



#### Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

## Using Regional Governing Boards to Align Services for Rural Children of the Opioid Crisis

Research In Progress Webinar Wednesday, August 21st, 2019 12:00-1:00 pm ET/9:00-10:00am PT

colorado school of public health

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## Agenda



Welcome: Carrington Lott

Alicia Bunger, MSW, PhD

Fawn Gadel, Director of Ohio START

Kathryn Lancaster, PhD

Erica Magier, MSW, LSW

Commentary: Fawn Gadel, Director of Ohio START

Q&A: Moderated by Carrington Lott

## Alicia Bunger, MSW, PhD

Alicia is an associate professor in the College of Social Work at the Ohio State University. Her research examines how can human service organizations and professionals work together to improve service access, quality, and outcomes for the communities they serve. Currently, she is focusing on implementation of interventions that require collaboration across systems, and is interested in developing practical tools to support executive leaders.



## Fawn Gadel

Fawn Gadel is the Director of Ohio START at the Public Children Services Association of Ohio. She began her career at the Family and Youth Law Center where she most recently served as the Associate Director and Clinical Supervisor. She began her work with the center during her first year of law school in 2004 as a legal intern, transitioned to a staff attorney in 2007 and became the Associate Director in 2014. In addition to her experience at FYLaw, Ms. Gadel worked as a paralegal at an insurance defense firm and interned with the Ohio Department of Job & Family Services and Ohio CASA. She also served as a Guardian Ad Litem in Franklin County. Ms. Gadel received her Bachelor's degree in marketing magna cum laude from Xavier University and her Juris Doctor from Capital University Law School cum laude, concentrating in Children & Family Law.



## Kathryn Lancaster, PhD

Kathryn Lancaster, PhD is an Assistant Professor at the College of Public Health at the Ohio State University. As an infectious disease epidemiologist, I am passionate about addressing the burden of substance use and HIV/STI among key populations in the United States and globally. My work specifically among people who inject drugs and female sex workers has resulted in publications in the Journal of the International AIDS Society (JIAS), Lancet, International Journal of Drug Policy, PLoS One, and the Journal of Medical Ethics. I also serve on the Editorial Board of Sexually Transmitted Diseases to promote scholarship, specifically related to the intersection of substance use and sexually transmitted infections (STI). In 2017, I launched the Substance Use Working Group within the International Epidemiological Databases to Evaluate AIDS (IeDEA) Network where I serve as the Chair working with IeDEA regional representatives as well as program staff from NIAID, NIMH, NICHD, and NIDA, to create a scientific agenda related to substance use along the HIV care continuum.



# Erica Magier, MSW, LSW

Erica Magier, MSW, LSW is a doctoral student in the College of Social Work at The Ohio State University. She is a two-time graduate of OSU's College of Social Work, earning both her BSSW with honors ('17) and her MSW with a school social work specialization ('18) from the college. Now in her final year of doctoral coursework, her research interests focus on implementation of prevention programming in child serving areas, with specific interest in school settings. Her research interests also concentrate on implementation in child welfare systems through her role as a Graduate Research Assistant under supervision from Dr. Alicia Bunger.



## **Our Community-Partnered Team**

S4A Systems for Action

- Alicia Bunger, MSW, PhD; Associate Professor, College of Social Work, OSU
- Emmeline Chuang, PhD; Associate Professor, Department of Health Policy & Management, UCLA
- Amanda Girth, MBA, PhD; Associate Professor, John Glenn College of Public Affairs, OSU
- Kathryn Lancaster, PhD, MPH; Assistant Professor, College of Public Health, OSU
- Erica Magier, MSW, LSW; PhD Student, College of Social Work, OSU
- Fawn Gadel, JD; Director of Ohio START, PCSAO
- Marla Himmeger, LSW, Ohio START Program Manager, PCSAO
- Cheri Walter, MA, LICDC, Chief Executive Officer, OACBHA
- Teresa Lampl, Chief Executive Officer, The Ohio Council
- Tina Willauer, MPA, START Program Director, Children & Family Futures













## **Our Objective**



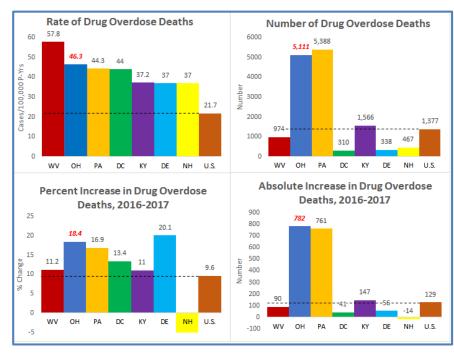
Examine the role and impact of centralized governing bodies (public behavioral health boards) on the implementation of an intervention that requires alignment across systems (child welfare & substance use treatment) in rural communities.

## **Opioid Epidemic in Ohio**

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- 1st in absolute numbers of heroin- and synthetic opioidrelated deaths
- **1st** in heroin-related, ageadjusted death rates;
- **5th** in synthetic opioid-related, age-adjusted death rates
- Ohio overdose death rate >3x national rate

Age-adjusted rates and numbers of drug overdose deaths in the 7 leading states, 2017 (top) and percent and absolute increases in drug overdose deaths, 2016-2017 (bottom)



### **Impact on Children and Families**



- Increase in the number of children entering foster care in Ohio (PCSAO, 2016; Radel, Baldwin, Crouse, Ghertner, & Waters, 2018).
- Caregivers' substance use treatment needs often go unmet (GAO, 2018)
- Child welfare-involved families struggling with substance misuse often are more likely to have <u>substantiated allegations</u>, children placed in <u>foster care</u>, and <u>failure to reunify</u> (Freisthler et al, 2017; Wulczyn, et al, 2019; Lloyd, Akin, & Brook, 2017)

## **Sobriety Treatment and Recovery Teams (START)**



Child welfare intervention for families affected by child maltreatment and parental substance use disorder (SUD)

- ✓ Expedites parents' access to treatment
- ✓ Improved treatment retention
- ✓ Higher levels of sobriety
- ✓ Keeps families together during and after the intervention

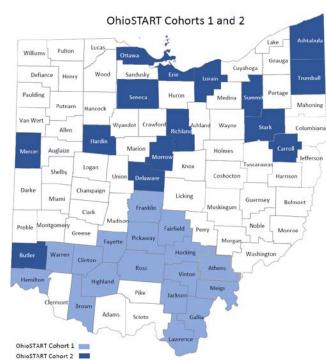
Hall, Wilfong, Huebner, Posze, & Willauer, 2016 Huebner, Posze, Willauer, & Hall, 2015 Huebner, Willauer, & Posze, 2012.

#### **Key Components** Early identification of families affected by substance use disorders (screening) Quick access to quality treatment 3 Increasing parent recovery services and engagement in treatment through peer support Focusing on family-centered services and 4 parent-child relationships 5 Increasing oversight for parents and children Sharing responsibility for parent accountability and program outcomes across service systems Collaborating across service systems and with the courts



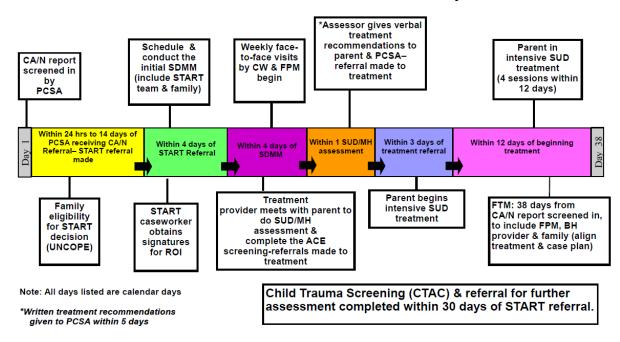


- Ohio START is adapted from the national model to also address trauma exposure
- Ohio began the implementation of the Ohio START model in April 2017
- Cohort 2 joined the pilot in October
   2018 (this study focuses on Cohort 2)



## **Ohio START Timeline**

Initiation of a START Case-38 Days



## System Alignment Challenges Influence Implementation



#### **Collaboration**

- Identifying a substance use treatment provider
- Negotiating flexible agreements for services
- Establishing communication channels
- Intensive case level coordination

Collaboration is key for START implementation, but can vary considerably

#### **For Rural Communities**

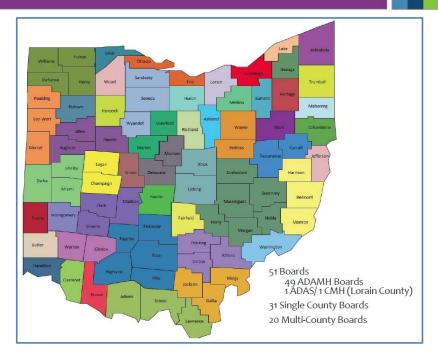
- Lower density of treatment providers (Andrilla, et al 2018)
- Competition for limited resources (Girth et al 2012)
- Creates inequities in access to behavioral health care (compared to urban areas)

## Who Can Help?



#### **Local Behavioral Health Boards**

- Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards (n=50)
- Centralized county/regional administrative entities; Quasigovernmental
- Serves a public health function in behavioral health
  - Assess community needs, develop/implement programs, deploy financial resources, evaluate community impact
  - Develop local systems of care
- Manage local networks of behavioral health providers (network administrative organization; Provan & Kenis, 2008)



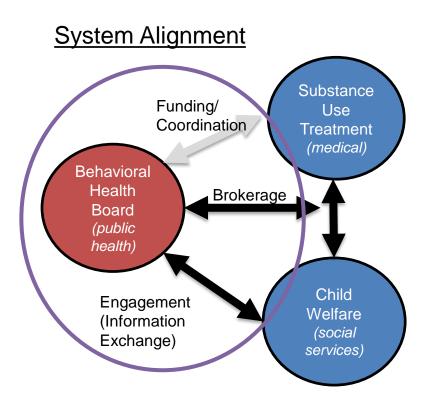
OACBHA (2019). Ohio's Alcohol, Drug Addiction, and Mental Health Boards: Community Boards Responding to Community Needs. https://oacbha.org/docs/ADAMH Boards 1.2019.pdf

#### Aims



#### **Aim 1**:

Examine the extent to which behavioral health boards are engaged in aligning systems



## Network Management Strategies:

- Identifying partners
- Brokering relationships
- Mobilizing resources
- Incentivizing alignment

Agranoff & McGuire, 2011; Herranz, 2008

## Aim 1: Board Engagement in System Alignment



- Research Design: Qualitative; semi-structured small-group interviews
- <u>Participants</u>: Key stakeholders from PCSAs, substance use treatment organizations and behavioral health boards (Cohort 2 Counties)
- Methods: 60-minute group phone interviews
- Analysis: Modified grounded theory; network management strategies as "sensitizing concepts" (Patton, 1990)

#### **Topics**:

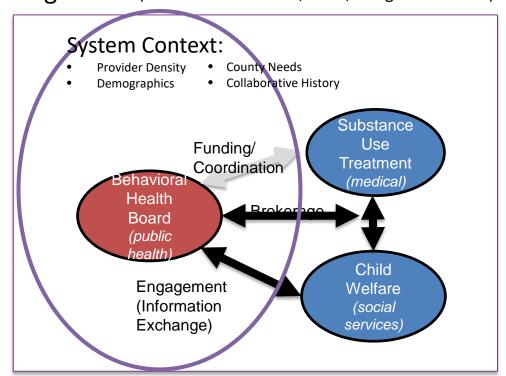
- 1) History of partnerships
- 2) Board involvement in START implementation
- 3) Brokering of relationships between the board and PCSAs
- 4) Other ways boards have engaged
- 5) Facilitators and barriers to board engagement





Collaborative Governance: System context creates opportunities and incentives for system alignment (Emerson & Nabatchi, 2015; Bunger et al 2017)

Aim 2: Examine county-level contextual features associated with board engagement



## Aim 2: County Context & Board Engagement



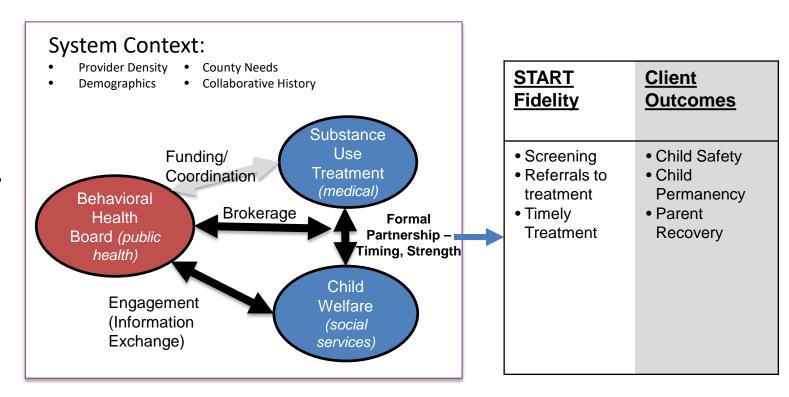
Research Design: Multi-method multiple case study approach; Integrate data from Aim 1

Source	Construct and Measures
Existing public health data	County Needs: - County rates of child maltreatment - County rates of opioid-related overdose
SAMHSA Behavioral Health treatment locator	Provider Density: - Number of providers delivering substance use treatment - Number of different types of MATs in the county
Census Data	Demographics - Size, poverty rates, rurality, indicators of racial/ethnic diversity
2018 Recovery Oriented System of Care (ROSC) Self-Assessment	Collaborative History - Average county scores, within and cross-system collaboration

#### Aims



Aim 3: Test the influence of board engagement on (1) timing, (2)partnership strength, and (3) START fidelity.



## **Aim 3: Impact of Board Engagement**



Research Design: Collection of quantitative data to be integrated with data from Aims 1 & 2 using qualitative comparative analysis (QCA) (Ragin, 2008)

Source	Construct and Measures
Agency Documents	Timing: - Date of execution, nature of proposed partnership
Worker Surveys	Collaboration Strength: - Environment, membership, process/structure, communication, purpose, and resources
OSU Needs Portal	<ul> <li>County Fidelity Metrics Tracking:         <ul> <li>Percentage of parents who received substance use screening</li> <li>Percentage of parents with screened-in substance use needs who were referred to treatment</li> <li>Average number of days between screening and treatment receipt</li> </ul> </li> </ul>

#### **Dissemination**



- Work with PCSAO to share decision support guide with members (85 public child welfare agencies)
- Work with OACBHA to share decision support guide with behavioral health organization leaders, funders, and policy makers
- Other publications, presentations, in scholarly outlets (implementation science, public administration, human service organizations)

## **Current Status**



- IRB
- Data collection to begin in Fall 2019

### **Translation**



#### **Decision Support Guide**

- 1. 2 page brief describing results
- 2. Decision analysis tool, guiding selection of board engagement strategies given context
- 3. Sample language specifying nature and expectations that could be included in contracts, MOUs, data agreements, etc.

## Questions?



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## **Questions for Attendees**



- <u>Translational tools</u>: What other practice tools might be useful to consider developing during our translation work?
- Stakeholder engagement: Who else might be interested in what we are learning and how might we engage them?

## Upcoming Webinars



• September 11<sup>th</sup>, 2019 12 p.m., ET

Systems for Action Individual Research Project

<u>Financing Integrated Health and Social Services for Populations with Mental Illness</u>

Yuhua Bao, PhD, Weill Cornell Graduate School of Medical Sciences, and Lisa Dixon, MD, MPH, NY State Psychiatric Institute/Columbia University Medical Center

September 25th,2019 12 p.m., ET

**TBD** 

## Acknowledgements

**Systems for Action** is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Center for Public Health Systems and Services Research in the College of Public Health, and the Center for Poverty Research in the Gatton College of Business and Economics, administered by the Colorado School of Public Health.

