

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

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

*Research-in-Progress Webinar
January 26, 2022
12-1pm ET*

Agenda

Welcome: Deena Brosi, MPH

Presenters: Alicia Bungler, PhD • Ohio State University
Rebecca Phillips, MSW, MA • Ohio State University

Q&A: Deena Brosi, MPH



Alicia Bunger is an Associate Professor at the College of Social Work at The Ohio State University. Her research focuses on system and organizational strategies for implementing evidence-based interventions, improving service integration, and enhancing access to behavioral health services for children and families.



Becky Phillips is a PhD candidate at The Ohio State University College of Social Work, where her scholarship focuses on innovation adoption and implementation approaches of HHS organizations and their effects on workforce functioning and well-being. She is interested in organizational interventions that address work conditions contributing to occupational stress and burnout.



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Children and Family Futures
Strengthening Partnerships. Improving Family Outcomes



"Advocating Today for a Healthy Tomorrow"

Our Team

Alicia Bunger, MSW, PhD; OSU

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Teresa Lampl, The Ohio Council

Tina Willauer, MPA, Children & Family Futures

Rebecca Phillips, MA, MSW; OSU

Rebecca Smith, MA; OSU

With Much Gratitude to... Greg Aarons, Elinam Dellor, Bridget Freisthler, Logan Knight, Erica Magier, Jared Martin, , Byron Powell, Lisa Saldana, Susan Yoon

Berkeley
UNIVERSITY OF CALIFORNIA



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)



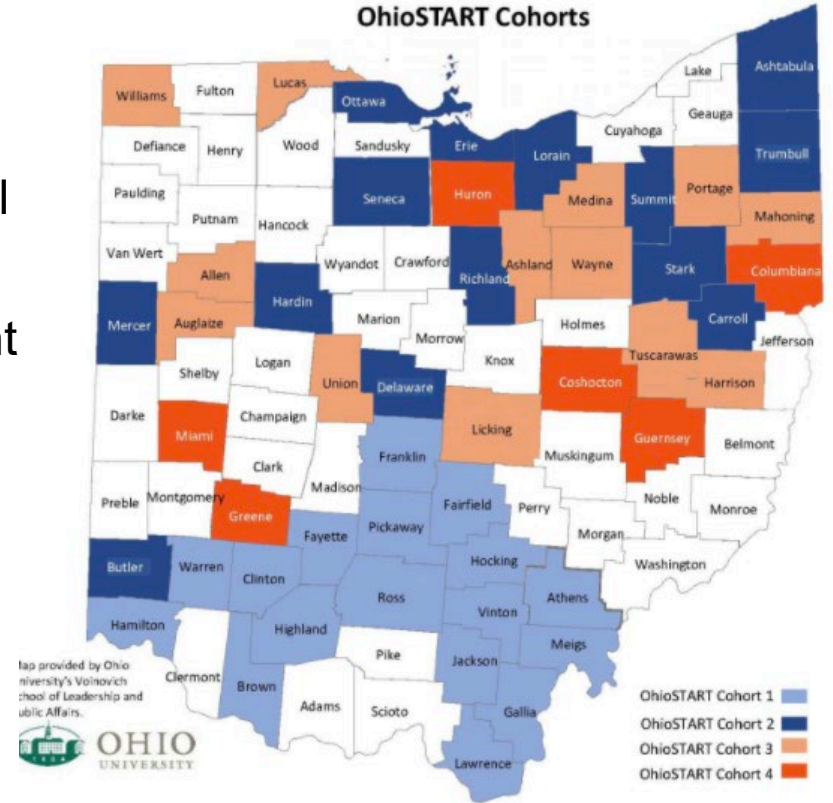
Child welfare intervention for families affected by child maltreatment & parental substance use disorder (SUD)

- ✓ 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

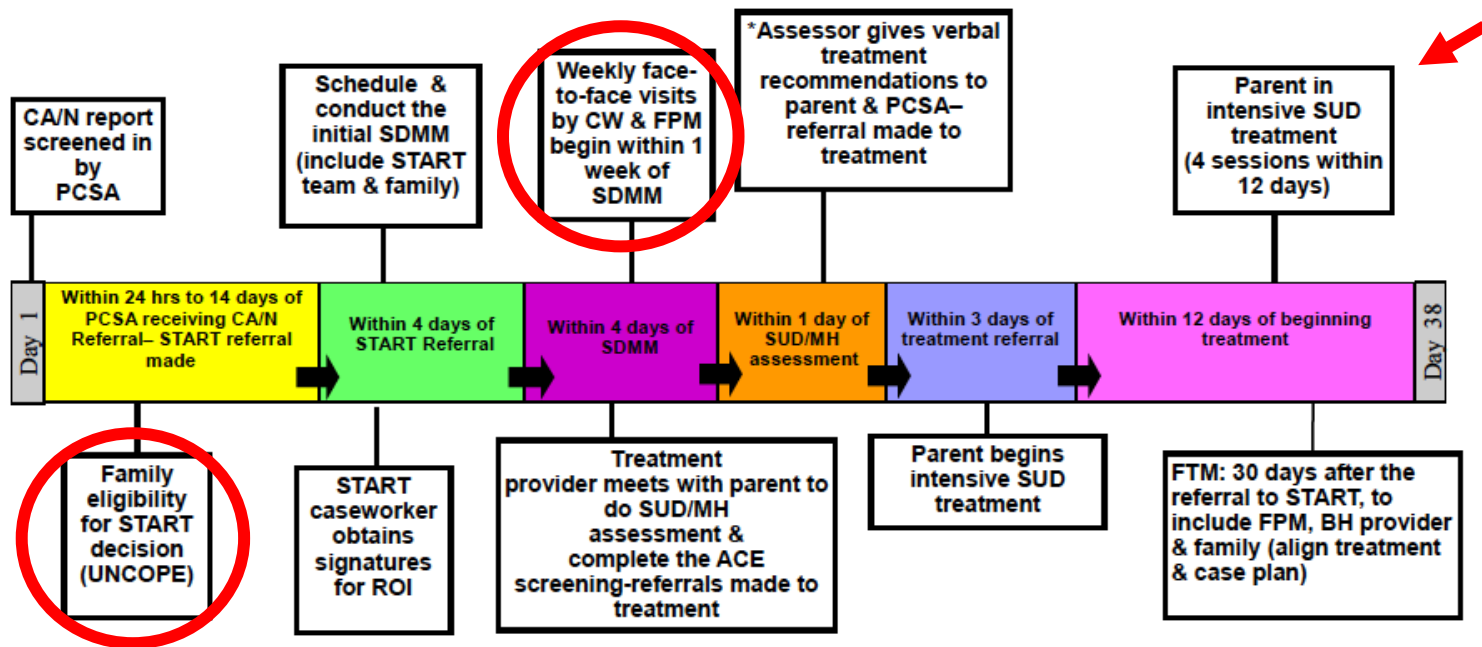
Huebner, Posze, Willauer, & Hall, 2015

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.

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

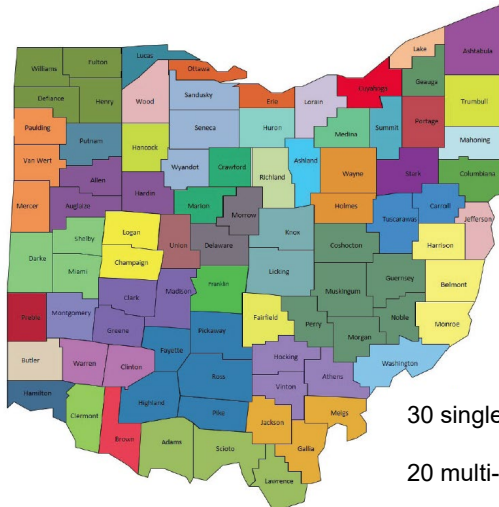
For Rural Communities

- 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)

Regional Coordinating Bodies Can Support System Alignment

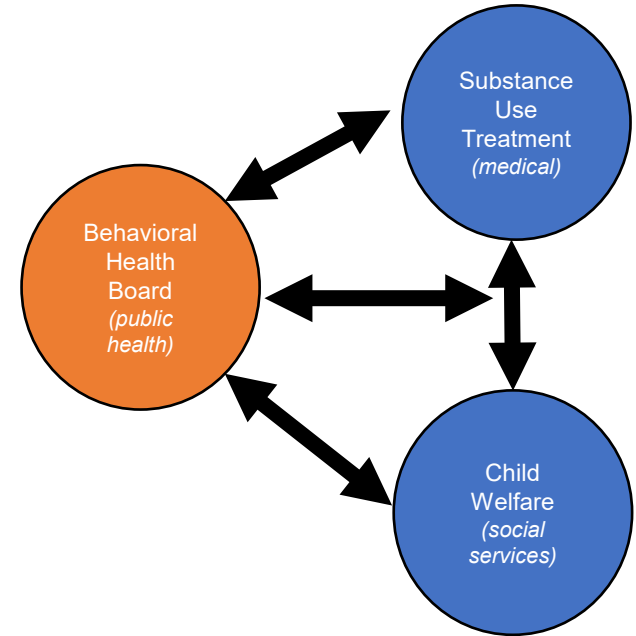
Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards (n=50)

- 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

Aims & Design

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

- 17 County Systems

- 9 Counties from Cohort 2 (RWJF S4A)
- **8 Counties from Cohort 1 (NIDA)

** Due to COVID-related recruitment/timing issues, we leveraged data collection from a separate study with cohort 1 to ask our S4A questions (R34DA046913; Bunger)

Data Sources

Data collected: December 2019-March 2020; August 2020-April 2021

Constructs	Data Sources
Engagement Strategies Collaboration Challenges/Issues	48 small group interviews = 104 individuals Child welfare agency Substance use treatment partner(s) Regional behavioral health board
CW Formal Partnerships Date of START Partner Execution	Formal partnership agreements (contracts, MOUs)
County Context <ul style="list-style-type: none">Behavioral health providersCounty population sizeChild maltreatment ratesOverdose/NAS rates	Publicly available data (SAMHSA treatment locator, Census data, PCSAO Factbook, Ohio Department of Health/Mental Health and Addiction Services)
START Implementation & Timeliness	OSU Needs Portal
Collaboration Perceptions	Worker Surveys

Analysis

- Multiple Case Study
 - Qualitative - template approach (using codes from our conceptual model, START manual) and content analysis
 - Expert Panel Meetings – review data calibration, findings, etc.
 - Examine patterns in qualitative themes about engagement across different county contexts, implementation/timeliness outcomes

The background consists of a dense, overlapping collage of colorful sticky notes in shades of blue, green, yellow, and purple. Each sticky note has a large, black, hand-drawn question mark on it, creating a visual metaphor for inquiry and uncertainty.

What Strategies do Boards Use to Align Systems?

Question 1

1 – General Board Engagement

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

- 16 counties (94%)

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 providers
- Fund programs and treatment
- Contract with providers out of county to expand services
- Encourage change (directives)
- Provide training
- Develop standard release/referral forms

1 – START-Specific Board Engagement

Inconsistent START Engagement

- None = 5 counties (29%)
- Sporadic = 6 counties (35%)
- Regular = 7 counties (41%)

Generally, *good* ADAMH/CW relationships (n=15 counties, 88%)

- CW stakeholders unsure about strategic benefits
- ADAMH stakeholders feel they could be used more strategically

Planning

- Share general information
- Participate on START Steering Committees = 7 counties (41%)

Brokering = 7 counties (41%)

- Provide information about providers during partner selection
- Provide connection to BH provider or family peer mentor

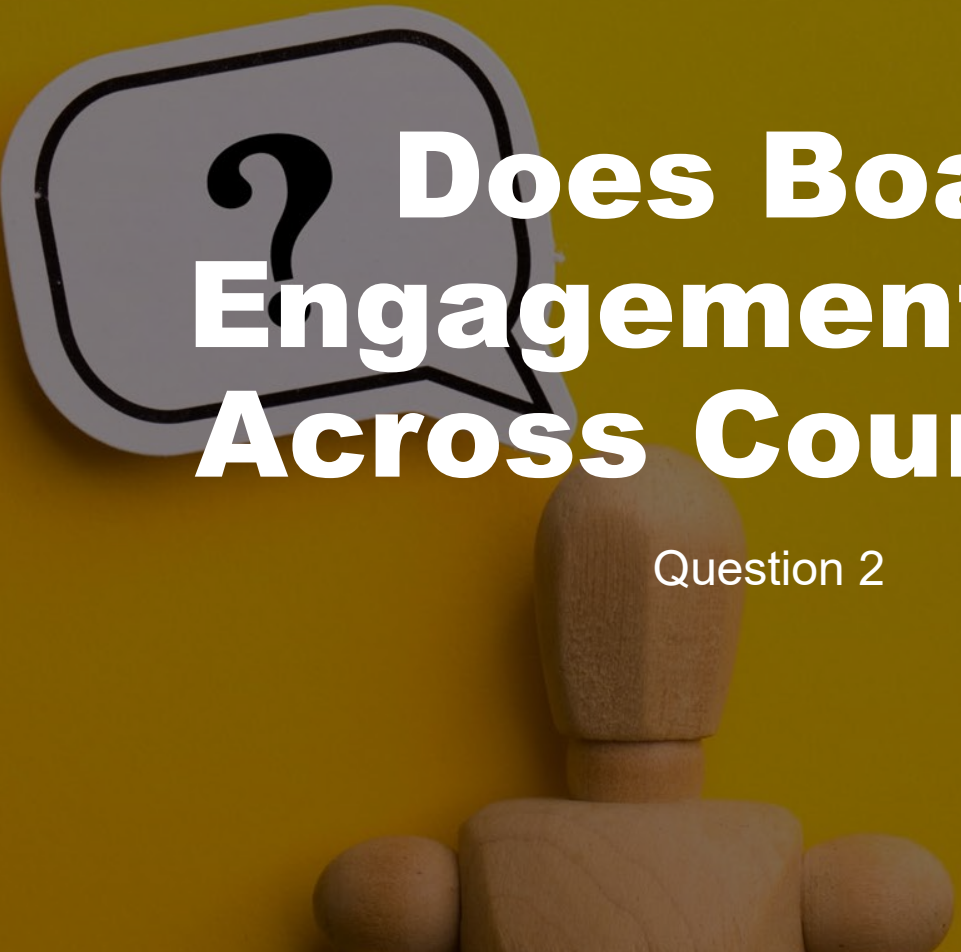
Resourcing = 4 counties (23%)

- START program = 1 county (6%)
- START clients (Hotel vouchers, food cards) = 4 counties (23%)

Network Management Strategies:

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

Agranoff & McGuire, 2011;
Herranz, 2008

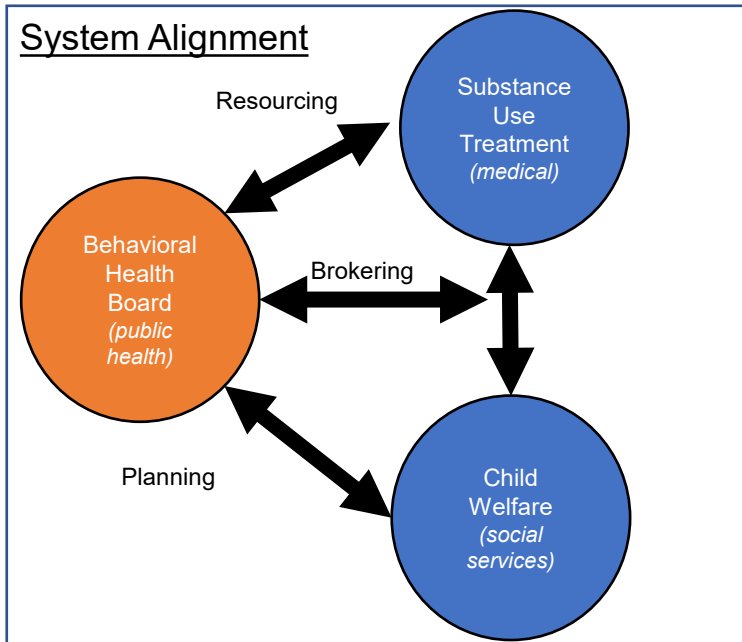
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Does Board Engagement Vary Across Counties?

Question 2

2 – County Context & Board Engagement

System
Context:



Collaborative Governance:

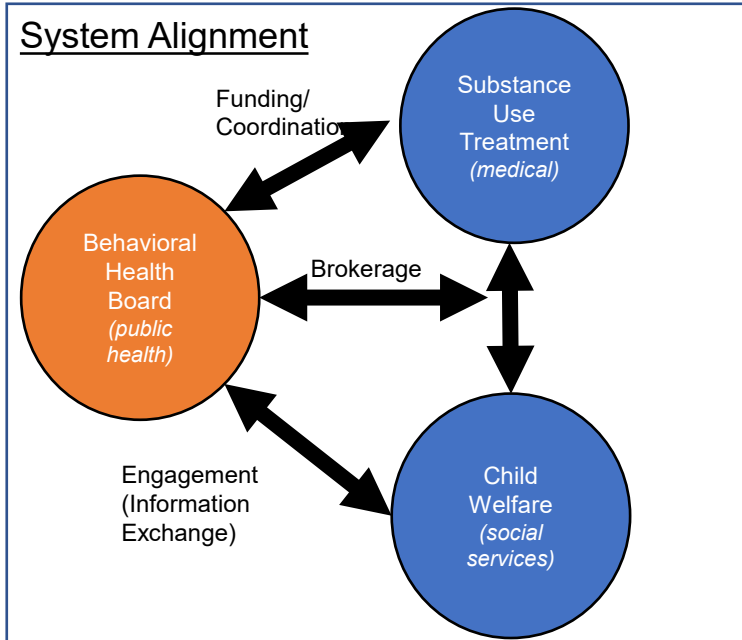
System context creates opportunities and incentives for system alignment (Emerson & Nabatchi, 2015)

County Size → Provider Density

- Multiple providers → tough to manage
- New SUD treatment providers entering the market

2 – County Context & Board Engagement

System Context:




County Size		ADAMH Engagement in START		
		None	Sporadic	Regular
Small or Medium-Small (n=7)	49,999 or fewer	29%	57%	14%
Medium/Large (n=5)	50,000-199,999	40%	20%	40%
Metro/Major Metro (n=5)	200,000+	20%	20%	60%

2 – County Context

County Size	Themes	Quote
Small or Medium-Small (n=7)	<ul style="list-style-type: none">• ADAMH as funder• Locates scarce resources <i>when asked</i>• CW not sure how to “use” boards	“Based on the lack of providers and resources in our community, being a rural community, ... the Board is a focal point for helping us locate service providers or provide assistance or guidance or recommendations when we’re having struggles”
Medium/ Large (n=5)	<ul style="list-style-type: none">• ADAMH as funder• Helps broker• Fills in gaps <i>when asked</i>	“I like to say that they fill in the gaps because they can help when there’s a funding need, and they also help to connect the dots. They also problem solve for us. Not just us, but any of the entities.”
Metro/Major Metro (n=5)	<ul style="list-style-type: none">• Active brokering• Strong CW-ADAMH relationships• Lots of potential for conflict and significant tension too	“I don’t know exactly the mindset of the child welfare offices, where they came from, but they [ADAMH Board] certainly informed us [BH provider] about the program and opened that door for us to be involved. I think they told the child welfare counties that we were here and we are available.”

2 – County Context & Board Engagement

- Board engagement might be especially useful for brokering partnerships in larger counties with more BH providers
 - Counties w/Board engagement tend to have more BH providers (m=20) than those w/o Board engagement (m=8)
- In small and medium counties, Boards may need proactive strategies to engage stakeholders and increase communication and collaboration across community partners

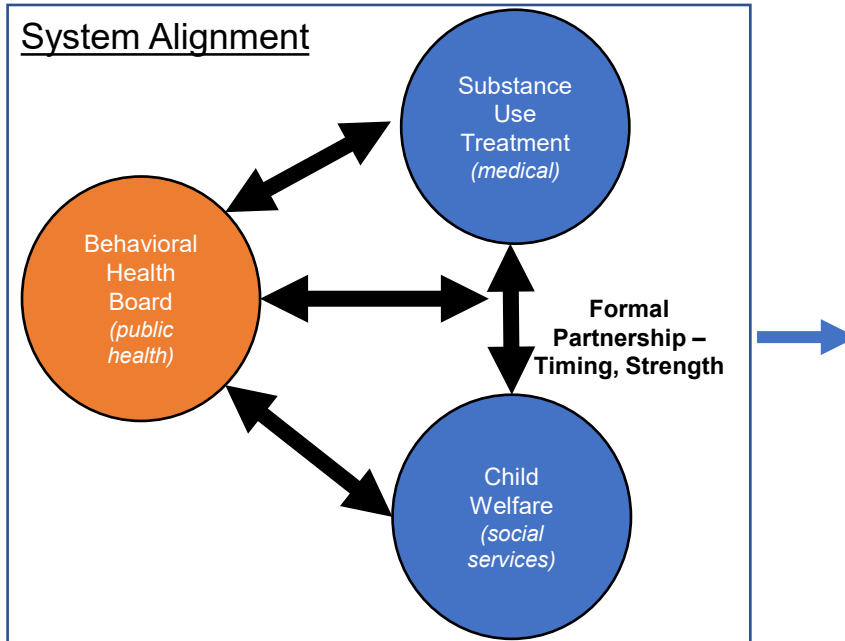
The background features a repeating pattern of light gray speech bubbles with dark teal question marks inside, set against a dark teal background. The text is centered in the upper half of the image.

Does Board Engagement in System Alignment Make A Difference?

Question 3

3 – Board Engagement Impact

System Context:



<u>START Implementation</u>	<u>Client Outcomes</u>
<ul style="list-style-type: none">• Reach• Fidelity• Timely SUD Treatment	<ul style="list-style-type: none">• Child Safety• Child Permanency• Parent Recovery

3 – Board Impact

		ALL %
Partnership Timing		
Served first family within 6 months of planning (Needs Portal)		41%
MOU/Contract before serving families		47%
CW-SUD Collaboration Strength		
Mutual satisfaction (Qualitative)		76%
Above Average Collaboration (WCFI; Surveys)		29%

3 – Board Impact

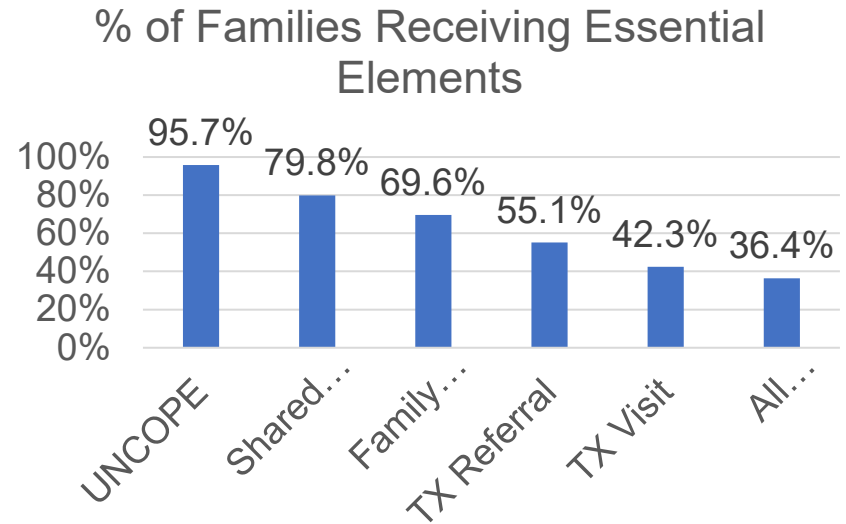
		ALL %	Board Engagement in START Implementation		
			None (n=5)	Sporadic (n=6)	Regular (n=6)
Partnership Timing					
	Served first family within 6 months of planning (Needs Portal)	41%	40%	67%	83%
	MOU/Contract before serving families	47%	40%	67%	33%
CW-SUD Collaboration Strength					
	Mutual satisfaction (Qualitative)	76%	100%	67%	67%
	Above Average Collaboration (WCFI; Surveys)	29%	40%	33%	17%

3 – Board Impact

Reach

- 352 families total (March 2019-August 2021)
- M=20.7 families (2-48)
- Did not vary by Board engagement

Fidelity *did not vary by Board Engagement



3 – Board Impact

	ALL	Board Engagement in START Implementation		
		None (n=5)	Sporadic (n=6)	Regular (n=6)
Timeliness – START Standard is SUD Tx within 38 days				
Average Days to SUD Tx (Mean/SD)	27.2 (22.5)	29.0 (28.4)	24.36 (9.4)	28.7 (30.7)
% of counties Avg. Days to TX < 38	59%	40%	67%	67%
*Missing Data	18%	20%	33%	0%

Timeliness seems to be comparable regardless of whether/how much Board is engaged in implementation

- Boards engaged in implementation in 70% of counties
 - Primarily passive engagement in START, but major role as BH funder
 - Despite potential for supporting system alignment, CW stakeholders unclear about strategic benefits of engaging ADAMH
- Greater Board engagement (brokering) in system alignment in larger systems with more robust BH system
- Board engagement might help expedite partnership execution and program launch (timing)
- More distal effects on service delivery are unclear

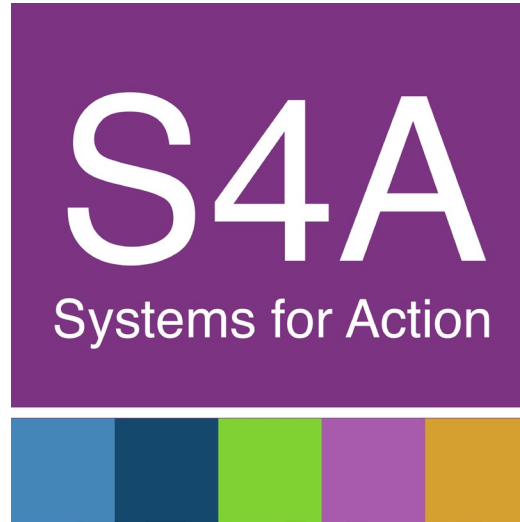
Toolkit Module

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

Questions?



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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.



Multisector Task-Sharing to Improve Mental Health in Harlem, NY

Wednesday, February 16th at 12pm ET

*With Victoria Ngo, PhD of the
City University of New York*

Register at:
<https://systemsforaction.org/research-progress-webinars>

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