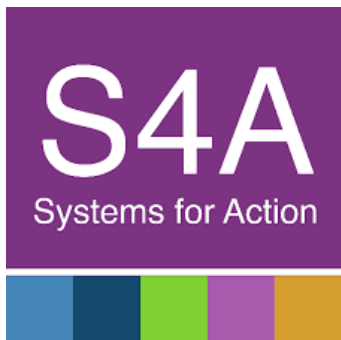


# Aligning Behavioral Health & Child Welfare Systems to Address the Opioid Crisis in Rural Ohio

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



Research-In-Progress Webinar  
September 30, 2020  
12-1pm ET

colorado school of  
**public health**

**Welcome:** **Chris Lyttle, JD**  
*Deputy Director for Systems for Action*

**Presenters:** **Alicia Bunger, PhD and Amanda M. Girth, PhD**  
*The Ohio State University*

**Jennifer Millisor, MPA**  
*Public Children Services Association of Ohio*

**Q&A:** **Chris Lyttle, JD**



**Alicia Bunger, MSW, PhD**

**Alicia Bunger** 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.



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**Amanda M. Girth, PhD**

**Amanda M. Girth** is Associate Professor of Public Affairs, Director of Washington Studies, and Enarson Fellow at the John Glenn College of Public Affairs at The Ohio State University. Dr. Girth is a policy expert in government contracting and a public management scholar whose work is published in highly-ranked outlets, including *Journal of Public Administration Research and Theory*, *Journal of Supply Chain Management*, and *Public Administration Review*.



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**Jennifer Millisor, MPA**

**Jennifer Millisor** joined Public Children Services Association of Ohio in October 2019 as the Ohio START Program Manager for Technical Assistance. Jennifer's previous experience includes a blend of 20 years with behavioral health agencies and child welfare. She recently came from Hamilton County Children Services where she spent five years as a project manager and also held the position of Intake Manager. Previous to that position, she served as the Director of Quality Improvement at St. Joseph Orphanage where she served for 10 years. Jennifer received her Master of Public Administration from Northern Kentucky University.





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# Our Team

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Marla Himmeger, LSW, PCSAO

Jennifer Millisor, MPA, PCSAO

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Courtney Ebersole, OACBHA

Teresa Lampl, The Ohio Council

Tina Willauer, MPA, Children & Family Futures

Erica Magier, MSW, LSW; OSU

Jared Martin; OSU

Rebecca Phillips, MA, MSW; OSU

Logan Knight, OSU



Examine the role & impact of public behavioral health boards on alignment of child welfare and substance use treatment systems for program implementation  
(Ohio START).

## Ohio & Opioids...

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



Rising numbers of children entering foster care in Ohio due to caregiver substance misuse (PCSAO, 2016; Radel, Baldwin, Crouse, Ghertner, & Waters, 2018).



Caregivers' SUD treatment needs often go unmet (GAO, 2018)



High likelihood of substantiated allegations, foster care placement, and failure to reunify (Freisthler et al, 2017; Wulczyn, et al, 2019; Lloyd, Akin, & Brook, 2017)



# Sobriety Treatment & Recovery Teams (START)

## Key Components

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

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

- ✓ Expedites parents' access to treatment
- ✓ Improves treatment retention
- ✓ Increases level of sobriety
- ✓ Keeps families together during and after the intervention

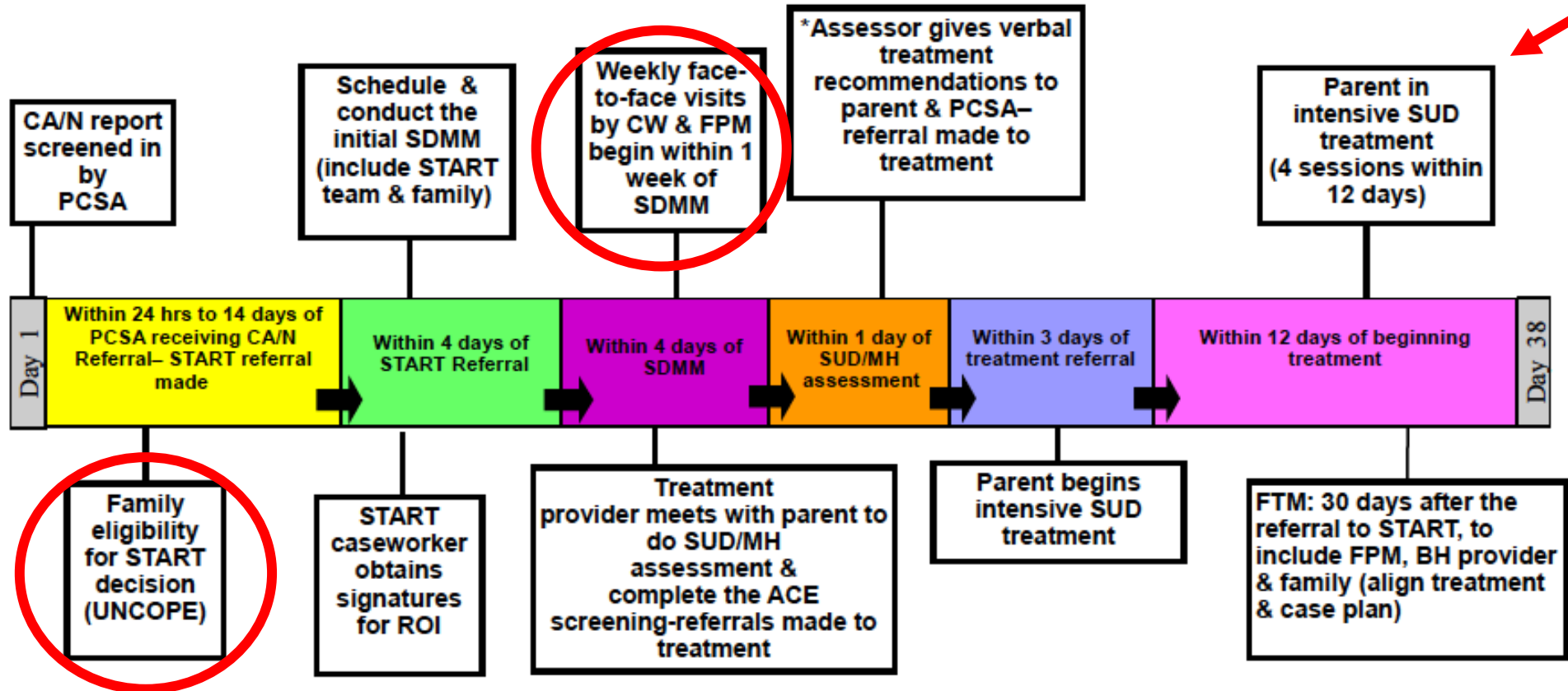
Hall, Wilfong, Huebner, Posze, & Willauer, 2016

Huebner, Posze, Willauer, & Hall, 2015

Huebner, Willauer, & Posze, 2012.

# Ohio START Timeline

## Initiation of a START Case– 38 Days



Note: All days listed are calendar days

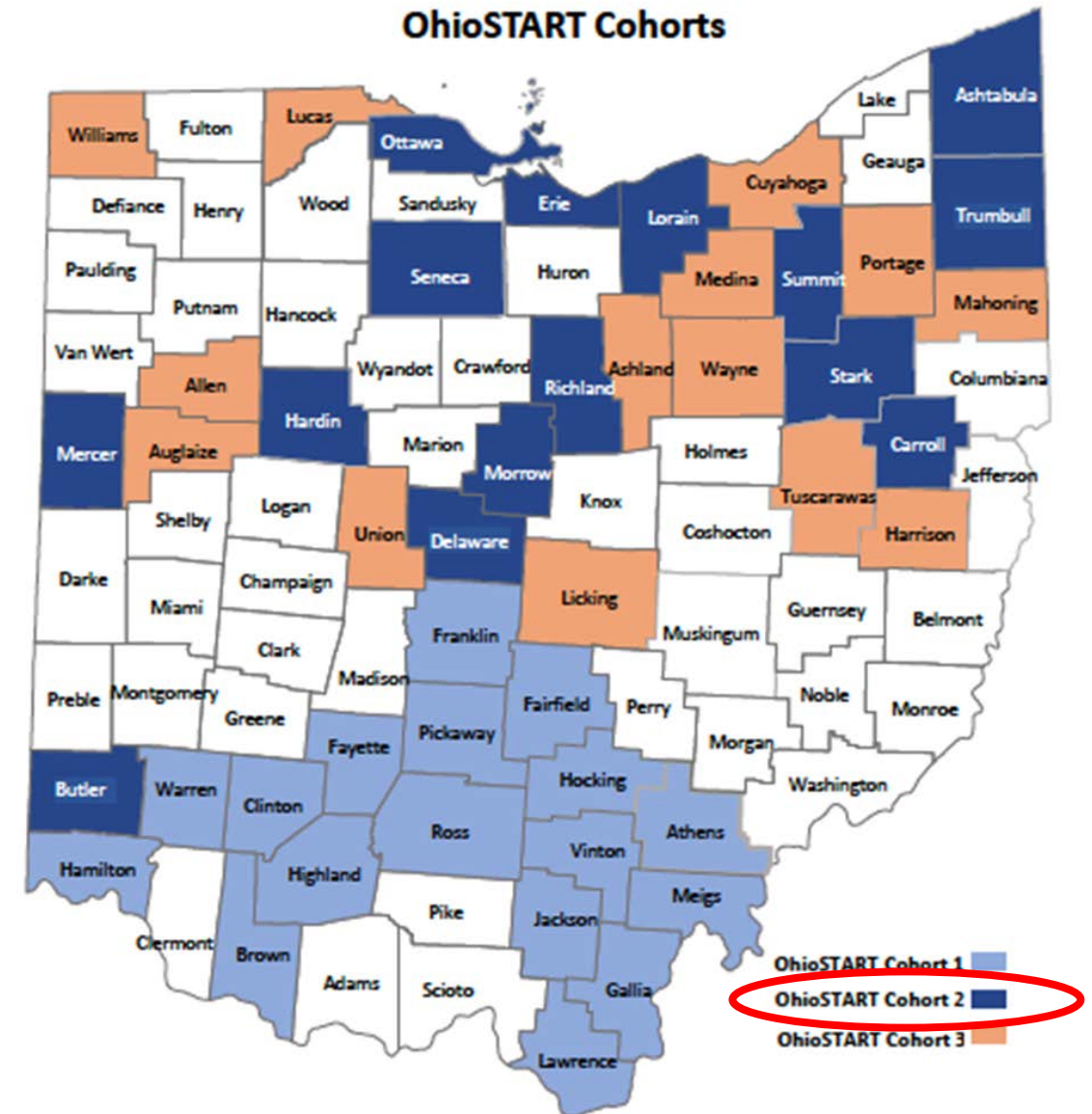
\*Written treatment recommendations given to PCSA within 5 days

Child Trauma Screening (CTAC) & referral for further assessment completed within 30 days of START referral.

# OhioSTART Program



- Ohio START is an affiliate of the National START model
- Ohio began the implementation of the Ohio START model in April 2017
- Cohort 2 joined the pilot in October 2018



## 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

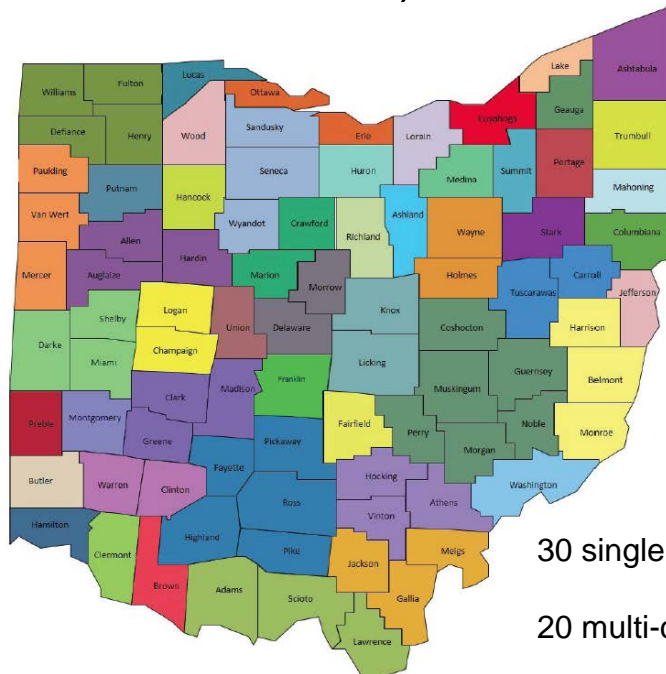
## For Rural Communities

- 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?

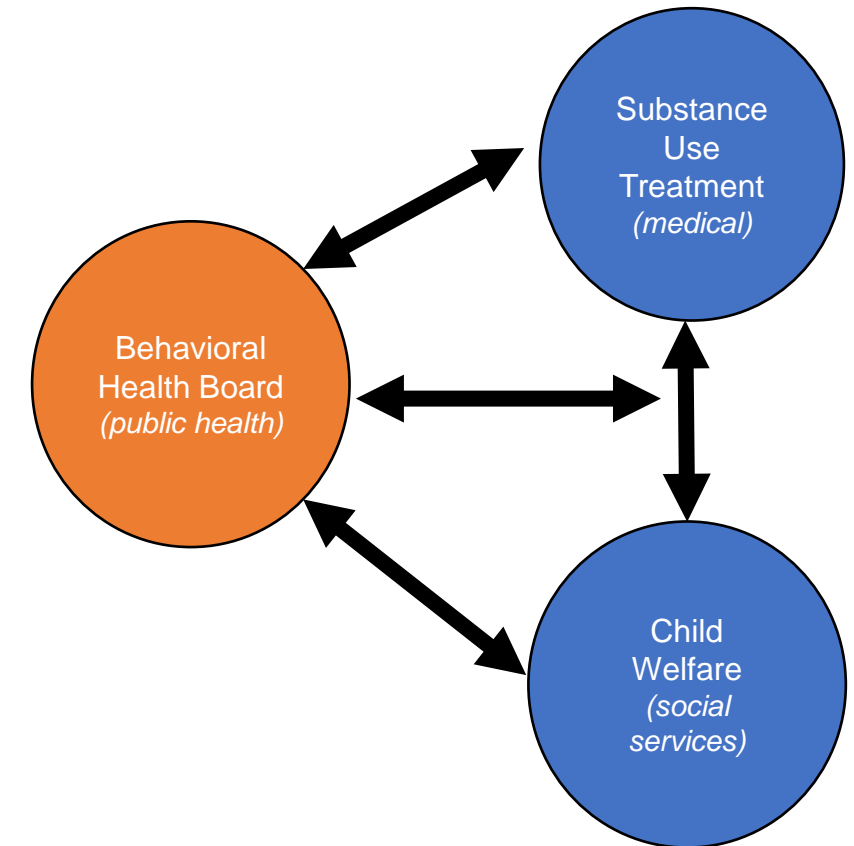
## Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards (n=50)

- Centralized county/regional administrative entities; Quasi-governmental
  - Serves a public health function in behavioral health
  - Manage local networks of behavioral health providers (network administrative organization; Provan & Kenis, 2008)



30 single county boards

20 multi-county boards



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](https://oacbha.org/docs/ADAMH_Boards_1.2019.pdf)

**Aim 1:** Examine behavioral health boards' efforts to align systems for START

**Aim 2:** Examine county-level contextual features associated with board involvement in START.

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

- Mixed methods multiple case study
- 9 County Systems from Cohort 2 (60%)
- Still collecting data!
  - 16 interviews with 41 stakeholders from 8 counties (8 to go)
  - 18 partnership agreements
  - Worker Surveys in the field now
  - Ongoing program fidelity data



Very Preliminary Findings

ADAMH coordinates the BH service system in ways that support Ohio START

More active approaches to direct coordination are rare

- Attempts to centralize or standardize referrals in 2 counties

## Local Assessment Activities

- Identify unmet community needs
- Assess service availability

## Policy Development Activities

- Build community support for behavioral health care

## Assurance Activities

- Disseminate information about available services
- Connect clients to services
- Develop centralized referral agency in county
- Legitimate or vet providers (and their quality)
- Fund programs (e.g. Family Drug Court)
- Contract with providers out of county to expand services
- Encourage change (directives)
- Provide training
- Develop standard release form
- Develop standard referral form

Framework based on Mays, Scutchfield, Bhandari, & Smith (2010)



## Inconsistent START-Specific Efforts

- 4 counties in Cohort 2 (50%)
- 3 counties in Cohort 1 (38%)\*

## More active efforts are rare

- Steering Committee or info sharing only in 4 counties
- Partnership facilitation in only 3 counties

CW stakeholders unsure about how or why to involve ADAMH.

## START Specific Engagement Strategies

- Share general information
- Participate on START Steering Committees
- Provide connection to BH provider or family peer mentor
- Provide information about specific providers during partner selection
- Helped CW apply for a grant
- Provide matching \$\$
- Provide funding for treatment (for an individual client)

## "Wish List" (From CW Stakeholders)

- Network
- "Smooth" Relationships
- Funding for Sustainment

\* Separate study with cohort 1; 17 interviews with 37 stakeholders across 8 counties (R34DA046913; Bunger)



## *Create Typology*

Passive

Active



### **Network Management Strategies:**

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

Agranoff & McGuire, 2011; Herranz, 2008

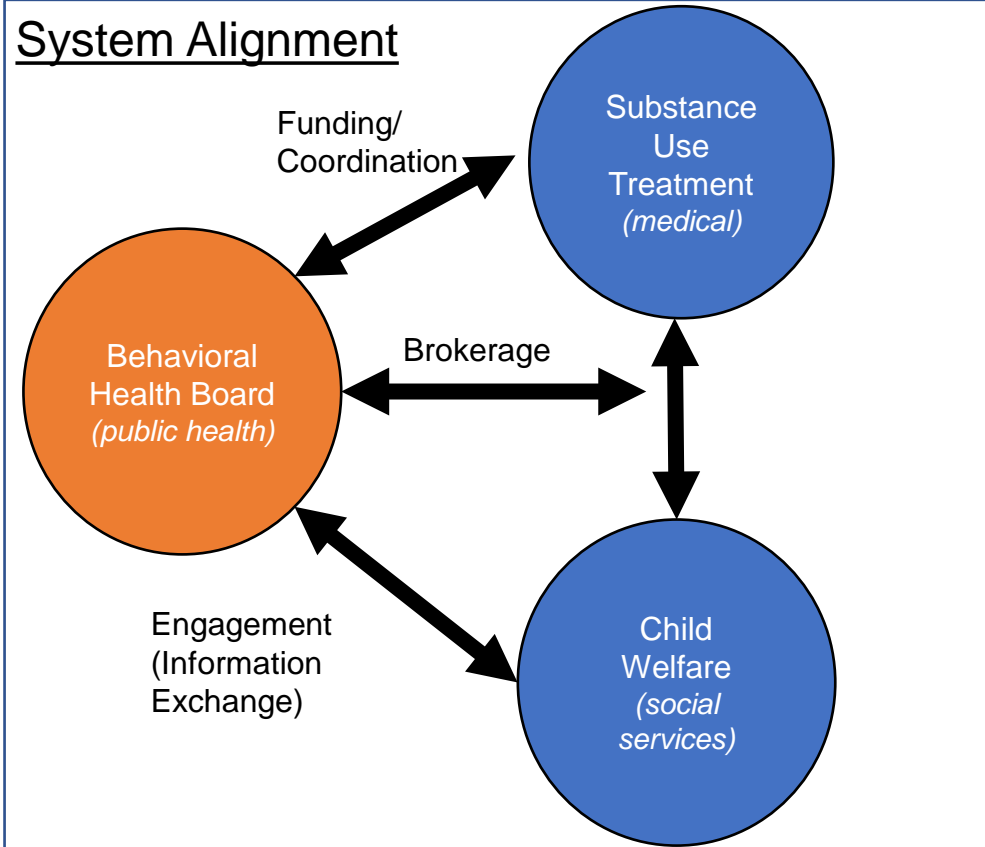
## NEXT STEPS...

\*\*We also heard that there are other entities that help align systems:

- Family and Children First Councils
- Family Drug Courts

# Aim 2 – County Context & ADAMH Alignment Efforts

## System Context:



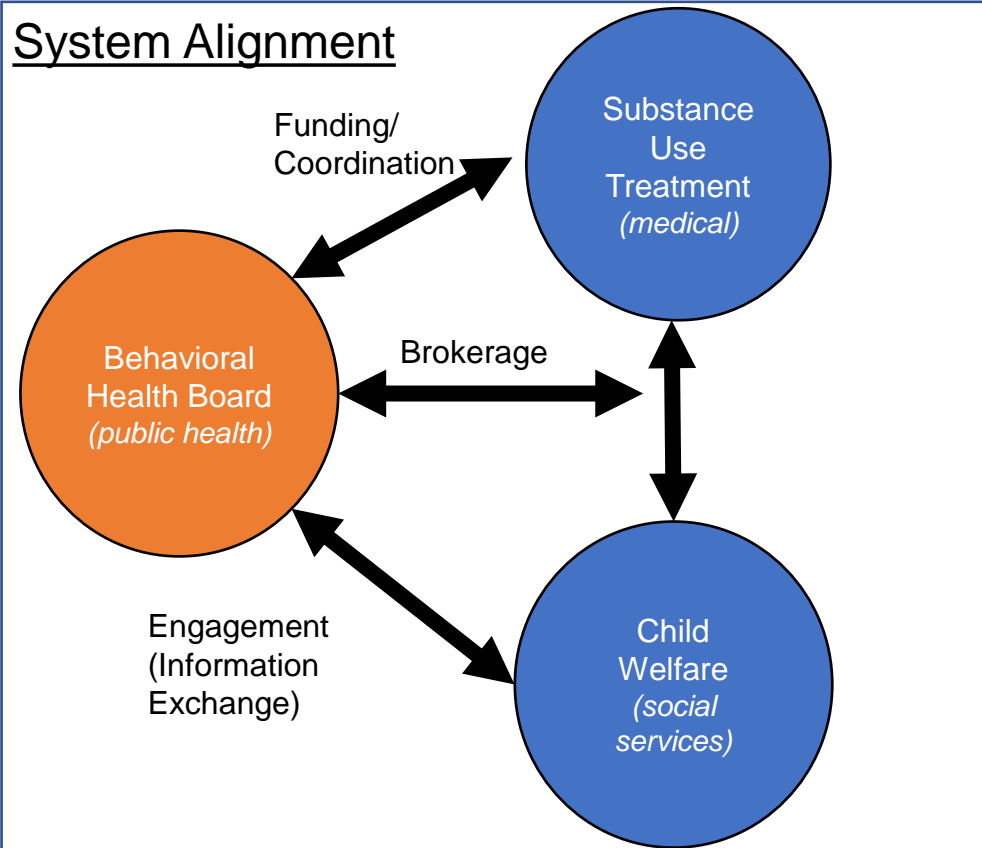
## **Collaborative Governance:**

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

# Aim 2 – County Context & ADAMH Alignment Efforts

## System Context:

### System Alignment



## *Contextual Issues We've Heard About or Explored:*

### Provider Density

- Multiple providers → tough to manage
- Not enough providers → limit options
- New SUD treatment providers entering the market
- Balance agency desire for “preferred providers” with client choice
- Counties w/ADAMH engagement tend to have more providers (m=20) than those w/o ADAMH engagement (m=8)

History of strong or (more rarely) strained relationships

### \*\*Turnover

- Family Peer Mentors
- Leadership
- Front-line workers



Multiple Case Study at the county level examining whether Engagement or Type of Engagement varies by:

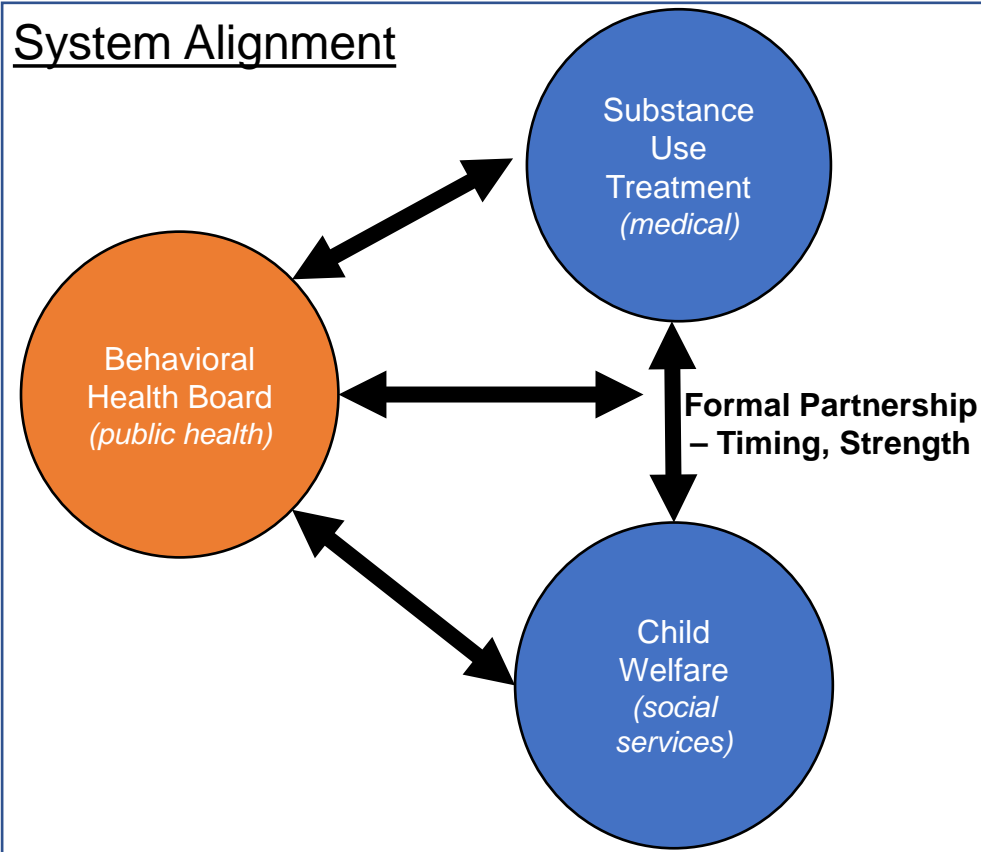
- County needs (maltreatment, opioid-related overdose deaths)
- Availability of MAT
- Demographics
- Collaborative History (ROSC assessments)

## NEXT STEPS...

# Aim 3 – ADAMH Alignment Impact

## System Context:

### System Alignment



<u>START Fidelity</u>	<u>Client Outcomes</u>
<ul style="list-style-type: none"><li>• Screening</li><li>• Referrals to treatment</li><li>• Timely Treatment</li></ul>	<ul style="list-style-type: none"><li>• Child Safety</li><li>• Child Permanency</li><li>• Parent Recovery</li></ul>

# Aim 3 – ADAMH Alignment Impact

We are looking at:

Construct and Measures	Source
Timing of Formal Partnership: <ul style="list-style-type: none"><li>- Executed agreement, Date of execution</li></ul>	Agency Documents (MOUs, contracts)
Collaboration Strength: <ul style="list-style-type: none"><li>- Environment, membership, process/structure, communication, purpose, and resources</li></ul>	Worker Surveys <i>In the field now...</i>
County Fidelity Metrics Tracking: <ul style="list-style-type: none"><li>- Avg # of days between referral to START &amp; SUD screening</li><li>- Avg # days to 1<sup>st</sup> FPM visit</li><li>- Avg. days between screening and treatment receipt</li></ul>	OSU Needs Portal

# Aim 3 – ADAMH Impact

## Snapshot of Cohort 2 Formal Partnerships

- Most counties have at least 1 formal partnership for START
- Mostly MOUs

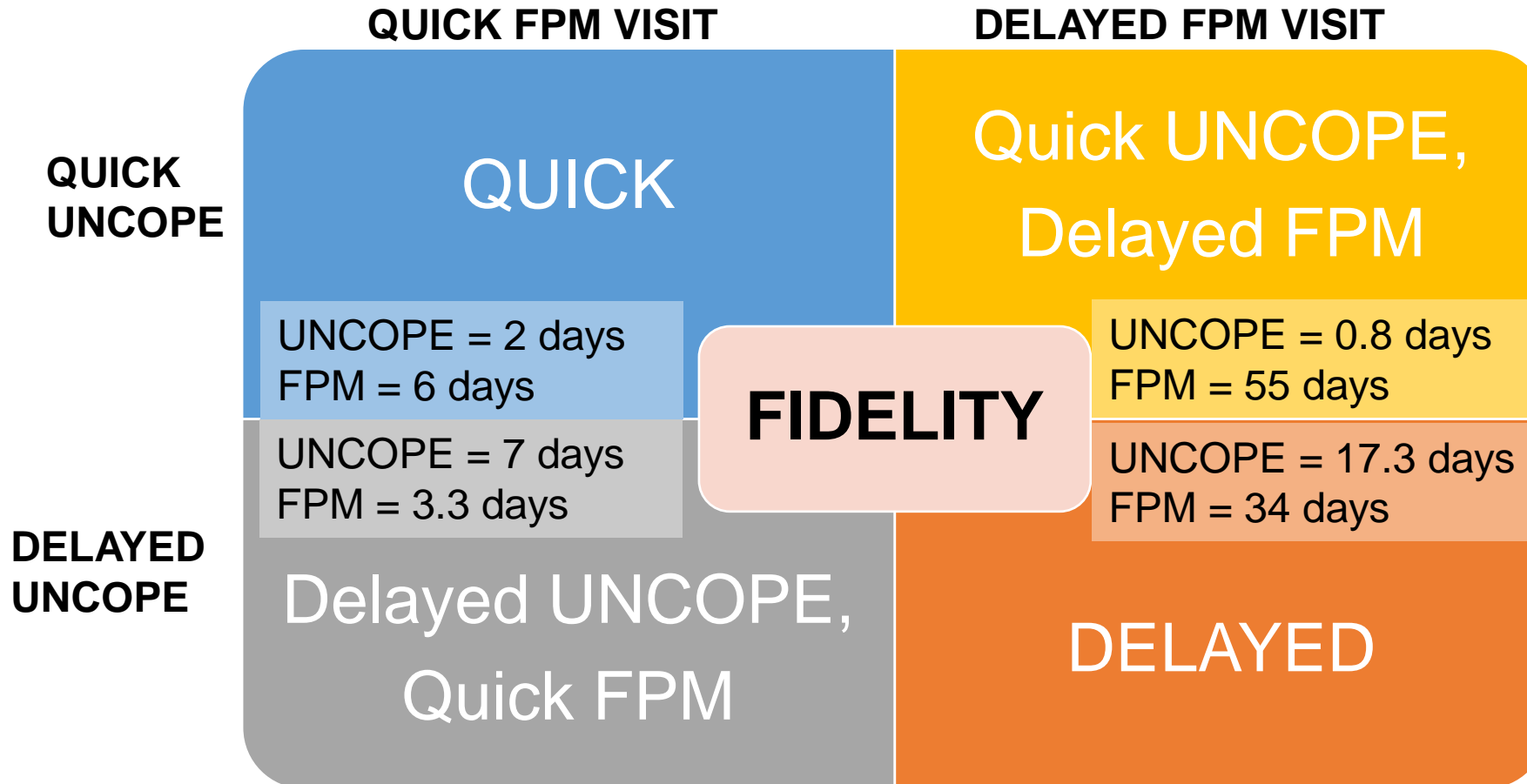
County	Type	ADAMH	Behavioral Health	Substance Use Disorder	Court Diversion	Family Peer Mentor	Other	START Execution
A	MOU						x	
A	MOU			x	x			
A	MOU			x	x			
A	MOU			x	x			
A	MOU			x	x			
A	Other	x				x		x
B	MOU		x	x				x
B	MOU		x			x		x
B	MOU			x				x
B	MOU			x				x
C	POS	x	x	x				x
D	MOU						x	x
E	MOU						x	x
F	MOU						x	x
G	Other						x	x
G	MOU					x		x
H	POS		x	x		x		x
I	Other						x	x
Total	13 MOU	2	4	9	4	4	6	13





# Results

	M	Mdn	Range
Days to UNCOPE	4.4	5	0-46
Days to 1 <sup>st</sup> FPM visit	16.5	24	1-97



# QUICK

n= 5

- Likely to be in Cohort 2 (3/5)
- Likely to be rural (3/5)
- Moderate BH treatment providers (m=13)
- Not likely to engage ADAMH (1/5)

# Quick UNCOPE, Delayed FPM

n=4

- Likely to be in Cohort 1 (3/4)
- Equal rural/urban split
- Moderate BH treatment providers (m=12)
- Some ADAMH engagement (2/4)

# FIDELITY

# Delayed UNCOPE, Quick FPM

n=4

- Even across Cohorts
- Equal rural/urban split
- Moderate BH treatment providers (m=10)
- Not likely to have ADAMH engagement (1/4)

# DELAYED

n=5

- Likely to be in Cohort 2 (3/5)
- Likely to be urban (3/5)
- More BH providers (m=17)
- Likely to engage ADAMH (3/5)



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

## NEXT STEPS...

- Limited ADAMH board engagement in START specifically
  - Primarily passive engagement in START, but major role as BH funder
  - Perhaps ADAMH cultivates system environment and collaboration norms?
  - Despite potential for supporting system alignment, CW stakeholders unclear about strategic benefits of engaging ADAMH.
- ADAMH might be more engaged in system alignment where there are more providers (complexity)
- System alignment (and implementation of models that depend on it) might be uniquely challenging in counties with many providers; strategic ADAMH engagement might be useful here

## On Community Needs

- Increases in relapse and overdose (attributed to lack of structure, accountability, stress & isolation)
- Increase in suicide risks
- Decreases in maltreatment reports to CWS.
  - Anticipated shift in service demands as kids go back to school

## On Service Delivery

- CWS family visits largely held virtually or by phone, with some in-person visits determined based on need and risks
- Majority of BH partners using telehealth/phone
- BH partners reported challenges with telehealth virtual group attendance and participation

## On Organizations

- Concerns about financial vulnerability among BH organizations
  - 20% losses in revenue; CARES Act has offset losses through end of CY

## Toolkit Module

1. 2-page brief describing results
2. Specific examples of Board engagement strategies
3. Recommendations for selecting board engagement strategies given context.

To be included as a component of the Collaborating Across Systems for Program Implementation (CASPI), a decision support guide we will pilot test as part of our R34.

Protocol described in Bunger et al, 2020

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**Robert Wood Johnson Foundation  
System for Action Program, Grant #7634**

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### SIRC Initiatives

Biennial Conference

*Implementation Research & Practice*  
\*New Journal\*

Networks of Expertise

Instrument Review Project

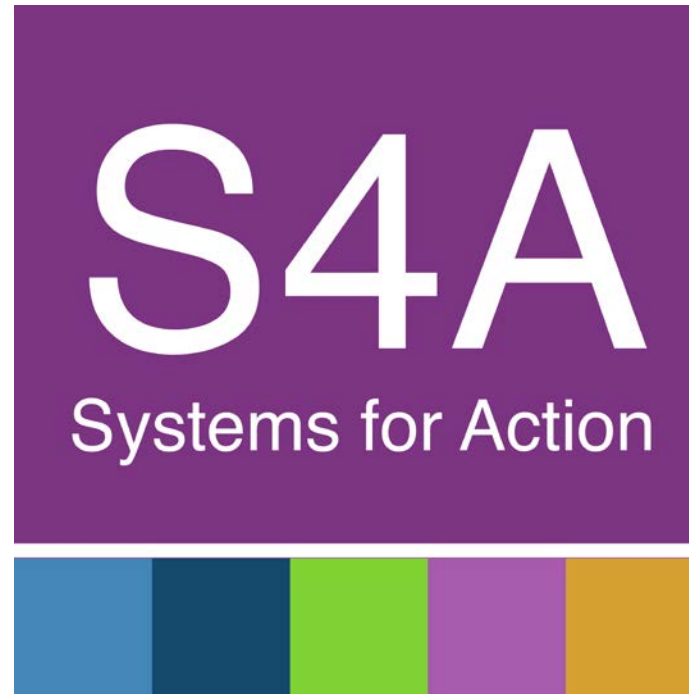
Development Workshops

Webinars

**Jennifer Millisor, MPA**

*Public Children Services Association of Ohio*

# Questions?



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 [@Systems4Action](https://twitter.com/Systems4Action)

If you would like to receive a **certificate of completion** for today's ResProg webinar, please complete the survey at the end of the session.

One will be emailed to you.

**October 14<sup>th</sup> | 12pm ET**

**Connecting Vulnerable Seniors to Nutrition Assistance Through a Managed Care Plan**

*Ashley Humienny, MBA and Suzanne Kinsky, PhD | Benefits Data Trust*

**October 28<sup>th</sup> | 12pm ET**

**Closing the Gaps in Health and Social Services for Low-Income Pregnant Women**

*Irene Vidyanti, PhD and William Nicholas, PhD | Los Angeles County Department of Public Health*

# Acknowledgements

***Systems for Action*** is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus, Aurora, CO.



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