

Mike DeWine, Governor

# Child and Adolescent Behavioral Health Center of Excellence Stakeholder Webinar April 7, 2021



JACK, JOSEPH AND MORTON MANDEL  
SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE  
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# Housekeeping

- If you are using sound via your computer, make sure sound is turned ON.
- All participants, except presenters, will have their microphones muted. However, anyone may enter comments or questions using the **question** box.
- This presentation will be recorded. The slides and recording will be posted after the webinar at <https://mha.ohio.gov/Health-Professionals/COE>.

# Ohio Department of Mental Health and Addiction Services Director, Lori Criss



# Ohio's Child and Adolescent Behavioral Health Center of Excellence

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Learning Communities

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Interdisciplinary Consultation Groups

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Coaching and Consultation

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Technical Assistance

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Evaluation

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Fidelity

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Strategic Business Support

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Health Information Technology

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Telehealth TA

**Getting the best  
outcomes for  
youth and  
families  
requires a  
workforce that's  
supported in its  
ability to  
successfully  
provide care.**



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# Governor's Children's Initiatives Director, Kristi Burre



# Creation of the Governor's Children's Initiative

- The Children's Initiative is created in order to elevate the importance of children's programming in Ohio and drive improvements within the many state programs that serve children. The initiative is charged to:
  - Improve communication and coordination across all state agencies that provide services to Ohio's children.
  - Engage local, federal, and private sector partners to align efforts and investments in order to have the largest possible impact on improving outcomes for all of Ohio's children.
  - Advance policy related to home visiting, early intervention services, early childhood education, foster care, and child physical and mental health.
  - Initiate and guide enhancements to the early childhood, home visiting, foster care, education, and pediatric health systems.

# Children's Initiatives Goals

- Triple families served by evidence-based home visiting
- Ensure high-quality child care settings for all children and expand access
- Prevention education in every grade, every year.
- All children have access to a mental health professional in their school
- **Reform the foster care system**
  - Children Services Transformation
  - Family First
  - OhioRISE



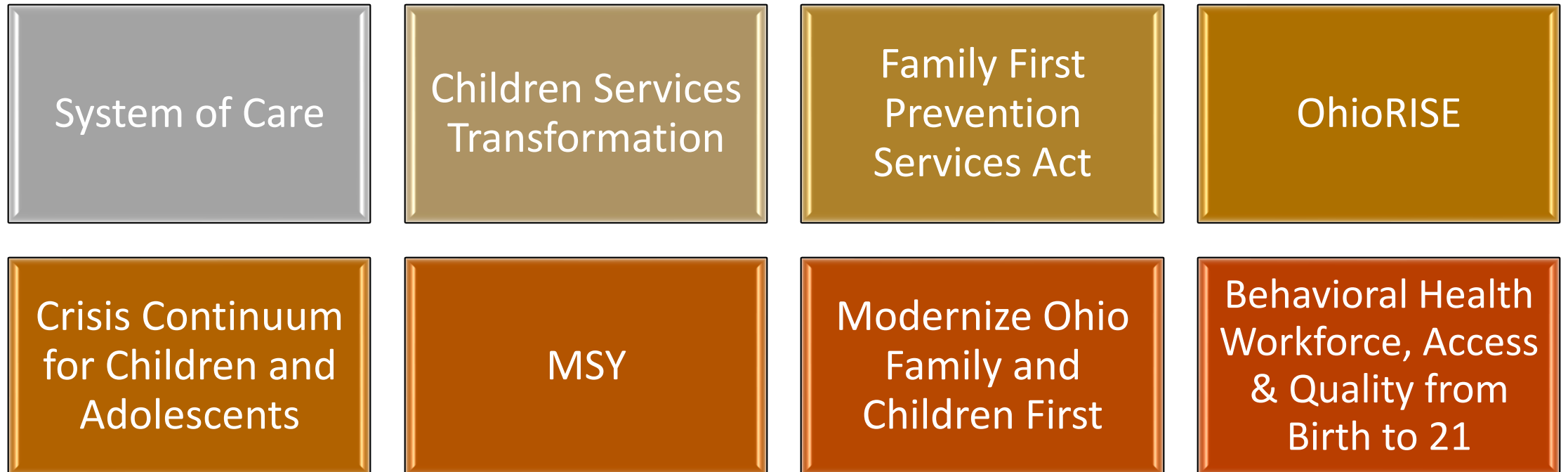
# Child and Adolescent Behavioral Health Center of Excellence Background



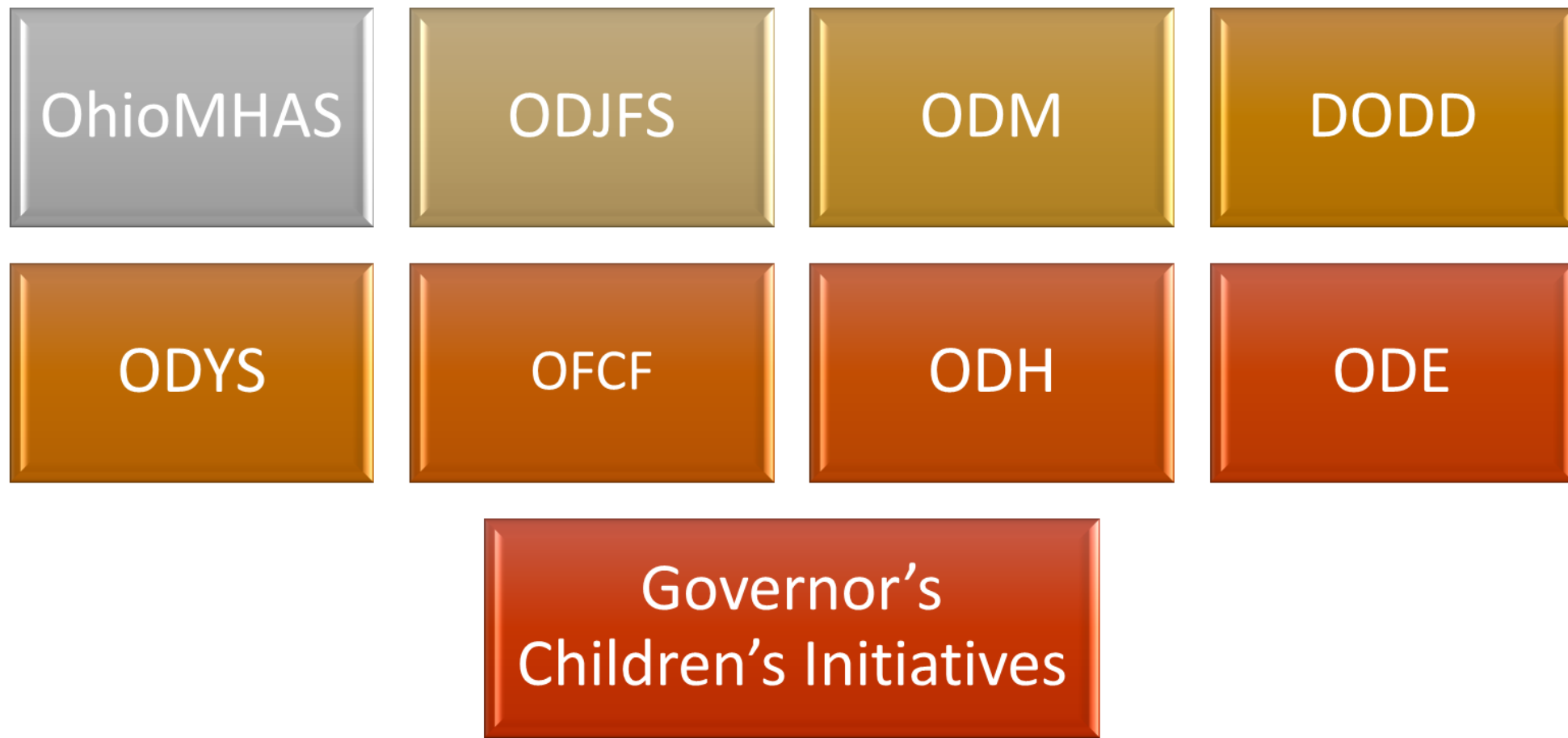
# Background & Introduction to the CABH COE

- The State of Ohio is transforming its approach to children, youth, and families who require support from multiple state systems to achieve a widespread and sustainable system of care across Ohio.
- The Ohio Department of Mental Health and Addiction Services (OhioMHAS), in conjunction with the Departments of Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, and Health and Ohio Family and Children First, issued an RFP to develop and implement a Child and Adolescent Behavioral Health Center of Excellence (CABH COE).
- The role of the CABH COE will be to assist the State in system transformation efforts by providing technical assistance, training, professional development, coaching, consultation, evaluation, fidelity monitoring, and continuous quality improvement to build and sustain capacity in delivering evidence-based practices to fidelity within a system of care framework.

# Transforming Ohio's System of Care for Children, Adolescents and Their Families: Key Initiatives



# Shared Governance Structure



# Functions of the CABH COE

- The role of the CABH COE is to assist the state in:
  - Support system transformation efforts
  - Building and sustaining capacity for evidence-based (EBP) and evidence-supported practices (ESP)
  - Evaluation and monitoring of fidelity to EBPs and ESPs
  - Building and sustaining a comprehensive standardized assessment process utilizing the CANS
  - Direct service payment for MST and FFT (Family First)
  - Expanding service and care coordination capacity for children with complex behavioral health needs and their families

# Where is the CABH COE located?

- Case Western Reserve University (CWRU):
  - Jack, Joseph, and Morton Mandel School of Applied Social Sciences (MSASS)
    - Begun Center for Violence Prevention Research and Education
      - Center for Innovative Practices (CIP)
        - Child and Adolescent Behavioral Health Center of Excellence (CABH COE)



# Expanding Prevention Services in Ohio through the Family First Prevention Services Act

# What is Family First?

- The federal Family First Prevention Services Act (Family First) was adopted on February 9, 2018, and will be implemented nationwide by October 1, 2021.
- Family First goals:
  - Help children remain safely at home with their families whenever possible;
  - Ensure that children who must come into care are in the most family-like and least restrictive setting possible; and
  - Set the expectation of high standards of care and services for our children and families.
- Family First amends parts of the Social Security Act (Title IV-B and Title IV-E) to allow states to use federal matching funds for prevention services (mental health, substance abuse, family counseling and parenting skills training) to help keep at-risk children safely in their homes and to prevent removal, agency custody, and placement in foster care.
- Places limitations on IV-E Foster Care Maintenance payments for residential/congregate care placements and adds new standards.

# Family First Requirements

## Prevention Services Requirements

- Family First provides new funding for prevention services that are trauma-informed and rated promising, supported, or well-supported in the Title IV-E Clearinghouse to qualify for federal reimbursement.
- Each fiscal year, 50% of spending must be on well-supported practices.
- Each state must have an approved Title IV-E Prevention Plan before they can begin drawing down funds.



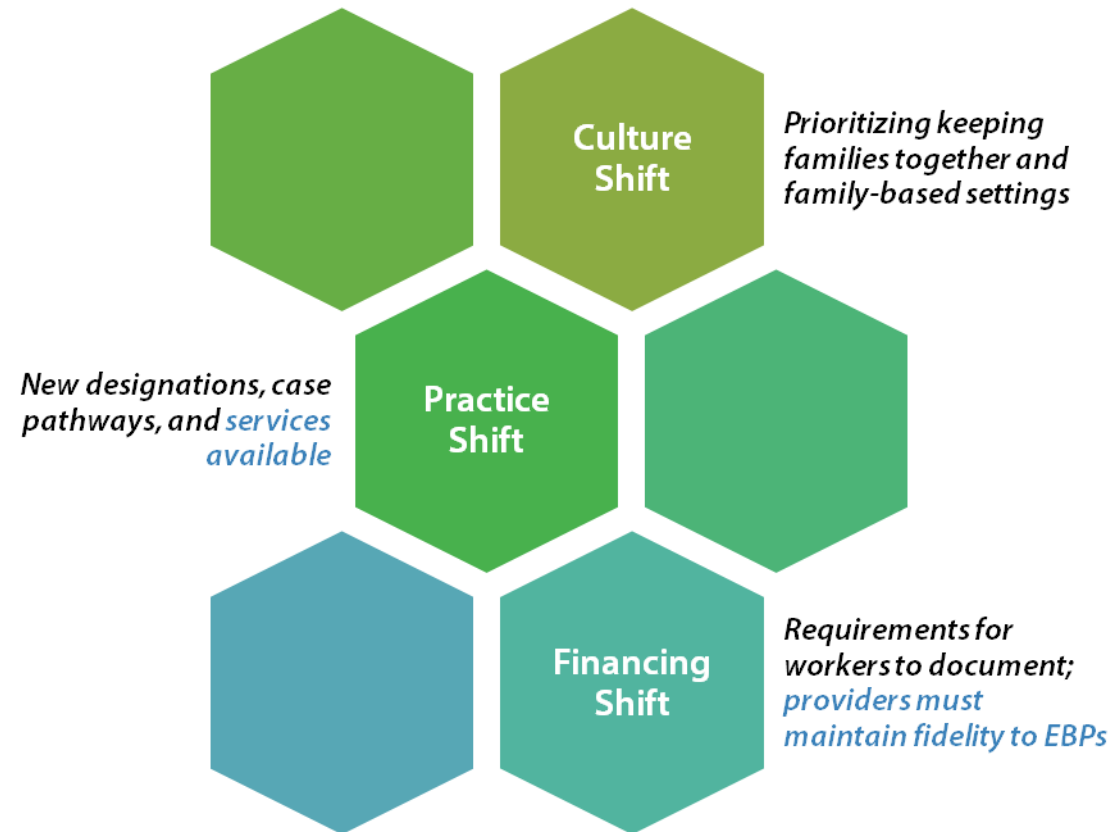
# Family First & Ohio

- Family First is bigger than just prevention and congregate care redesign: it is about **transforming child welfare**
- The Office of Families and Children (OFC) and Public Children's Services Agencies (PCSA) are **part of the solution** and are key to supporting a culture shift and driving practice change
- Child welfare system transformation **is aligned with and supports priorities** of sister agencies by contributing toward overarching goals for Ohio's children and families
  - A consistent framework and approach for Ohio's work in all areas of the state
  - Statewide practice model and vision for children and family services broadly
  - Equity in access to responsive prevention services

# Family First & Ohio

- Family First's focus on prevention services will allow agencies additional funding opportunities to help families with children at risk of entering foster care.
- The goal of prevention services is to decrease the number of children entering foster care or residential treatment programs.
- Children that do enter residential treatment will be receiving high quality care from agencies certified as Qualified Residential Treatment Programs (QRTP).

# Shifts in Our Approach





# OhioRISE

Resilience through Integrated Systems and Excellence



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## Specialized MCO

ODM will procure a special type of managed care plan – a prepaid inpatient health plan (PIHP) – to ensure financial incentives and risks are in place to drive appropriate use high quality behavioral health services



## Shared Governance Model

OhioRISE features multi-agency governance to drive towards improving cross-system outcomes – we all serve many of the same kids and families



## Coordinated and Integrated Care and Services

Adoption OhioRISE brings together local entities, schools, providers, health plans, & families as a part of our approach for improving care for enrolled youth



## Prevent Custody Relinquishment

OhioRISE will utilize a new 1915c waiver to target the most in need and valuable families and children to prevent custody relinquishment

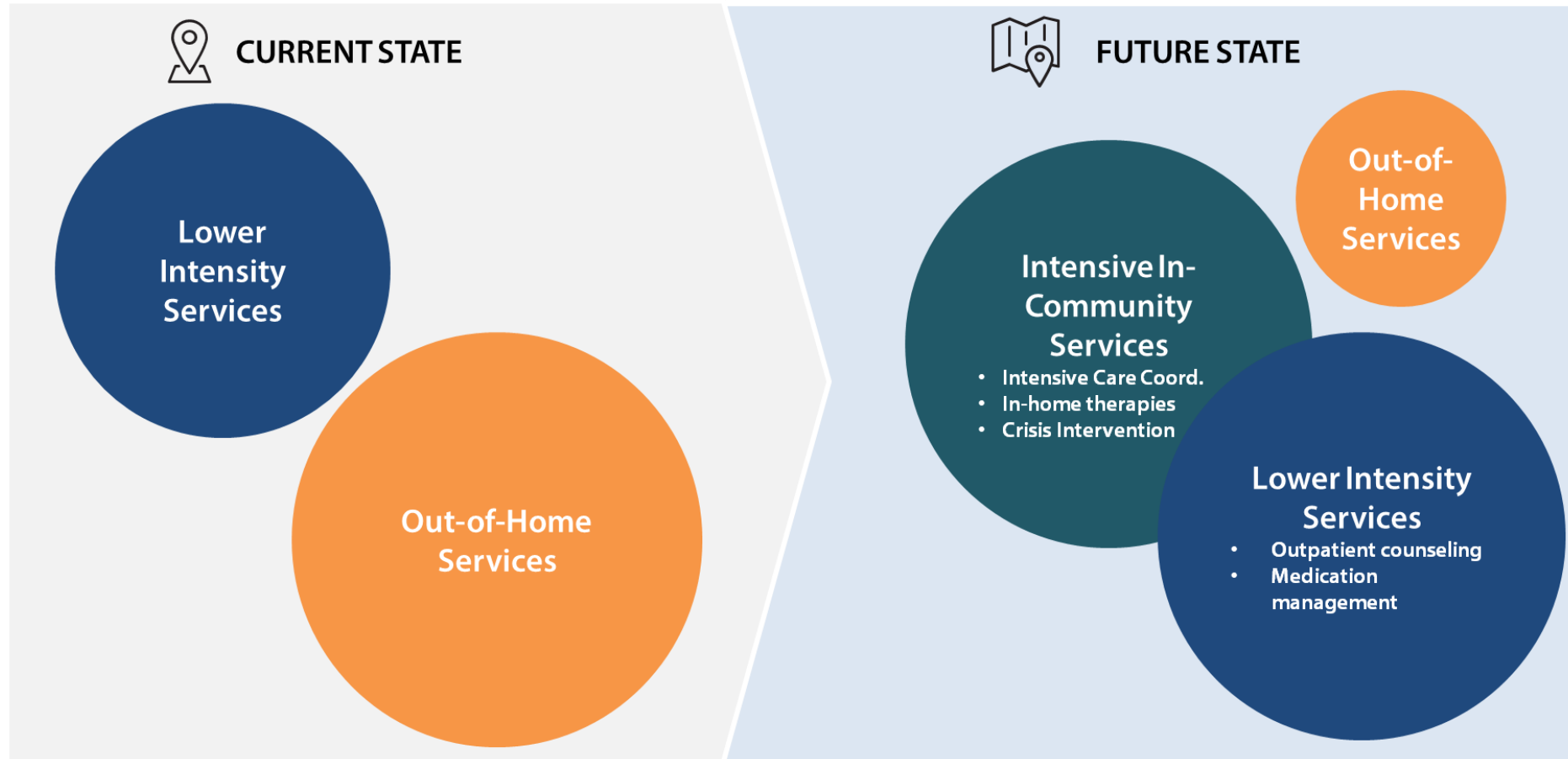
## OhioRISE Enrollment

- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health services
- ✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

## OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (ex: BH emergency dept.)
- ✓ Intensive Care Coordination
  - Consistent with principles of High-Fidelity Wraparound
  - Delivered by a regional “Care Management Entity”
  - Two levels – intensive and moderate
- ✓ Intensive Home Based Treatment (IHBT)
- ✓ Psychiatric Residential Treatment Facility (PRTF)
- ✓ New 1915(c) waiver that runs through OhioRISE
  - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS)
  - Also covered outside of OhioRISE (MCO and FFS)

# We Need to Build Significant Capacity to Shift the System



# OhioRise Ecosystem

## Family and Children First Cabinet Council:

Governor's Office of Children's Initiative, Office of Family & Children First, OhioMHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,  
Federal and State funds | Governance and Oversight

### Medicaid Managed Care Organizations (MCOs)

Physical health,  
limited BH services

### Service Providers

Contract with OhioRISE & MCOs to  
provide services

### OhioRISE Plan

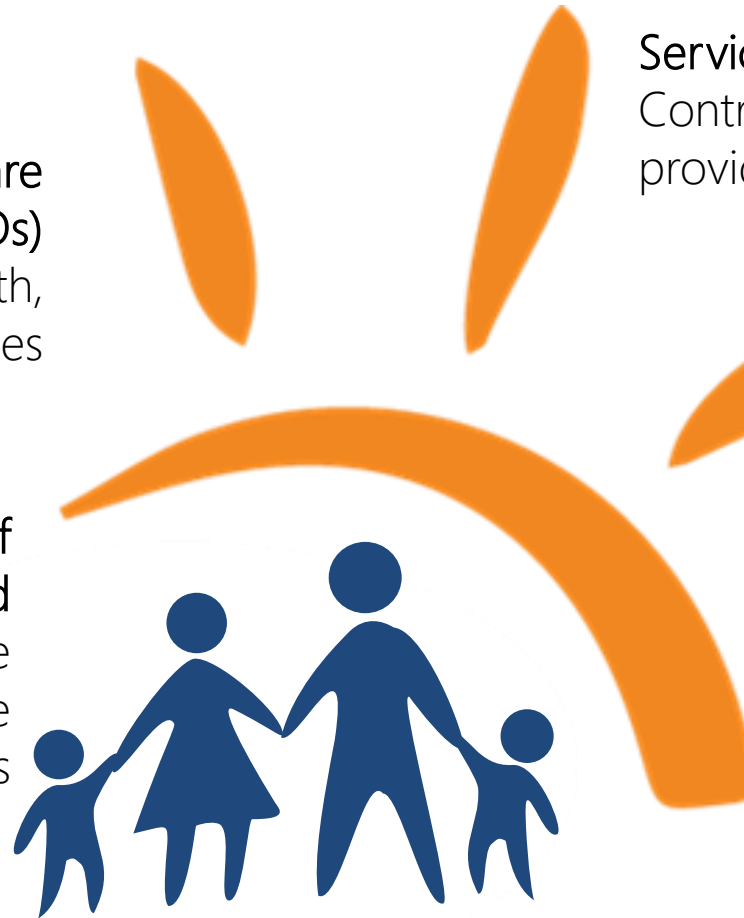
Contract with CMEs,  
providers

### Network of Care Management Entities (CMEs)

Provide Intensive Care Coordination  
using High Fidelity Wraparound

### Center(s) of Excellence (COEs)

Support evidence-based practices, training,  
fidelity reviews, workforce development





# Department of Youth Services



- DYS supports the use of EBPs and has for many years
  - Try to fund only EBPs or emerging best practices, which aligns with the role of the COE
  - EBPs have proven to show greater outcomes for JJ involved youth
- There are youth who are involved in the JJ system who also receive MST and FFT
  - Most through funds that we roll out to the communities through RECLAIM and BHJJ programs
- Support the expansion of these service because many of our youth fall into the “complex behavioral health needs” category

# Department of Youth Services

- DYS benefits from capacity development & electronic data exchange
- The COE will provide support to OhioRISE, which will most likely include youth involved in the JJ system
- JJ youth will benefit from all the key functions of the COE and the core services of OhioRISE
  - Approximately 56-75% of all JJ youth have a MH or SA diagnosis
  - Many of our youth are removed from the home due to JJ involvement
  - Enhancing and increasing services for EBP will positively impact the JJ youth

# Department of Health

- COE will support Evidence Based Home Visiting (EBHV) services through professional development capacity building activities that:
  - Support expansion and retention of EBHV services
  - Support the implementation of model fidelity
- Currently funding two prevention interventions throughout the state:

 75 Counties 6,840 Slots	 11 Counties 343 Slots
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- Planning to expand eligibility in HFA for prevention cases to up to 24 months of age for enrollment

# Department of Developmental Disabilities

- DODD is part of the shared governance structure for OhioRISE
- Member of the OhioRISE Advisory Council and all subcommittees
- Participated in the planning for the Child & Adolescent Behavioral Health COE RFP process and award selection
- Will be involved with the implementation and next steps of COE
- Opportunity to build capacity for providers to support youth with MI/ID

# Child and Adolescent Center of Excellence Overview

# Key Functions of the CABH COE

Training

Technical Assistance

Professional Development

Evaluation

Fidelity Monitoring

Standardized Assessment

Resource Development

Family First Payment Function

# CABH COE CIP Partners/Subcontractors

OCA

PCSAO

OCCRRA

Ohio  
Council

# Core Services (FFPSA and OhioRISE)

Multisystemic  
Therapy

Functional Family  
Therapy

ICC and MCC;  
High Fidelity  
Wraparound

Mobile Response  
Stabilization  
Service

Ohio START

Healthy Families  
America

Parents as  
Teachers

Intensive Home-  
Based Treatment



# Training

Child and Adolescent Strengths and Needs and the Crisis Assessment Tool (CANS and CAT)

Mobile Response Stabilization Services

High Fidelity Wraparound

Multisystemic Therapy

Functional Family Therapy (conducted by FFT, LLC)

# Professional Development

Learning  
Communities

Interdisciplinary  
Consultation Groups

Coaching and  
Consultation

Weekly Clinical  
Consultation: FFT;  
MST

Consultation and  
Technical  
Assistance Office  
Hours

# Learning Communities

Mobile Response Stabilization Services Learning Community

High Fidelity Wraparound Learning Community

# Interdisciplinary Consultation Groups

## MRSS

- Bi-monthly (6 times per year)
- Interdisciplinary team of experts
- System of Care applied learning

## HFWA

- Bi-monthly (6 times per year)
- Interdisciplinary team of experts
- System of Care applied learning

# Coaching and Consultation

## MST and FFT

- Weekly clinical consultation (MST/FFT experts)

## HFWA

- Wraparound coaching

## MRSS

- MRSS consultation

# Technical Assistance

## Site Readiness

- MRSS
- HFWA
- Ohio START
- MST
- FFT

## Consultation and Technical Assistance Office Hours

- MRSS
- HFWA
- Ohio START

## Program Implementation

- MRSS
- HFWA
- Ohio START
- MST
- FFT

# Evaluation

Conduct data collection, research, and evaluation of behavioral health services outcomes

Assist state with data reporting on service costs and utilization

CANS evaluation and quality improvement initiatives

# Fidelity

## MST

- TAM-R: Monthly SAM: Every two months
- CAM: Every two months alternating w/ SAM
- Semi-annual Program Implementation Review (PIR)

## FFT

- Global Therapist Report (tri-yearly);
- Family Self-Report/ Therapist Self-Report per FFT guidelines
- Tri-Yearly Performance Evaluation (TYPE)

## HFWA

- WFI-EZ
- On-site coaching using HFWA coaching targets

## MRSS

- MRSS fidelity and coaching



# Standardized Assessment

Build a comprehensive network of CANS assessors

Build statewide capacity for standardized assessment process

Technical support to CANS assessors to ensure inter-rater reliability

Using CANS in treatment planning

Using CANS for decision making support including level of care

# Strategic Business Support (OCA and Ohio Council)

Training on billing and coding best practices

Contract development and negotiation

Business planning and strategic marketing

Documentation and workflow practices

# Health Information Technology (OCA and Ohio Council)

Capacity development

Using health information technology to support comprehensive care coordination

Strategies for electronic data exchange

# Telehealth Technical Assistance (OCA and Ohio Council)

- Support the development and implementation of telehealth capacity
- Technical assistance for behavioral health providers on best practices in delivery and use of telehealth services.

# Provide Support for Other Behavioral Health Programs, Providers, and Managed Care

Ohio START (PCSAO, CIP)

Strengthening of the early childhood system (OCCRRA)

FFPSA (PCSAO, OCA, CIP)

OhioRISE

# Family First Transition Act Funding (OCA)

- The CABH COE will be responsible for making payments for MST and FFT services when those services are provided under the FFPSA **and** other funding (e.g., Medicaid, IV-E) is not available. These payments shall not exceed \$10,000,000.

Timeframes	Key Deliverables
SFY 21 Q4 (April- June 2021 & ongoing)	Initial training for HFWA, MRSS, MST, FFT
SFY 21 April (commences at the State's request)	FFPSA payments for MST and FFT when other funding (e.g., Medicaid, IV-E) is not available
SFY 22 Q1 (Begin July 2021 & ongoing)	Conduct training and provide technical assistance on the Child and Adolescent Needs and Strengths (CANS)
SFY 22 Q1 (July- September 2021)	Implement strategic business processes support
SFY 22 Q1 & Q2 (July – December 2022 & ongoing)	Begin learning communities, interdisciplinary consultation groups, clinical consultation and staffing office hours, and technical assistance for HFWA, MRSS, MST, FFT, and OhioSTART.
SFY 22 Q1 & Q2 (July - December 2021)	Develop and distribute statewide needs survey for MST and FFT availability.
SFY 22 Q3 & ongoing (January 2022 & ongoing)	Coaching and support for HFWA, MRSS, MST, FFT, and OhioSTART.
SFY 22 Q3 & Q4 (January-June 2022 & ongoing)	Data collection and program evaluation for HFWA, MRSS, MST, FFT, and OhioSTART.
SFY 22 Q4 (April-June 2022)	Health information technology TA and training
Ongoing	Fidelity monitoring of HFWA, MRSS, MST, and FFT.
Ongoing	Telehealth TA for HFWA, MRSS, MST, FFT, and OhioSTART.

# Future Webinar Topics

Please use the Q&A function to submit your ideas on future CABH COE webinar topics.



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# Questions

Please use the Q&A function to submit any remaining questions you may have. Thank you.



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