

# Better Health Partnership 2021 Annual Report to the Community

## Elevating Children's Health



## Children's Mental Health Initiative

*Webinar Series: Part I*

September 8, 2021 - 12:00 – 1:00 p.m.

**Welcome!**

**Donald Ford, MD**

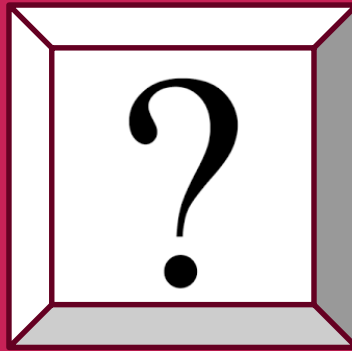
*Chief Medical Officer*

Better Health Partnership

# Before we begin...

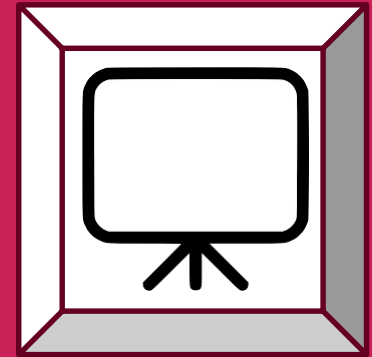


Everyone  
will be  
muted.



Submit your  
questions via the  
“Chat” window.

Q & A will be  
at the end.



Presentations  
will be posted  
on our  
website.



Working together  
since 2007....

to *collectively*  
impact health  
and health  
disparities



# Agenda: 9/8/2021

## Children's Mental Health Update

### Welcome & Logistics

Donald Ford, MD, *Better Health Partnership*

### Children's Mental Health Initiative

Mary Gabriel, MD, FAAP, FAPA, *University Hospitals Rainbow Babies & Children*

### BHP Partners' Preliminary Behavioral Health Pilot Results

Chris Mundorf, MPH, PhD, *Better Health Partnership*

### An Overview: Becoming a Certified Community Behavioral Health Center

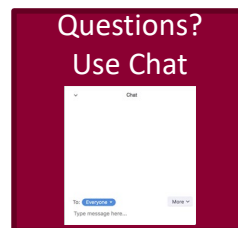
Martin L. Williams, MSSA, LISW -S, *Circle Health/The Centers*

### OhioRISE: A Specialized Managed Care Program for Youth with Complex Behavioral Health Needs

Loren C. Anthes, MBA, CSSGB, *Center for Community Solutions*

### Wrap -up & Q & A

Donald Ford, MD, *Better Health Partnership*



# Children's Mental Health Initiative

**Mary Gabriel, MD, FAAP**

*Chair, BHP Children's Mental Health Subcommittee*

*University Hospitals/Case Western Reserve University  
School of Medicine*



# Pediatric Mental Health Crisis

## PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

### COVID-19 and Adolescent Depression and Suicide Risk Screening Outcomes

Stephanie L. Mayne, PhD, MHS, Chloe Hannan, MS, Molly Davis, PhD, Jami F. Young, PhD, Mary Kate Kelly, MPH, Maura Powell, MPH, George Dalember, MD, MSHP, Katie E. McPeak, MD, Brian P. Jenssen, MD, MSHP, Alexander G. Fiks, MD, MSCE

## Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021

Weekly / June 18, 2021 / 70(24):888–894

On June 11, 2021, this report was posted online as an MMWR Early Release.

Ellen Yard, PhD<sup>1</sup>; Lakshmi Radhakrishnan, MPH<sup>2</sup>; Michael F. Ballesteros, PhD<sup>1</sup>; Michael Sheppard, MS<sup>2</sup>; Abigail Gates, MSPH<sup>2</sup>; Zachary Stein, MPH<sup>2</sup>; Kathleen Hartnett, PhD<sup>2</sup>; Aaron Kite-Powell, MS<sup>2</sup>; Loren Rodgers, PhD<sup>2</sup>; Jennifer Adjernian, PhD<sup>2</sup>; Daniel C. Ehlman, ScD<sup>1,2</sup>; Kristin Holland, PhD<sup>1</sup>; Nimmi Idakkadar, MPH<sup>1</sup>; Asha Ivey-Stephenson, PhD<sup>1</sup>; Pedro Martinez, MPH<sup>1</sup>; Royal Law, PhD<sup>1</sup>; Deborah M. Stone, ScD<sup>1</sup> ([View author affiliations](#))

## Addressing the Youth Mental Health Crisis:

THE URGENT NEED FOR MORE EDUCATION, SERVICES, AND SUPPORTS



## Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

### The impact of COVID-19 on adolescent psychiatric inpatient admissions

Leah Reece and Deanna P Sams  
University of Rochester Medical Center Department of Psychiatry, Rochester, NY, USA

Journal of Clinical Child and Adolescent Psychology  
2021, Vol. 50(5) 1–10  
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**Better Health**  
Partnership

# Pediatric Mental Health Crisis

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- Approximately 20% of children in the United States suffer from some form of a mental illness -only 20% of these children receive treatment
- Thirteen percent of youth ages 8 -15 live with mental illness severe enough to cause significant impairment in their day -to-day lives and this figure jumps to 21% for teenage youth ages 13 -18
- Half of all lifetime mental illnesses begin by age 14; three quarters by age 24
- The average delay between onset of symptoms and intervention for children is between **8 and 10 years** - critical developmental years in the life of a child



# The Workforce

- 8,800 child psychiatrists in the country, to cover 15 million children
- Current estimated need of CAPs: 50,000+
- Estimated growth of the pediatric population (0-18yo) is 30%, from 80 million to 112 million by 2050

## And the crisis grows :

- Mental health disorders have surpassed physical conditions as the most common reasons children have impairments and limitations
- **Suicide** now the 2<sup>nd</sup> leading cause of death in 10-24 years of age nationally and now the leading cause of death of children 10 -14 years of age in the state of Ohio



# Subcommittee Members

Jonathan Lever, MPH



Jane Timmons-Mitchell, PhD



Jean Frank, MPH



Martin Williams, MSSA LISW-S



MaryAnn Teitelbaum, PhD



Molly Wimbiscus, MD



Adam Keating, MD



Andrea Knighton, MD



Vincent Caringi, MD



Mary Gabriel, MD



# The Problem

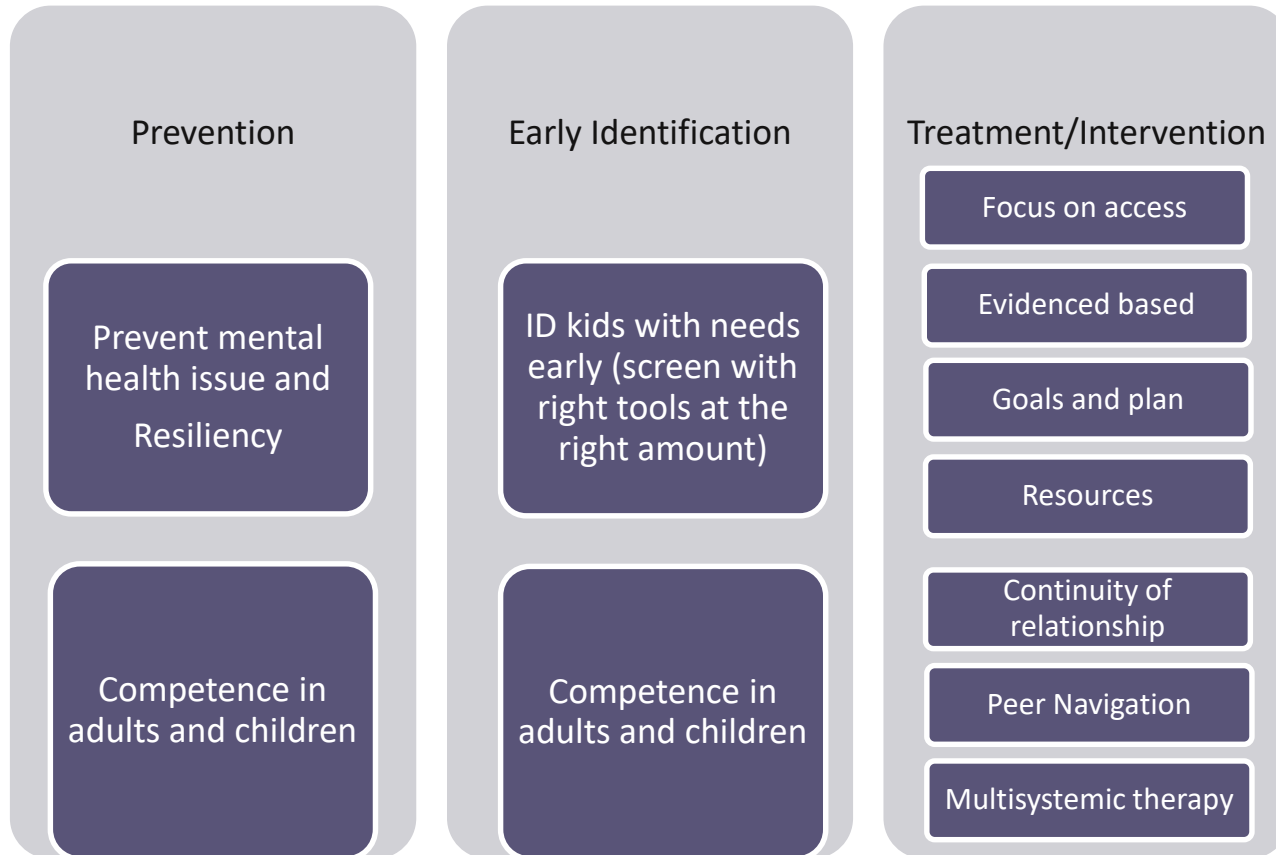
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Rising rates of depression, anxiety, and suicide in children

**Smart Aim:**

Design and implement standardized mental health **prevention**, **identification** and **intervention** strategies for children in primary care, behavioral health and education systems in Q1 –Q4 2021

# Successful Experience Themes Offered by MH Subcommittee



# Goals

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1. Every child in primary care receives a mental/behavioral health **screening** for depression and anxiety
2. Improve **coordination of care** , including data -sharing between primary care and behavioral health providers and educators (schools)
3. **Strengthen competencies** in primary care for managing mental/behavioral health conditions

# Guiding Principles

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- Aim to reduce disparities by intentionally including plans to ensure actions are culturally appropriate
- Reduce stigma
- Improve screening, identification, referral, loop closure, communication and coordination of care across providers
- Measure patient centered outcomes and 'ROI' to build the case for improved coverage / reimbursement for innovative services or models
- Leverage different “access points” in the community to meet kids where they are
- Include efforts at primary prevention to build resiliency in our kids

# Driver Diagram

The Problem:

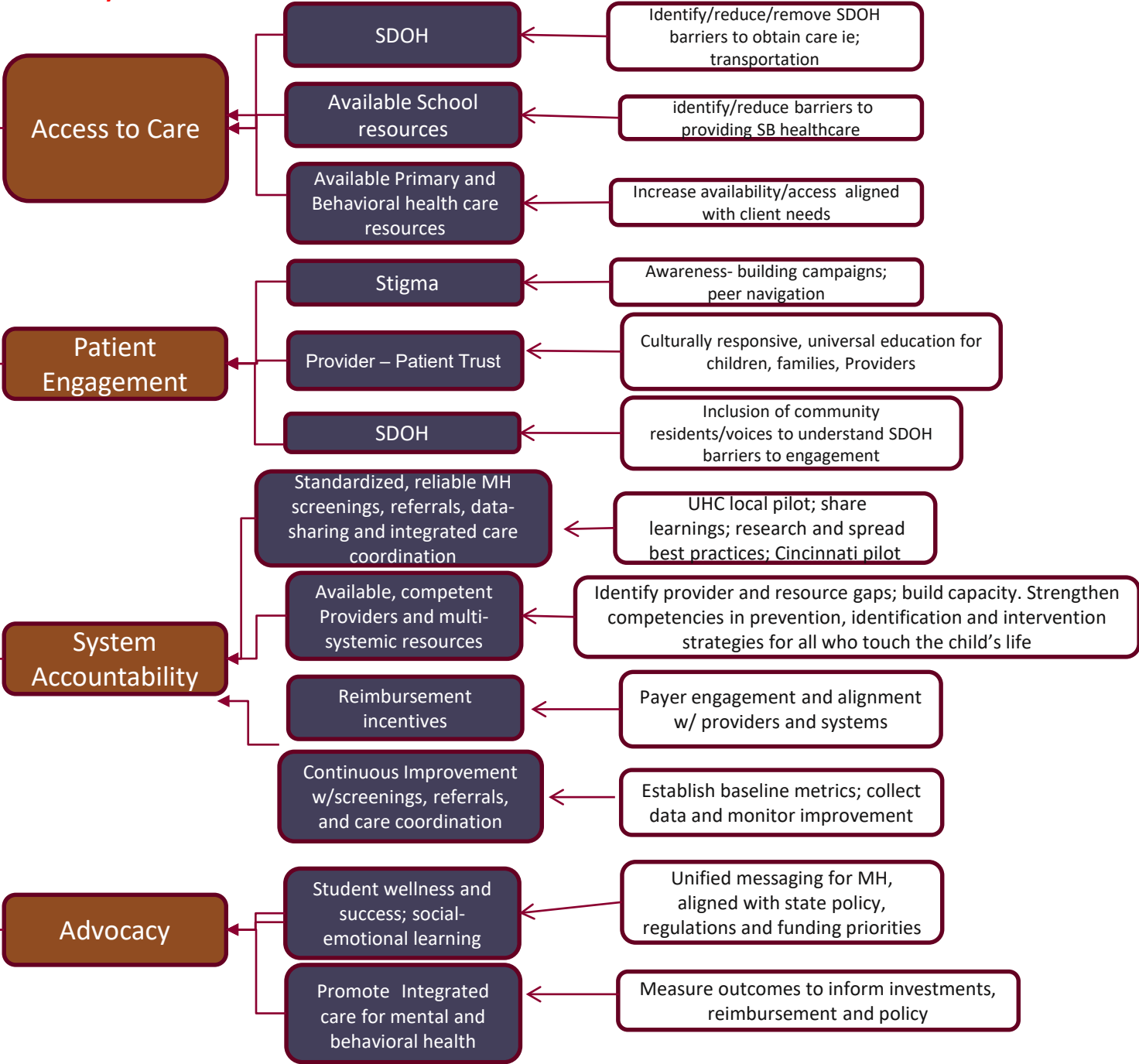
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SMART Aim:  
Design and implement standardize, evidence-based, mental health prevention, identification and intervention strategies for children in primary care, behavioral health and education systems in Q1 –Q4 2021

Primary Drivers

Secondary Drivers

Change Ideas





# Driver Diagram

## The Problem:

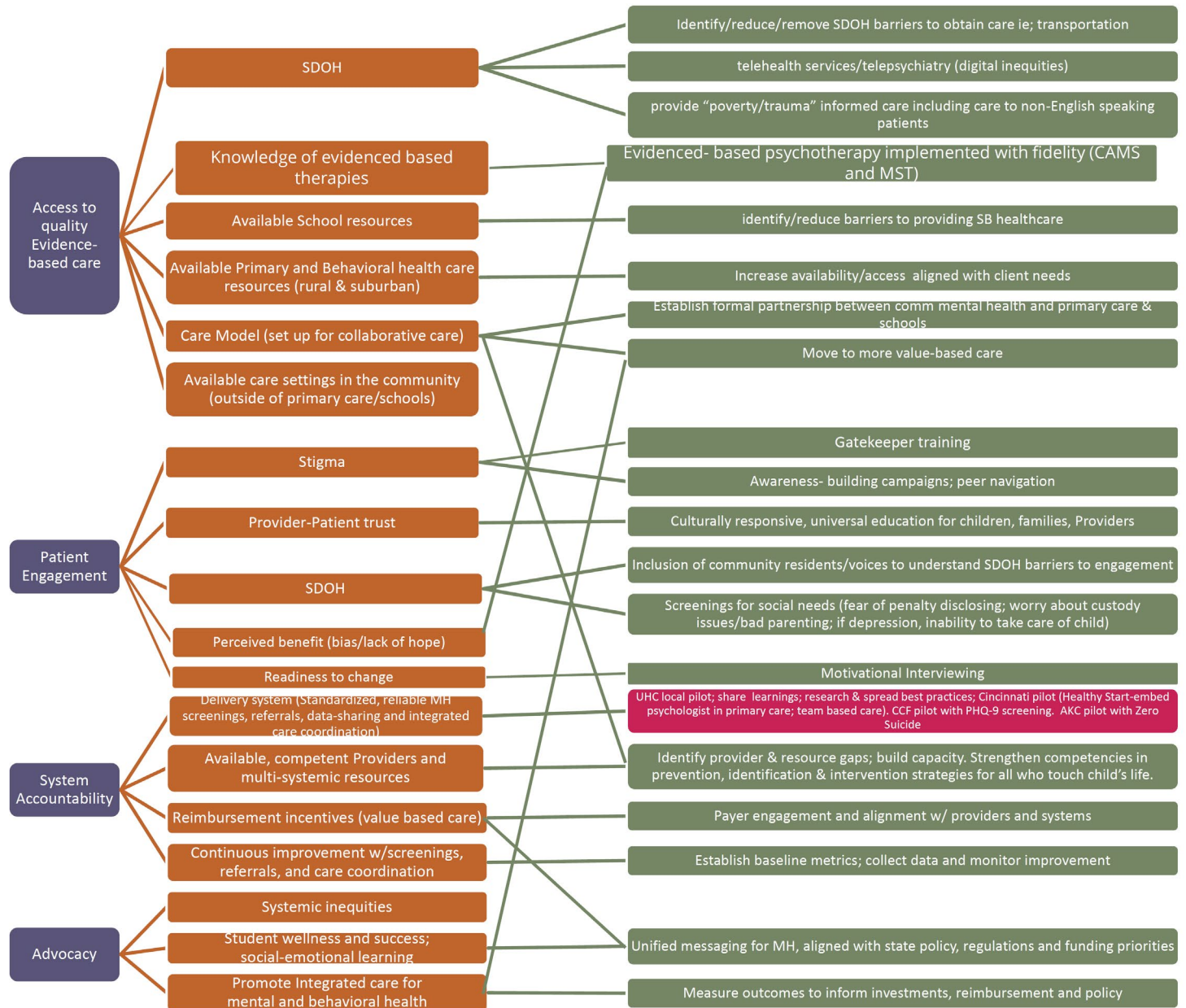
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**SMART Aim:**  
Design and implement standardize, evidence-based, mental health prevention, identification and intervention strategies for children in primary care, behavioral health and education systems in 2021

## Primary Drivers

## Secondary Drivers

## Change Ideas





# Feasibility and Impact of Change Ideas

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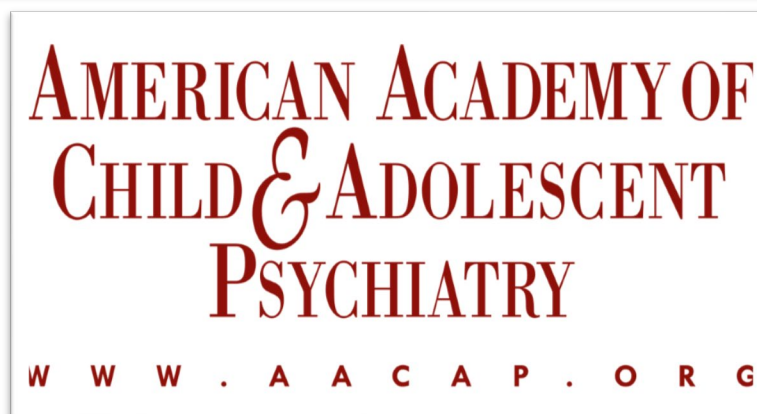
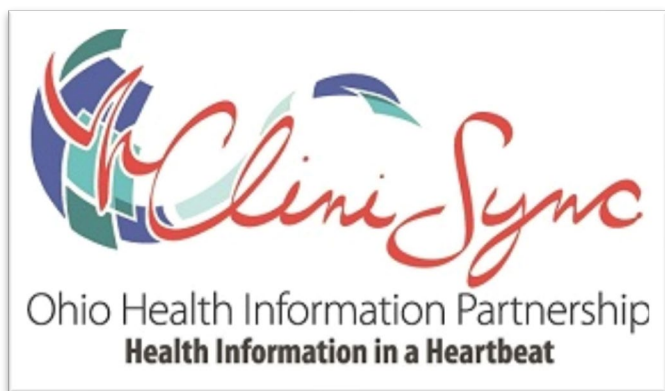
## 1. School-based services emerged as highly feasible with high impact

- a. Training faculty and staff to identify and engage
- b. Universal screening
- c. Resilience training

## 2. Care coordination and collaboration between entities determined to be highly impactful

- a. Information sharing identified as critical, particularly among schools, PCPs, and CMHCs
- b. Supported time for collaboration highly impactful but questionable feasibility

# Collaboration



# Pilot: Focused on 3 Goals

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**Screen** : Use a “broad” screening tool (such as SEEK) to screen children in the school setting.

**Share** : Use Epic Healthy Planet link as a way for school providers to share screening results/concerns with primary care providers

**Train** : Provide training to primary care providers to develop skills (such as knowing the right follow -up questions to ask from a screening)

**Evaluate** : Develop an evaluation plan and measure processes and outcomes (ex: number of children screened, screening results, number of results shared with primary care, changes in mental health status, PCP perception of level of comfort with talking with families)

# Rainbow Center: Universal Screening

Visit Schedule	Corresponds To	Universal Screeners (tier 1)
2 weeks	2 weeks WC	PHQ 2+1 Rainbow Connects
1-2 months	1 month WC	PHQ 2+1 Rainbow Connects
2-3 months	2 month WC	PHQ 2+1 Rainbow Connects
3-4 months	4 month WC	PHQ 2+1 Rainbow Connects
5-7 months	6 month WC	SEEK Rainbow Connects ACES-Q PACES
8-11 months	9 month WC	PEDS SEEK-SDH Rainbow Connects ACES-Q PACES
11-13 months	12 month WC	SEEK-SDH Rainbow Connects ACES-Q PACES

12-16 months	15 month WC	SEEK-SDH Rainbow Connects ACES-Q PACES
16-22 months	18 month WC	PEDS MCHAT SEEK-SDH Rainbow Connects ACES-Q PACES
24 months	24 month WC	MCHAT SEEK-SDH Rainbow Connects ACES-Q PACES
2 ½ years	30 months WC	PEDS SEEK-SDH Rainbow Connects ACES-Q PACES
3 years	3 year WC	SDQ P2-4 SEEK-SDH Rainbow Connects ACES-Q PACES

4-10 years	4 year WC 5 year WC 6 year WC 7 year WC 8 year WC 9 year WC 10 year WC	SDQ P4-10 SEEK-SDH Rainbow Connects ACES-Q PACES
11-12 years	11 year WC 12 year WC	SDQ P11-17 SEEK-SDH Rainbow Connects ACES-Q PACES  SDQ Y11-17 PHQ-A
13+ years	13 year WC 14 year WC 15 year WC 16 year WC 17 year WC	SDQ P11-17 SEEK-SDH Rainbow Connects  Teen Health Q SDQ Y11-17 PHQ-A PEARLS PACES

# Rainbow Center: Tier 2 Screening



## Vanderbilt Assessment Scale – Parent Informant



## Vanderbilt Assessment Scale – Teacher Informant

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Completed by: \_\_\_\_\_ Subject: \_\_\_\_\_

Directions: Each rating should be considered in the context of what is appropriate for the age of the child and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors:

Is this evaluation based on a time the child ☐ was on medication ☐ was not on medication ☐ not sure

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (e.g., toys, school assignments, pencils or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (e.g., butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bully, threatens or intimidates others	0	1	2	3



## SCARED Questionnaire – Parents



## SCARED Questionnaire – Children/Adolescents

Child name \_\_\_\_\_ Date \_\_\_\_\_

Directions: Below is a list of statements that describe how people feel. Read each statement carefully and decide from 0 – 2 if it's "Not True or Hardly Ever True" (0), "Somewhat True or Sometimes True" (1) or "Very True or Often True" (2) for you. Then for each statement, fill in one square that corresponds to the response that seems to describe you for the past three months. Please respond to all statements as well as you can, even if some do not seem to concern you.

	0	1	2	OFFICE USE ONLY				
				1	2	3	4	5
1. When I feel frightened, it is hard to breathe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I get headaches when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I don't like to be with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get scared if I sleep away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I worry about other people liking me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I get frightened, I feel like passing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I follow my mother or father wherever they go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People tell me that I look nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel nervous with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I get stomachaches at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I get frightened, I feel like I am going crazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I worry about sleeping alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I worry about being as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I get frightened, I feel like things are not real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have nightmares about something bad happening to my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Center for Epidemiological Studies Depression Scale for Children (CES-DC) - Age 6 to 17

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male ☐ Female ☐ Date: \_\_\_\_\_

Below is a list of the ways you might have felt or acted. Please check how much you have felt this way during the past week.

## Severity Measure for Depression – Age 11 – 17\*

\*PHQ-9 Modified for Adolescents (PHQ-A) – Adapted

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male ☐ Female ☐ Date: \_\_\_\_\_

Instructions: How often have you been bothered by each of the following symptoms during the past seven days? For each symptom, put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	Item Score Choose one
1. Feeling down, depressed, or hopeless?					
2. Little interest or pleasure in doing things?					
3. Trouble falling asleep, sleeping too much, or waking up too early?					
4. Poor appetite, weight loss or gaining?					
5. Feeling tired or having little energy?					
6. Feeling bad about yourself – or feeling that you are a failure or that you have let yourself or your family down?					
7. Trouble concentrating on things like school work, reading, or watching TV?					
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?					
9. Thoughts that you would be better off dead or of hurting yourself in some way?					
Total (Partial Raw Score)					
Provisional Total Raw Score (if one to two items left unanswered)					

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes



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# Pediatrics Mental Health Workflow

Revised 7/24/2020

## Universal Screening or PCP concerns

0-6 mos: PHQ2 for PPD  
6mo+: ACES, PACES  
16-30 mo: MCHAT, PEDS  
4-7yo: BHC  
8-12yo: BHC  
13yo+: PSC-17, PHQ-A

Vanderbilts  
SCARED  
PHQ-9/CES-DC

## Negative score and no concerns

- Rescreen at next WCC

## Positive Score or Provider/Parent Concerns

- Discuss screening results/concerns
- Notify parent/patient of next steps
- Document referral and diagnosis in patient's chart
- Repeat screen at subsequent visits until score is negative or no further caregiver concerns

## Parent/patient refuses recommendations

- Document refusal in chart
- Rescreen at next visit

## Contact SW with referral: 675-6676 (6675, 6677)

- Mental health assessment
- Dx- Provisional
- Psychoeducation
- Identify next steps

(if SW is unavailable)

## Mild symptoms or prefers therapy only

- Referral to CMHC via CRPN
- Schedule with ↓AP psychologist
- Other community provider
- Consider Mom Power if appropriate

## Contact Care Coordinator with referral 286-8067

## Unaddressed psychosocial needs:

Link patient with appropriate Community resources

- Rainbow Connect
- Medico-Legal Partnership

## Moderate-severe symptoms:

Case review by Mental Health Team or direct referral to ED

## Referral to CMHC via CRPN

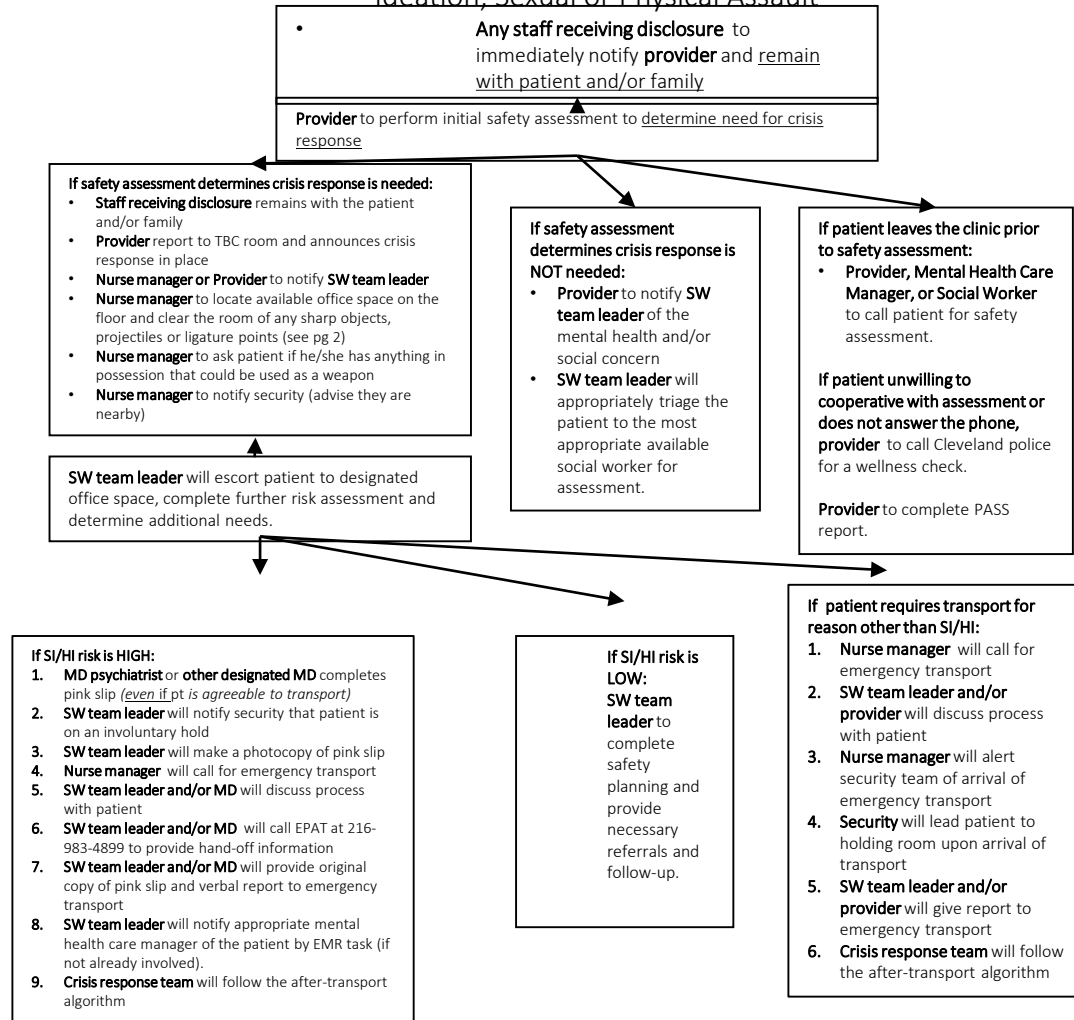
## Recommendations sent to PCP with continued collaboration

## Evaluation by Mental Health Team Provider

## Referral to UH specialty clinic

## CRISIS RESPONSE TEAM PROTOCOL FOR THE UH RAINBOW CENTER FOR WOMEN AND CHILDREN:

Applicable Scenarios include but are not limited to Suicidal Ideation, Homicidal Ideation, Sexual or Physical Assault



# Rainbow Center: Care of Suicidal Patient

## Crisis Response Team Overview

**Objective:** to respond and support the needs of patients at the UH Rainbow Center for Women and Children undergoing an acute psychosocial crisis or trauma by providing short-term stabilizing measures and coordinating transport of patients to the appropriate level of care.

**Area of Operation:** any service or clinical area at the UH Rainbow Center for Women and Children

**Team Members:**

- Patient's care team
- SW team leader
- Floor nurse manager
- Security
- Identified transport team
- MD designated for pink slip (if needed)

**Applicable Scenarios:** Including but not limited to Suicidal Ideation, Sexual or Physical Assault

## Examples of items which could potentially be used for self-harm:

- |   |  |
|---|--|
| • IV poles, O2 suction regulators, if present and not required for patient care | • Scissors                                   |
| • Cleaning solutions/Toxic chemicals  | • Plastic bags                               |
| • Loose cords (monitor cords, electric, tubing)                                 | • Dressing supplies from closets             |
| • Bulletin board push pins and tacks  | • Oxygen canister, if present and not in use |
| • Sharps container  | • Coat hangers                               |
| • Telephone Cord  | • Sharp or glass objects                     |
|   | • Cell phone, computer, electronic devices   |

## After Transport Algorithm

- **Provider** documents encounter, including notation of Crisis Response Team participation and transport destination
- **Nurse Mgr** updates transfer log
- **Nurse Mgr** initiates After Action Debrief with Crisis Response Team noting any lessons learned and any follow-up actions



# Rainbow Center: Education

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## **CME Events**

Pediatric Depression and Toolkit  
Women's MH Summit

## **Grand Rounds**

Martin Teicher, MD PhD  
C. Neill Epperson, MD  
Sarah Nagle-Yang, MD

## **Trainings**

De-escalation  
Trauma-informed  
Care

## **Didactics**

Monthly MH Case Conference  
MH Boot Camp  
Resident didactic modules  
Adolescent Medicine Weekly didactics

## **Trainee Rotations**

CAP fellow elective  
Peds resident CAP continuity clinic  
Psychology intern

# Rainbow -CMHC Partnership

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## The Centers -Rainbow Primary Pediatrics

- expedited referral system with feedback and closed loop with PCPs who are referring for mental health services

# A Perfect World

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1. Children and adolescents are screened in various domains so that they are captured early on
2. Adults in various domains are competent to empower children's mental wellness and recognize and address children's mental struggles
3. Systems are supportive of the time and effort required for proper mental health care
  1. Platforms that allow sharing of information
  2. Time to collaborate between providers/professionals is valued and supported
  3. Expanding the workforce to support schools and PCPs in providing MH care

# BHP Partners' Preliminary Health Pilot Results

**Chris Mundorf, MPH, PhD**

*Director, Data Analytics & Reporting*

Better Health Partnership

# Problems

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The screening process (how, what, when)

The referral process (lack of feedback/leaky)

The treatment process (lack of sufficient resources)

# Driver Diagram

## The Problem:

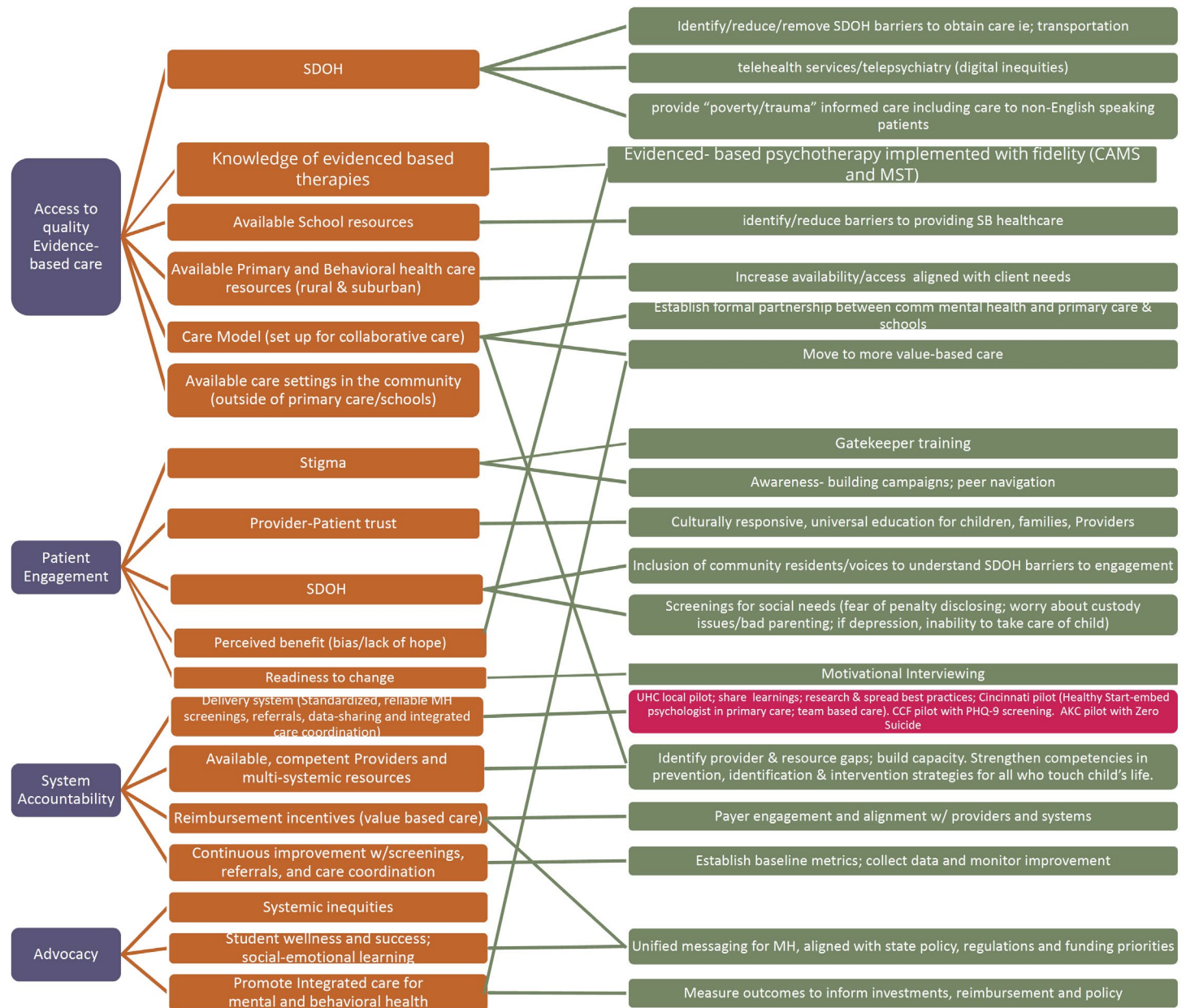
Rising rates of depression, anxiety and suicide in children

**SMART Aim:**  
Design and implement standardize, evidence-based, mental health prevention, identification and intervention strategies for children in primary care, behavioral health and education systems in 2021

## Primary Drivers

## Secondary Drivers

## Change Ideas



# Centers/Rainbow Pilot

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Pilot a referral process

- Easier referrals
- Warmer hand -off
- Feedback loop

# Centers/Rainbow Pilot

## University Hospitals Preferred Appointments for Child Counseling Services

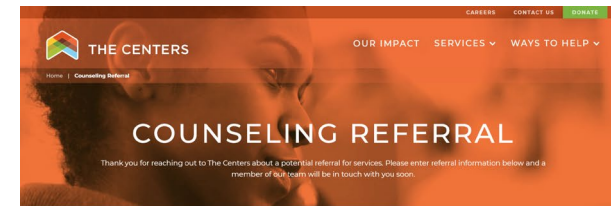


Almost all children face challenges as they are growing up. Children may experience difficult times due to family changes, chronic illness, a death or other loss, or peer pressures. There may be times when children need extra support and guidance on how to cope and build resilience.

**If you are concerned that your patient's emotions or behaviors are causing them to become anxious, depressed, or have problems in relationships at home and at school, mental health professionals are available to help.**

### Connect to Services Today!

Utilize our online referral form, which can be found at:  
<https://thecentersohio.org/counseling-referral>



#### Demographic Information for Potential Client

First Name *	Last Name *	
Parent/Guardian First Name *	Parent/Guardian Last Name *	
Date of Birth *	Social Security Number (SSN) *	
Street Address *		
City *	State *	ZIP Code *
Phone Number *	Email *	
Interested? *		

[Translate »](#)[Translate »](#)

Please provide any additional information about the potential client and their care:

Mental Health Symptoms
Behavioral Concern
Developmental Delays or Concerns
Major changes or transitions in the previous 6 months
(i.e. change in school, housing, or household members, DCFS involvement)

[Translate »](#)

Please provide your information so we may contact you in regards to this referral:

First Name *	Last Name *
Title *	Organization *
Phone *	Email *

[Translate »](#)

☐ I have reviewed the Notice of Privacy Practices and associated documentation found here

SUBMIT

[Translate »](#)



# Preliminary Results

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Launched in March 2021

94 Referrals

63/94 successful contacted ( **67%** )

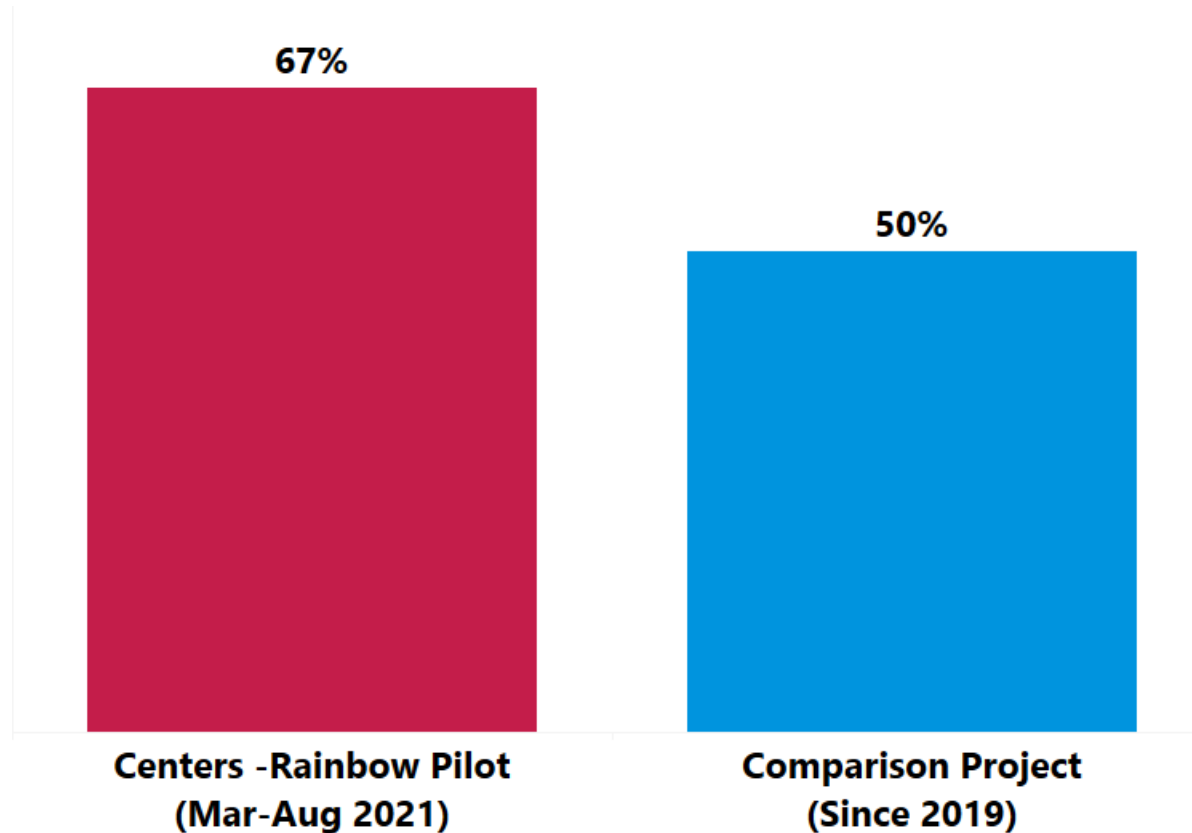
44 with completed appointment and engagement  
in services (**47%** of all; 70% of contacted)

63/94 ( **100%** of scheduled) have gotten a feedback loop

# Patient Contact Success %

Comparing the Centers/Rainbow Pilot

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# Next Steps

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How can this process be improved?

What is missing?

What additional metrics can be tracked?

# An Overview: Becoming a Certified Community Behavioral Health Center

**Martin Williams, MSSA, LISW**

*Chief of Programs, Behavioral Health Care*

Circle Health/The Centers

# Agenda

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- The Background
- Grant Goals
- Client/Patient Benefits
- Appendix M – Program Criteria
- Activities and Services Requirements
- Community Health Workers
- Benefits of Becoming a CCBHC

# The Background

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- Created through Section 223 of the Protecting Access to Medicare Act (PAMA) in 2014
- Why? The Excellence in Mental Health Act (MHA) – this is an initiative to improve access to mental health/addiction care in community-care settings
- MHA established criteria for what we now call CCBHC

# Goals of the Grant

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1. Increase the capacity for local BH system to address unmet needs that leads to longer and healthier lives of the population
2. Increase access and availability of person-centered, trauma informed, culturally competent, and recovery-oriented services
3. Increase the effectiveness of a system-wide coordination, integrated care, and referral program in Cuyahoga County

# What Does this Mean for Clients/Patients

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## Required Services

- 24/7 Crisis Services
- Patient/Client-Centered Treatment
- Screening, Assessment, Diagnosis
- Comprehensive outpatient mental health and SUD services
- HIV/Viral Hepatitis Screening
- Outpatient primary care screening and monitoring,
- Clinical monitoring for adverse effects of medications
- Case management, psychiatric rehabilitation, and Assertive Community Treatment
- Social supports opportunities through established clubhouse models or care



# Appendix M – National Demonstration Program Criteria

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Six required criteria:

- Staffing
- Availability and Accessibility to Services
- Care Coordination –
- Scopes of Services
- Quality and Other Reporting
- Organizational Authority, Governance, and Accreditation

# Core Requirements of CCBHC

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Program Requirement 4: **Scope of Services** (“Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:

- (i) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
- (ii) Screening, assessment, and diagnosis, including risk assessment.
- (iii) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
- (iv) Outpatient mental health and substance use services.
- (v) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
- (vi) Targeted case management.
- (vii) Psychiatric rehabilitation services.
- (viii) Peer support and counselor services and family supports.
- (ix) Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.”)

# Incorporating Community Health Workers – Use of BHP Pathway HUB

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## Outcomes

- The Centers BHP Pathways HUB program will provide services to impact social determinates of health within our community. In order to provide the best services possible, we will monitor our effectiveness in engaging Members, outreach in the community, as well as the numbers of pathways we create and close per month.

Our Outcomes goals are as follows:

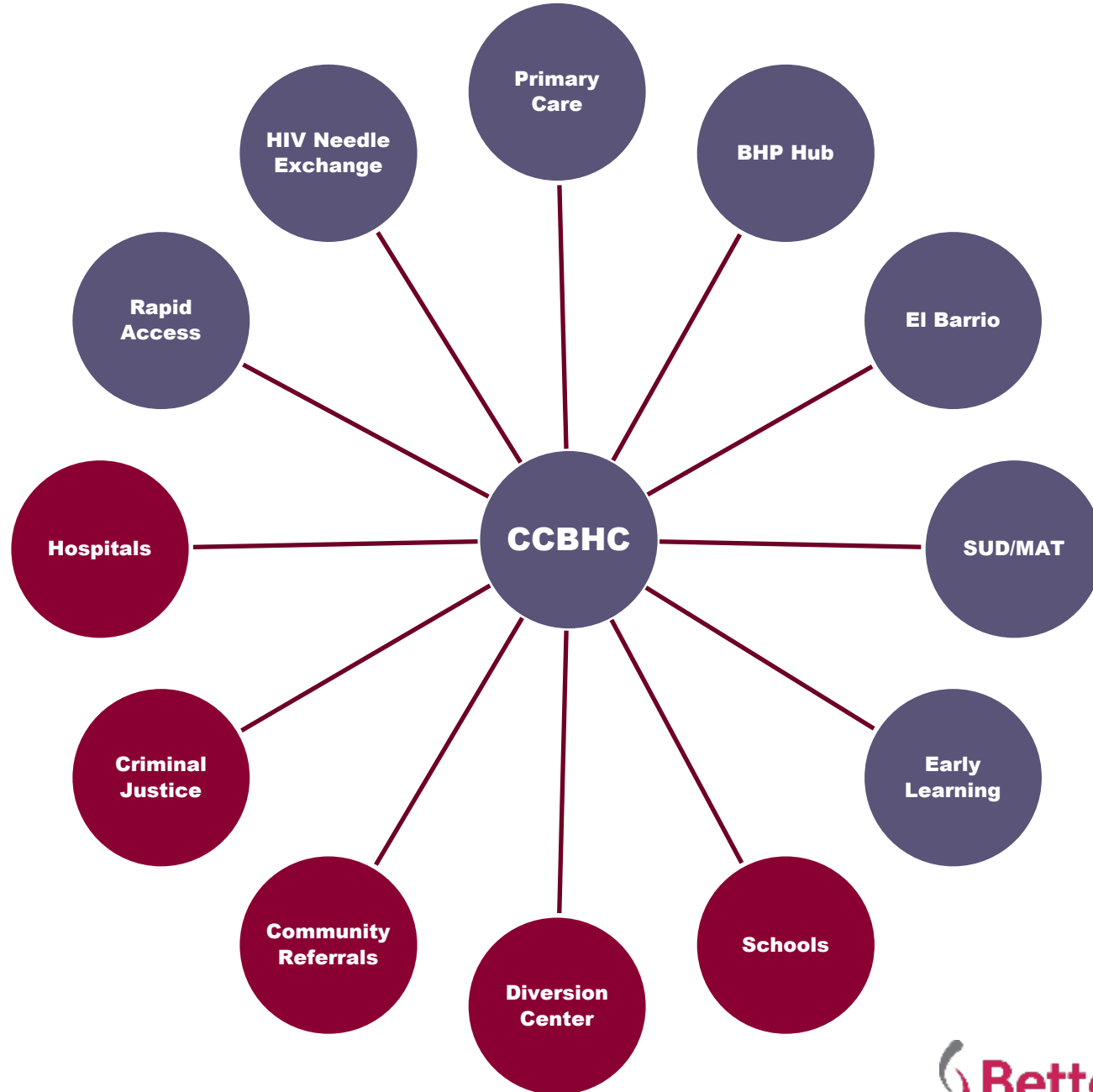
- **Short-Term Outcomes**: success related to the timeliness of completing HUB Pathways, completed HEDIS measures
- **Intermediate Outcomes**: reduction of social needs, reduction of mental health concerns (NOMS), reduction on substance use symptoms (NOMS), improved physical health (NOMS)
- **Long-Term Outcomes**: greater overall quality of life, more appropriate healthcare utilization, and reduced cost of care

# Benefits of Being a CCBHC?

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## **What are the biggest benefits to being a CCBHC?**

- Preparing for VBP - reporting outcomes and values
- Greater access to care
- Integration of care - no wrong door
- Data-driven care
- Offering enhanced services – ACT and Peer Services
- Services delivered in the community
- Improved workflows & efficiencies



# Project Summary: Our Targeted Population

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The Centers proposes to serve 600 individuals within the first grant year, and an a total of 1200 clients in two years.

# OhioRISE: A Specialized Managed Care Program for Youth with Complex Behavioral Health Needs

**Loren Anthes, MBA, CSSGB**

*Sr. Public Policy Fellow, and Treuhaft Chair*

The Center for Community Solutions

*Lecturer*

Ohio University Heritage College of Osteopathic Medicine



**THE CENTER FOR** EST. 1913  
**COMMUNITY SOLUTIONS**  
RESEARCH • ANALYSIS • ACTION

# OhioRISE

## Update & Implications for Providers

September 8, 2021



# Contact Me

## Loren Anthes, MBA

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Newsletter: [www.communitysolutions.com](http://www.communitysolutions.com)



@lorenanthes / @CommunitySols



# Agenda

- Why did Medicaid create this program?
- What is OhioRISE?
- What are the key expected benefits?
- How do we “plug in” as health care providers or behavioral health resource agencies?



# OhioRISE: Why is Ohio Pursuing?

## Childhood Mental Illness Linked with Physical Health Later in Life

- “By middle age, those with a childhood history of mental illness -- conditions such as anxiety, depression, substance abuse and schizophrenia -- were aging at a faster pace, had bigger declines in their sensory, motor and mental functions, and were rated by others as looking older than their peers”
- "The same people who experience psychiatric conditions when they are young go on to experience excess age-related physical diseases and neurodegenerative diseases when they are older adults."

## In Ohio

- 40% of kids over 15 in child welfare are in congregate care
- 140 kids per day are receiving care outside of Ohio
  - 200% increase since 2016
- 38% of youth with multi-system needs have family history of OUD, SUD and/or SED primary diagnosis



# OhioRISE: What is It?



Resilience through  
Integrated Systems and Excellence

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

## **Specialized MCO**

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

## **Shared Governance**

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

## **Prevent Custody Relinquishment**

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

## **Coordinated and Integrated Care & Services**

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



# OhioRISE: What is It?

## Services

- All existing behavioral health services – with a few limited exceptions (ex: BH emergency dept.)
- Care Coordination
  - Consistent with principles of High-Fidelity Wraparound
  - Three levels – Intensive and Moderate, delivered by a regional “Care Management Entity”
- Delivered by Aetna Better Health of Ohio
- 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)
- Behavioral Health Respite

## Eligibility

- 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



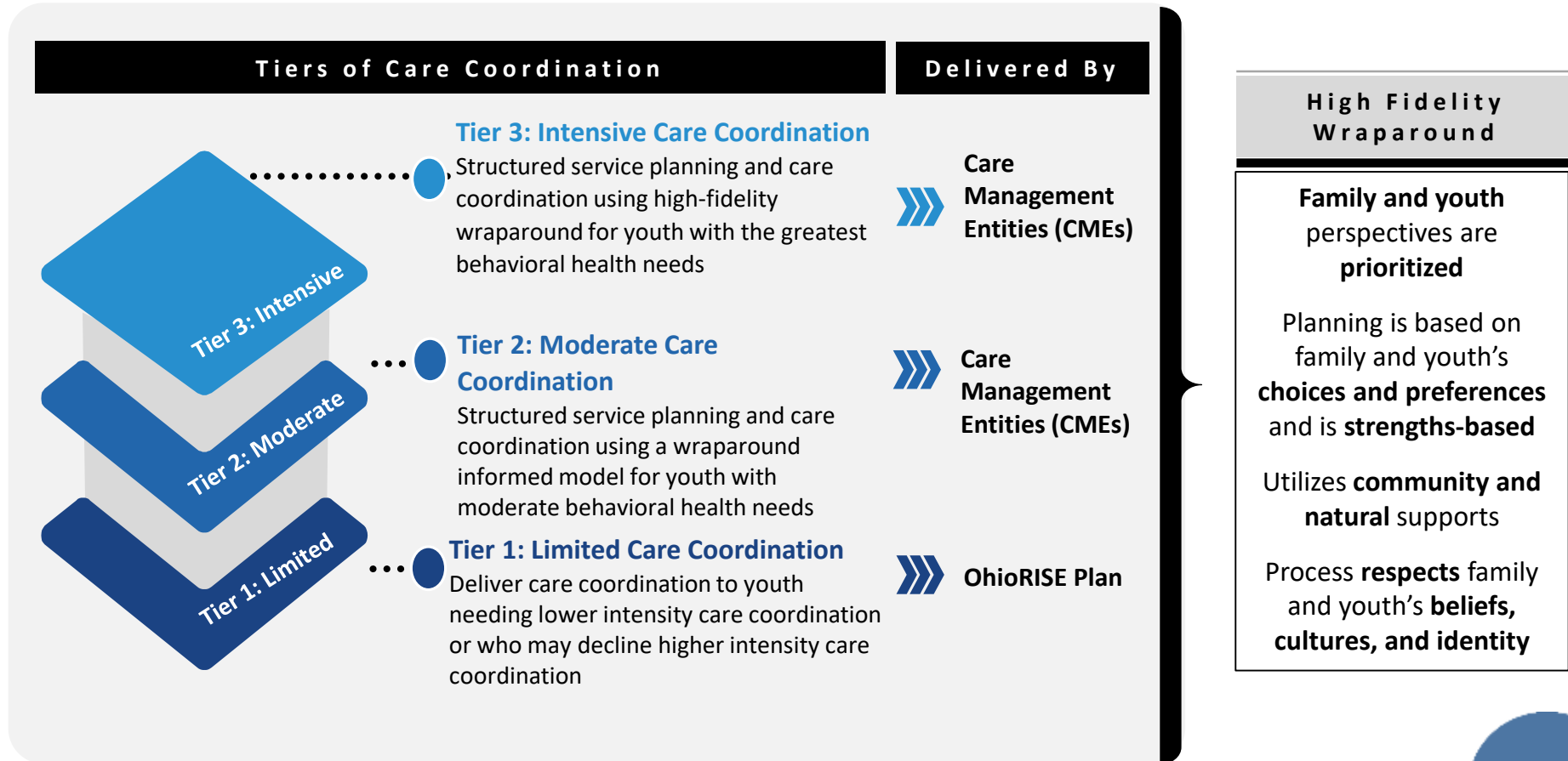
# OhioRISE: CANS Assessment

## **CANS: Child and Adolescent Needs and Strengths**

- Assists in care planning and provides clinical decision support
- Helps with eligibility, level of coordination needed and out of home treatment options including
  - QRTP / Mental Health Residential
  - SUD Residential
  - ICF with IBS Rate Add On
  - Psychiatric Residential Treatment Facility (PRTF)



# OhioRISE: What are the Benefits?



# OhioRISE: How to Plug In?

## More Background

- Visit [www.communitysolutions.com](http://www.communitysolutions.com) and search for “Multi-System Youth” and/or “OhioRISE”
- Go to state’s website:  
<https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/managed-care/ohiorise>
- Email: [OhioRISE@medicaid.ohio.gov](mailto:OhioRISE@medicaid.ohio.gov)
- Email for Aetna: [OHRISE-Network@aetna.com](mailto:OHRISE-Network@aetna.com)





# OhioRISE: How to Plug In?

## CANS Training

- 2.5 hour online training for providers
- Costs are covered by the state
- Additional training dates will be announced prior to each month
- For questions or concerns related to course registration or enrollment please contact [support@tcomtraining.com](mailto:support@tcomtraining.com).
- For any additional questions, please contact [OhioRISE@medicaid.ohio.gov](mailto:OhioRISE@medicaid.ohio.gov).

## September CANS Training Dates

- 9.10, 9-12:30
- 9.14, 9-12:30
- 9.16, 1-4:30
- 9.21, 9-12:30
- 9.22, 1-3:30
- 9.28, 1-4:30
- 9.30, 9-12:30



# OhioRISE: How to Plug In?

## CWRU COE

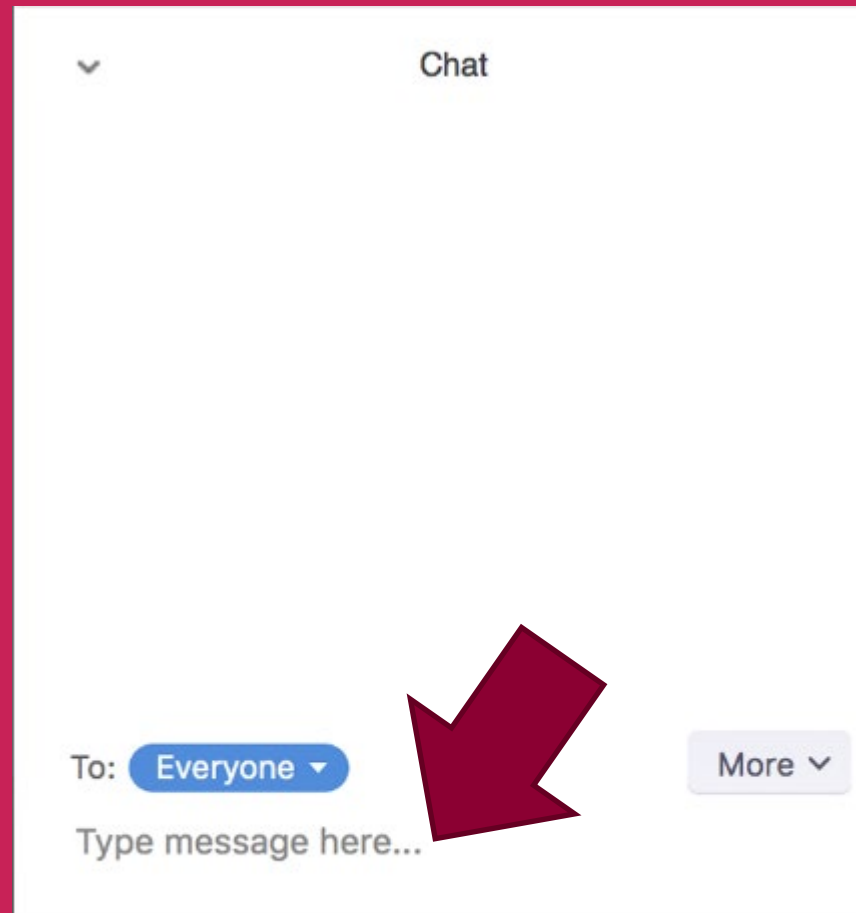
- CWRU was selected as a partner to establish the Child and Adolescent Behavioral Health Center of Excellence
- The COE will focus on identifying, implementing, training, and evaluating an array of intensive community-based behavioral health services for children, youth, and their families and provide critical workforce development support

## **Practice Portfolio includes**

- High Fidelity Wraparound
- Functional Family Therapy
- Multi-Systemic Therapy
- Healthy Families America
- Parents as Teachers
- OhioSTART
- Mobile Response and Stabilization Service
- Child and Adolescent Needs and Strengths Assessment



Questions?  
Please submit through chat function



# Next webinar: September 22nd

## Elevating Children's Health: Part II

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### Mobilizing Lead Safe Strategies for Children



[ckaschube@metrohealth.org](mailto:ckaschube@metrohealth.org)

Today's webinar will be  
posted on our website.

Thank you!



[www.betterhealthpartnership.org](http://www.betterhealthpartnership.org)