISTRICT #12 SEN. SUSAN MANCHESTER

AUGLAIZE, SHELBY, DARKE, ALLEN, MERCER, LOGAN

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your Counties ...



National Youth Advocate Program (NYAP) and Unison Health are your local care management entities. This means that your youth are receiving services from people who understand their community.

	Auglaize	Shelby	Darke	Allen	Mercer*	Logan
OhioRISE serves	38 youth	61 youth	55 youth	109 youth	24 youth	57 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	232 providers	83 providers	203 providers	1,649 providers	277 providers	170 providers
OhioRISE cares for this many youth in PCSA custody in your district	3 youth	1 youth	1 youth	11 youth	2 youth	14 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



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DISTRICT #97 REP. ADAM HOLMES

GUERNSEY, MUSKINGUM

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your Counties ...



Integrated Services for Behavioral Health is your local care management entity. This means that your youth are receiving services from people who understand their community.

	Guernsey	Muskingum
OhioRISE serves	89 youth	316 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	515 providers	859 providers
OhioRISE cares for this many youth in PCSA custody in your district	15 youth	44 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.

- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.

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OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ...



Coleman Health Services is your local care management entity. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 636 youth.



Has 5,539 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 74 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
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OhioRISE: Impacting Families and Communities

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DISTRICT #12 REP. BRIAN STEWART

MADISON, PICKAWAY, FRANKLIN

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your Counties ...



NATIONAL
YOUTH
ADVOCATE
PROGRAM



INTEGRATED SERVICES
for behavioral health



National Youth Advocate Program, Integrated Services for Behavioral Health, The Village Network and The Buckeye Ranch are your local care management entities. This means that your youth are receiving services from people who understand their community.

	Madison	Pickaway	Franklin
OhioRISE serves	60 youth	153 youth	3201 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	83 providers	454 providers	18,494 providers
OhioRISE cares for this many youth in PCSA custody in your district	6 youth	6 youth	330 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
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DISTRICT #17 REP. MIKE DOVILLA

CUYAHOGA

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ...



Positive Education Program, OhioGuidestone and Ravenwood Health are your local care management entities. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 1,913 youth.



Has 21,257 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 185 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
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OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ... **choices** COORDINATED CARE SOLUTIONS

Choices Coordinated Care Solutions is your local care management entity. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 847 youth.



Has 7,019 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 138 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
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- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
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DISTRICT #16 REP. BRIDE SWEENEY

CUYAHOGA

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ...



Positive Education Program, OhioGuidestone and Ravenwood Health are your local care management entities. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 1,913 youth.



Has 21,257 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 185 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
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- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
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DISTRICT #22 SEN. MARK ROMANCHUK

RICHLAND, ASHLAND, MEDINA

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ...



Coleman Health Services and Wingspan Care Group are your local care management entities. This means that your youth are receiving services from people who understand their community.

	Richland	Ashland	Medina
OhioRISE serves	412 youth	127 youth	191 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	1,551 providers	553 providers	880 providers
OhioRISE cares for this many youth in PCSA custody in your district	35 youth	32 youth	24 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



DISTRICT #16 SEN. BETH LISTON

FRANKLIN

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.



The Village Network and The Buckeye Ranch are your local care management entities. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 3,201 youth.



Has 18,494 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 330 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.
- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your Counties ...



National Youth Advocate Program and Choices Coordinated Care Solutions are your local care management entities. This means that your youth are receiving services from people who understand their community.

	Montgomery	Preble	Miami
OhioRISE serves	1,976 youth	86 youth	252 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	7,019 providers	148 providers	497 providers
OhioRISE cares for this many youth in PCSA custody in your district	138 youth	12 youth	12 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.



Cincinnati Children's Healthvine and Lighthouse are your local care management entities. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 1,294 youth.



Has 12,179 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 287 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.
- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



DISTRICT #18 SEN. JERRY CIRINO

LAKE, TRUMBULL

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your Counties ...



OhioGuidestone
SOLUTIONS FOR CHILDREN, FAMILIES
& COMMUNITIES



Positive Education Program, OhioGuidestone and Ravenwood Health are your local care management entities. This means that your youth are receiving services from people who understand their community.

	Lake	Cuyahoga
OhioRISE serves	179 youth	1,913 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	860 providers	21,257 providers
OhioRISE cares for this many youth in PCSA custody in your district	22 youth	364 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.

- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.

- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



DISTRICT #30 SEN. BRIAN CHAVEZ

WASHINGTON, ATHENS, BELMONT, MEIGS, MORGAN, MONROE, HARRISON, GUERNSEY, JEFFERSON, NOBLE

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your Counties ...



INTEGRATED SERVICES
for behavioral health



Integrated Services for Behavioral Health and Jefferson County Educational Service Center are your local care management entities. This means that your youth are receiving services from people who understand their community.

	Washington	Athens	Belmont	Meigs	Morgan	Monroe	Harrison	Guernsey	Jefferson	Noble
OhioRISE serves	95 youth	82 youth	136 youth	57 youth	26 youth	29 youth	31 youth	89 youth	197 youth	11 youth
Providers contracted with OhioRISE in your county to give the best care for your youth	729 providers	1,662 providers	575 providers	89 providers	85 providers	131 providers	40 providers	515 providers	638 providers	7 providers
OhioRISE cares for this many youth in PCSA custody in your district	5 youth	19 youth	18 youth	0 youth	5 youth	1 youth	10 youth	15 youth	13 youth	2 youth

Statewide Impacts of OhioRISE



- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.



- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.



- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
- OhioRISE has paid nearly \$7 million in flexible funds to members that provide families access to supplies and activities that keep the youth happy, safe and engaged in their communities.



**Department of
Medicaid**

OhioRISE: Impacting Families and Communities

The OhioRISE program covers behavioral health services and supports, which includes care coordination. Young people with multisystem needs often require educational, developmental disability, child protection, juvenile justice, or mental health and addiction assistance. OhioRISE collaborates with these systems to support the needs of enrollees, including the youth in your district.

In Your County ...

Unison Health is your local care management entity. This means that your youth are receiving services from people who understand their community.



OhioRISE serves 976 youth.



Has 7,275 providers contracted with OhioRISE to best care for your youth.



OhioRISE cares for 78 youth in PCSA custody.

Statewide Impacts of OhioRISE

- Ohio youth did not have options for psychiatric residential treatment and had to receive those services out of state. Now, there are three psychiatric residential treatment facilities that admit only Ohio children to keep them closer to their families as they get the care they need.
- OhioRISE is the top 10% nationwide for following up within the seven-day timeframe with our youth after a hospital stay.
- OhioRISE is in the top 5% nationwide for using psychological, behavioral, and skills-based treatments before prescribing our youth antipsychotic medication. This makes sure that our members are getting the best care for their unique needs.
- Since 2022, OhioRISE has spent just over \$1 billion for services to make sure Ohio youth get the care they need.
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