



# Protecting young Ohioans

## Strategies to improve mental health for children and adolescents

August 2, 2022



# Vision

Ohio is a model of health, well-being and economic vitality.

# Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

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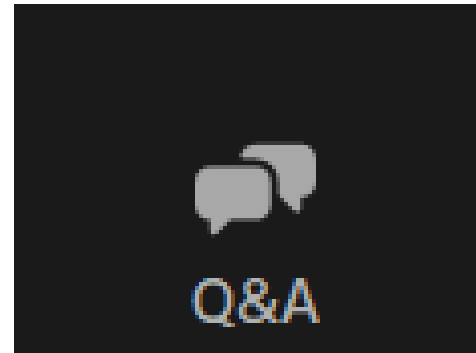
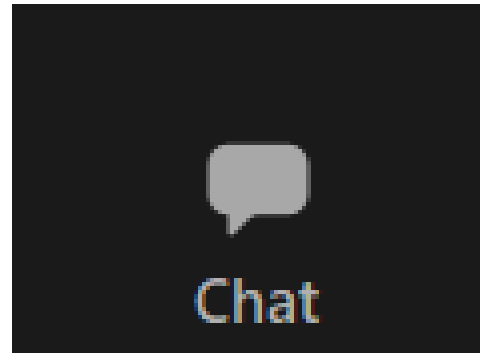


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on the event page at

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# Protecting young Ohioans

## Strategies to improve mental health for children and adolescents

August 2, 2022



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Ohio Department of Medicaid

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Ohio Department of Medicaid

# OhioRISE (Resilience through Integrated Systems and Excellence) HPIO Youth Mental Health Forum

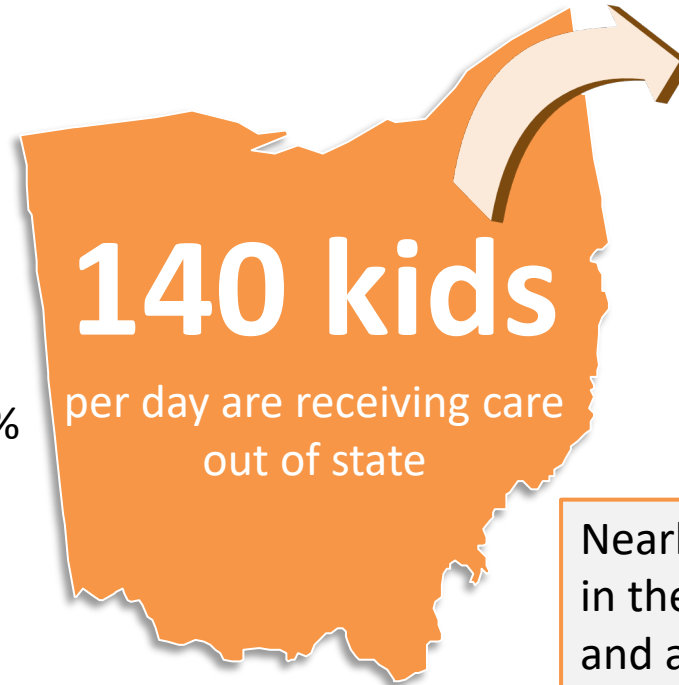
August 2, 2022

# The Current MSY System in Ohio

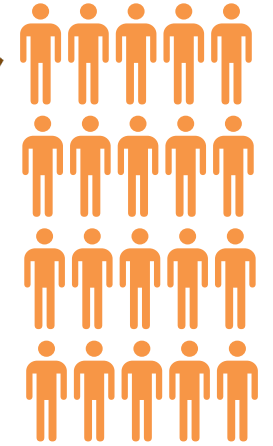


**13%** of children in the child welfare system are in **congregate care** and...

...for kids over age 15, this number **increases** to over 40%

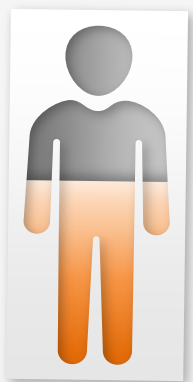
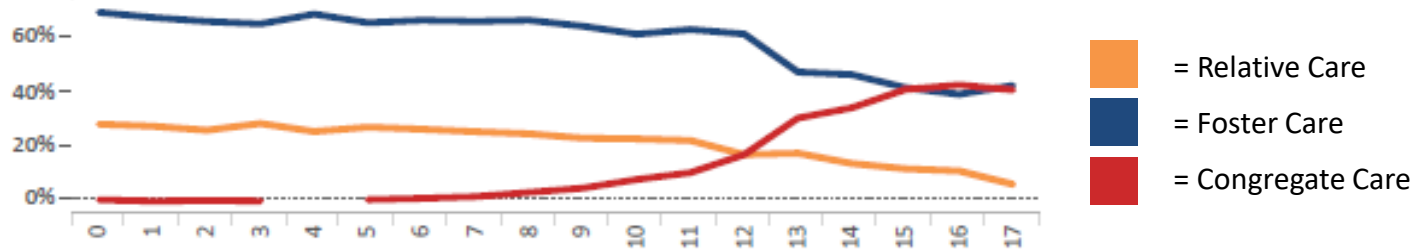


**140 kids** per day are receiving care out of state

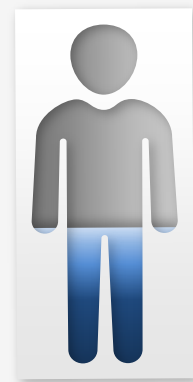


Nearly **700 children** in the past 4 years and a **200% increase** in kids for this year compared to 2016

Percent by placement setting & age (note: only 3 greatest placement settings included)




**58%** of children on a **Developmental Disabilities (DD) waiver** are taking behavioral health pharmaceuticals



**38%** of youth in Medicaid have **families** with a history of Opioid Use Disorders (OUD), Substance Use Disorders (SUD), and/or Serious Emotional Disturbances (SED) primary diagnosis

# What Does the Evidence Tell Ohio?

 Kids with the most complex multisystem needs **require a very different type of care coordination.**

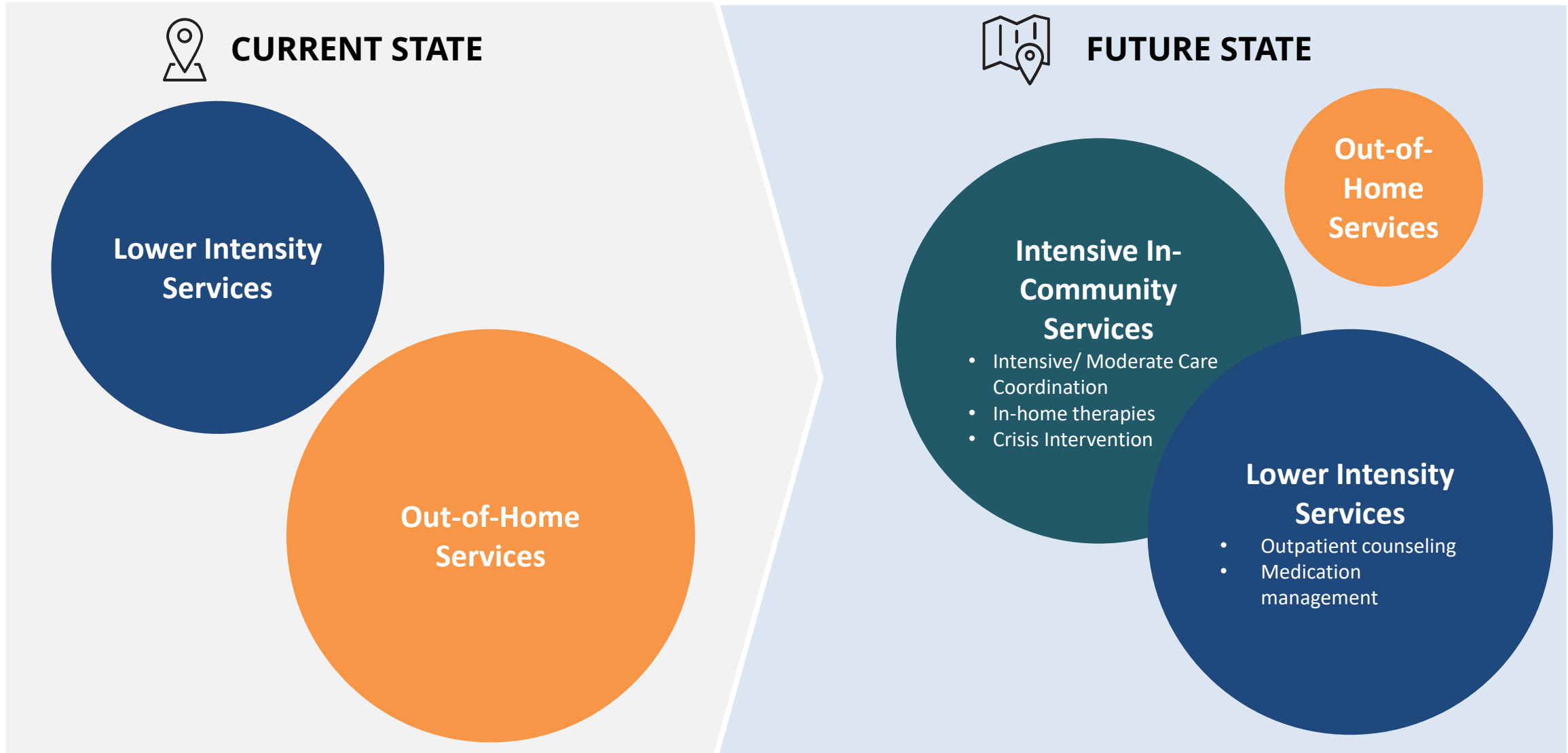
Studies show that **intensive community-based care coordination** that is driven by kids and their families can have a significant impact on inpatient and emergency department (ED) use, moves between homes, family engagement and satisfaction, and life outcomes.

Kids with the most complex multi-system needs require a **different service array** to stabilize them within their families.



Mobile crisis response, intensive home-based treatments, and out of home care **ONLY when clinically appropriate.**

# We Need to Build Significant Capacity to Shift the System



# What are OhioRISE Objectives and Who is Eligible?

## OhioRISE Objectives

*Effective on July 1, OhioRISE:*



**Coordinates Care Across Multiple Systems**  
Care Management Entities and Aetna will provide care coordination using evidence-based approaches that help children, youth, and families navigate across multiple systems so they can receive high-quality treatment and supports they need.



**Offers New and Improved Behavioral Health Services**  
Youth enrolled in OhioRISE can access new and improved behavioral health services and supports to give more children and youth the opportunities they deserve to grow into healthy adults at home, in school, and in their communities.



**Prevent Custody Relinquishment**  
Helps to prevent custody relinquishment by better serving youth and families who need additional services because of their complex needs.

## OhioRISE Eligibility

*Children and youth who may be eligible for OhioRISE:*



**Are eligible for Ohio Medicaid** (either managed care or fee for service)



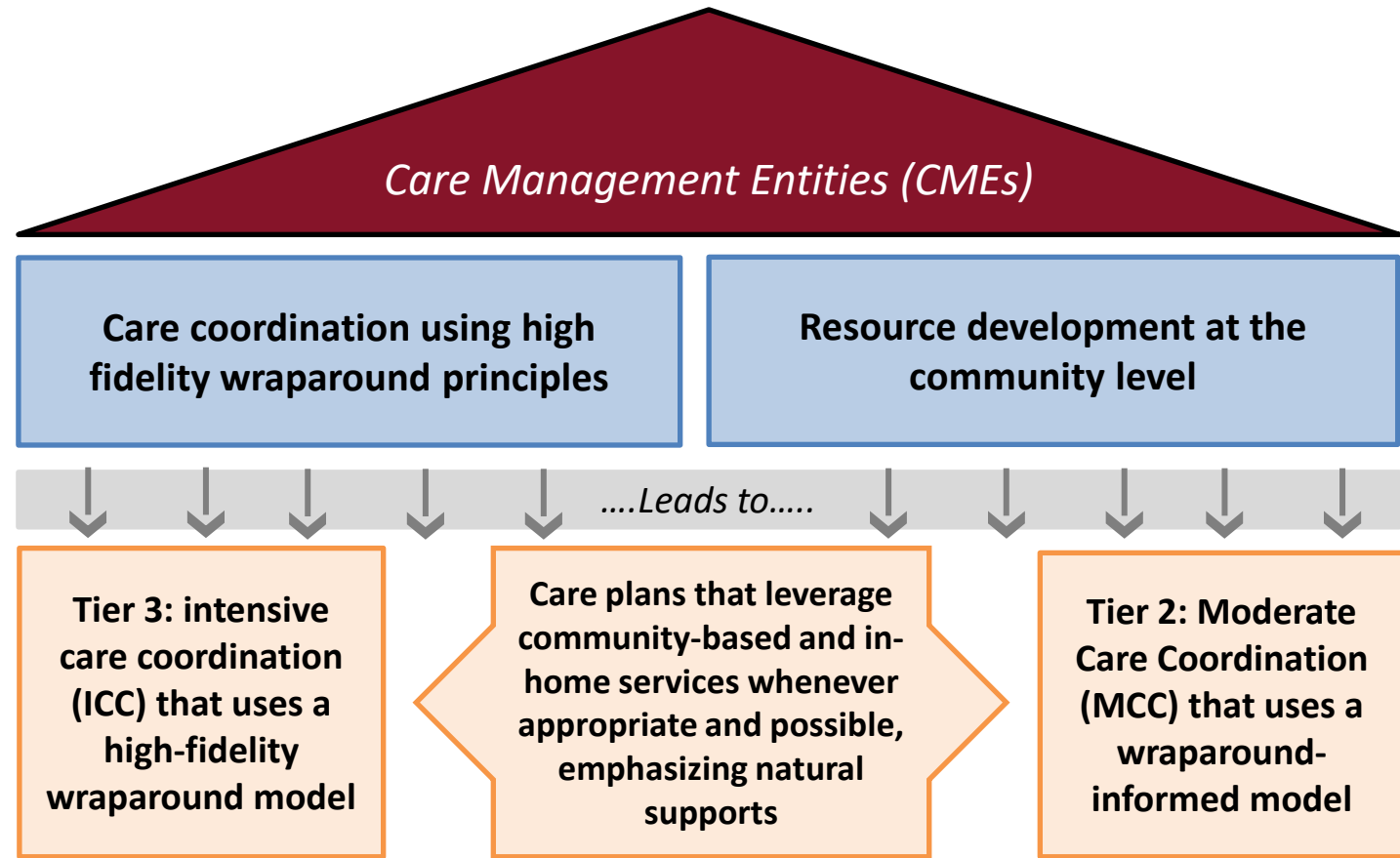
**Are age 0-20**, and



**Require significant behavioral health treatment**, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient behavioral health hospital/PRTF admission.

# Roles of Care Management Entities (CMEs)

- CMEs will be the OhioRISE plan’s collaborative partner, a **“go-to” place** to help families/caregivers, providers, and other community partners **navigate a complex and often confusing multi-system environment**.
- In addition to individual work with youth and caregivers, **the CMEs will work with community partners** (service providers, public child serving agencies and other stakeholders) **to develop the local system of care**.
- **CMEs will be culturally and linguistically competent**, with agencies, programs, and care coordination services that reflect **the cultural, racial, ethnic, and linguistic differences of the populations they serve** to facilitate access to and utilization of appropriate services and supports and **to eliminate disparities in care**.





# Which CMEs will serve Ohio's CME catchment areas?

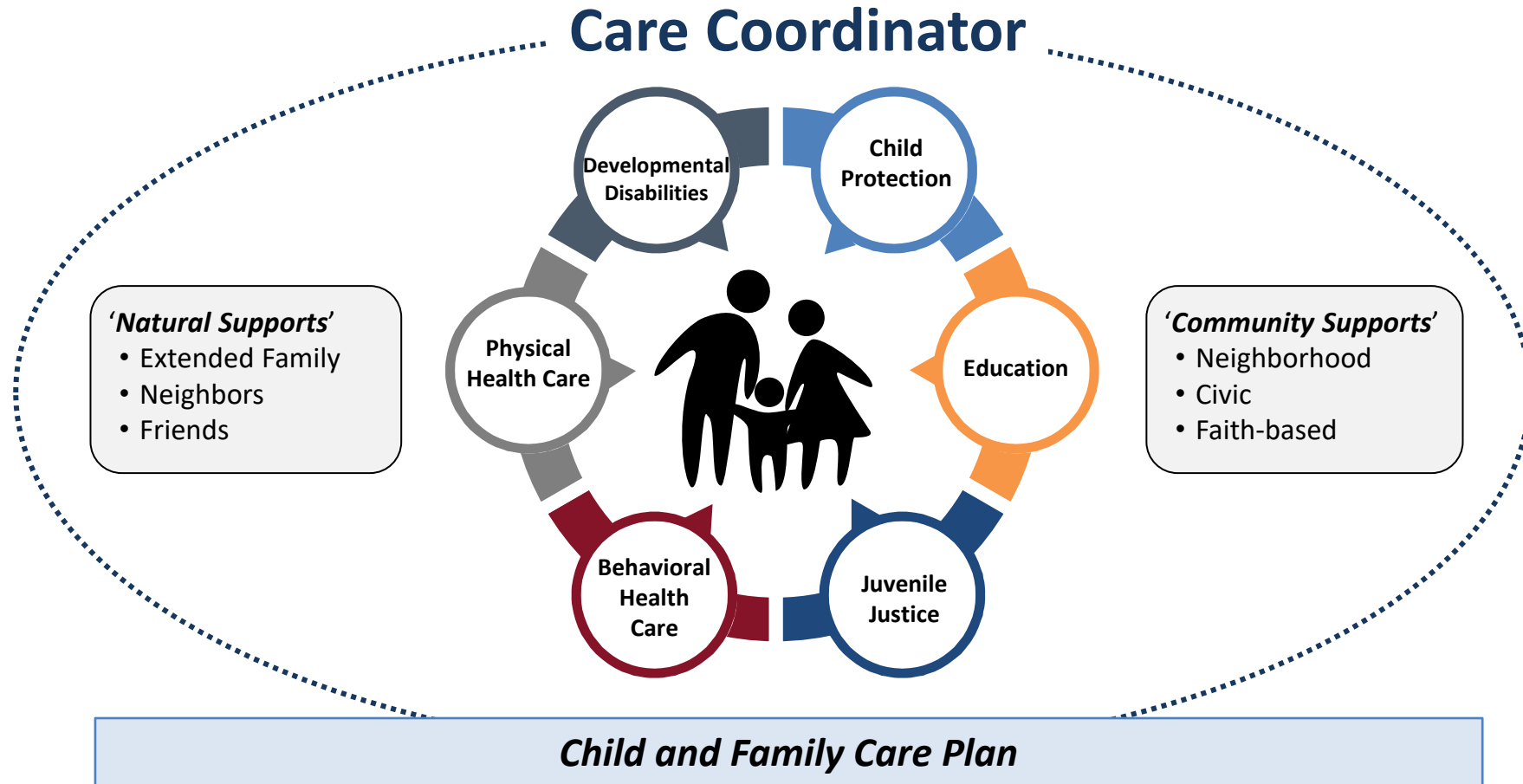


CME Provider	Counties	Area
Unison Health	Defiance, Fulton, Henry, Lucas, Mercer, Paulding, Putnam, Van Wert, Williams	A
Harbor	Crawford, Erie, Hancock, Huron, Marion, Ottawa, Sandusky, Seneca, Union, Wood, Wyandot	B
National Youth Advocate Program*	Allen, Auglaize, Champaign, Clark, Darke, Hardin, Green, Logan, Madison, Miami, Shelby	C
Choices Coordinated Care Solutions	Montgomery, Preble	D
CareStar	Butler, Clinton, Warren	E
Lighthouse Youth and Family Services*	Hamilton (West)	F
Cincinnati Children's Healthvine	Adams, Brown, Clermont, Hamilton (East), Lawrence, Scioto	G
Integrated Services for Behavioral Health	Athens, Fayette, Gallia, Jackson, Highland, Hocking, Meigs, Pickaway, Pike, Ross, Vinton	H
Integrated Services for Behavioral Health	Coshocton, Fairfield, Guernsey, Morgan, Muskingum, Noble, Perry, Washington	I
Jefferson Co. Educational Service Center	Belmont, Carroll, Columbiana, Harrison, Jefferson, Monroe, Stark, Tuscarawas,	J
The Village Network*	Franklin (West)	K
The Buckeye Ranch	Franklin (East)	L
I Am Boundless, Inc.	Delaware, Knox, Licking, Morrow	M
Wingspan Care Group	Lorain, Medina	N
Coleman Health Services	Ashland, Holmes, Richland, Wayne	O
OhioGuidestone	Cuyahoga (West)	P
Positive Education Program	Cuyahoga (Central)	Q
Ravenwood Health	Ashtabula, Cuyahoga (East), Geauga, Lake	R
Coleman Health Services	Portage, Summit	S
Cadence Care Network*	Mahoning, Trumbull	T

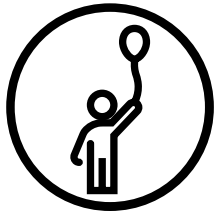
\* In Partnership with the Child and Family Health Collaborative

# High Fidelity Wraparound

*In Wraparound, a dedicated Care Coordinator coordinates the work of system partners and other natural helpers so there is one coordinated plan.*



# What did we accomplish on Day 1?



## Day One Enrollees

5,655 children and youth were **enrolled into the OhioRISE program on July 1.**



## Care Coordination Activities Commenced

Aetna Better Health of Ohio (the OhioRISE plan) and the OhioRISE care management entities (CME) **began care coordination activities.**



## CMEs Began Conducting Child and Family Team (CFT) Meetings

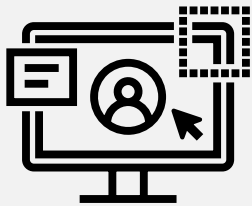
The first CFT meeting took place on July 1. CFTs **build the Child and Family-centered Care Plan for OhioRISE enrollees.**



## A few metrics from our first four weeks

**Ohio CANS Assessors  
Registered in the  
CANS IT System\***

**1,079**



**CANS Assessments  
Submitted in the  
CANS IT System\***

**2,247**



**Children and Youth  
Enrolled in OhioRISE\***

**6,503**



*\*Data collected as of 5 p.m. ET on July 28, 2022*

# OhioRISE Brochure for Youth and Families

## Purpose

Provides high-level information regarding OhioRISE so that youth and their families can understand the program and its major components.

## Distribution

[OhioRISE Brochure](#) will be a handout to provide at the fair for families to take with them.

## Printing

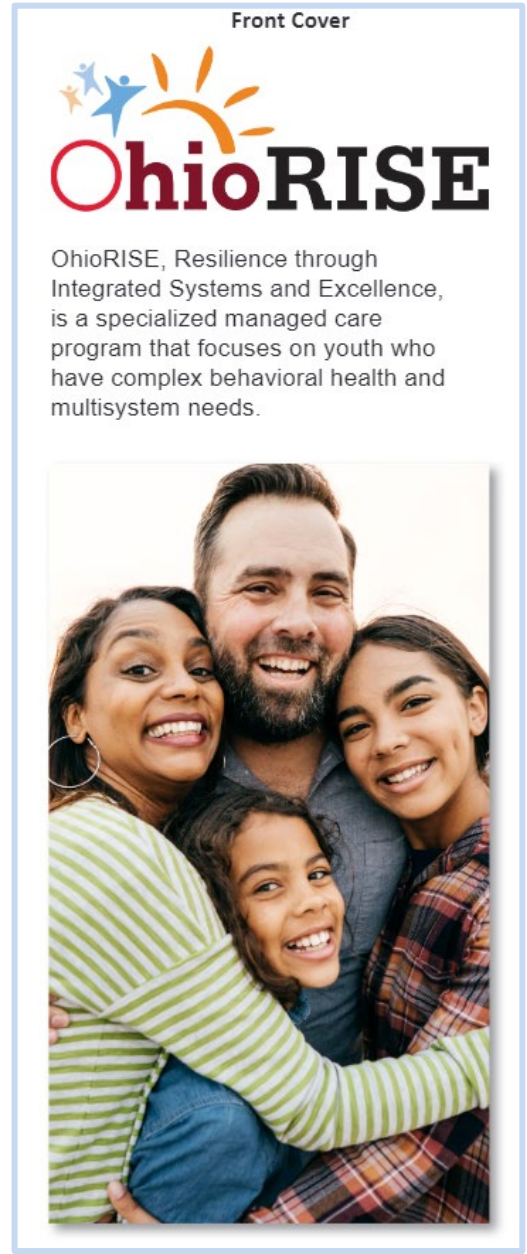
Instructions available on the [Resources for Community Partners and Providers webpage](#) under 'Educational and Member Materials for Distribution.'

## Topics Covered

- Eligibility
- Covered services
- Coverage provided by OhioRISE vs. a managed care organization or fee-for-service Medicaid
- CANS assessments
  - What is a CANS assessment?
  - How to schedule a CANS assessment
- How to get more information on OhioRISE
- Contact information for questions

## Additional Languages

- Arabic
- Dzongkha
- German
- Haitian (Creole)
- Nepali
- Somali
- Spanish



# OhioRISE Flyer for Community Partners

## Purpose

Provides comprehensive information on OhioRISE so that community partners can have the knowledge necessary to talk to youth and their families regarding the program.

Provides supplemental information that is more in-depth than the brochure.

## Distribution

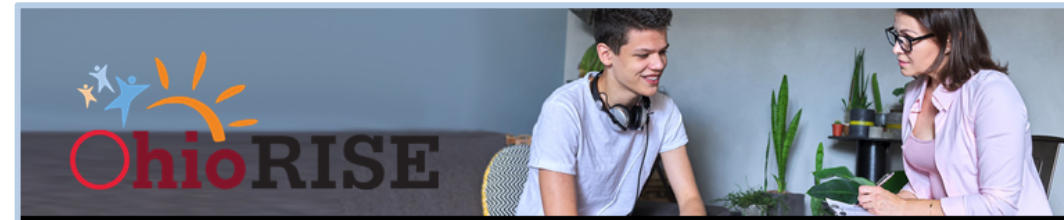
[OhioRISE Flyer](#) can be distributed by CMEs to community partners such as juvenile justice, education, and child protection.

## Topics Covered

- Basics of OhioRISE
- Eligibility
- Covered Services
- Enrollment
- Scheduling a CANS assessment

## Printing

Instructions available on the [Resources for Community Partners and Providers webpage](#) under 'Educational and Member Materials for Distribution'



### OhioRISE Overview for Community Partners

#### What are the basics of OhioRISE?

OhioRISE is a specialized Medicaid managed care program for children and youth with complex behavioral health needs (mental health/substance use disorder) and multi-system needs. Aetna Better Health of Ohio (Aetna) is the managed care partner for the program.

Children and youth with multi-system needs are often involved in multiple community systems such as juvenile justice, child protection, developmental disabilities, education, mental health and addiction, and others.

The OhioRISE Program uses a "system of care" approach and the guiding principles of a wraparound philosophy. These techniques focus on "wrapping around" a child or youth through care coordination to provide services and supports through a coordinated network in their community. This helps ensure the child or youth functions better at home, in school, in the community, and throughout life.

OhioRISE care coordination uses a Child and Family Team (CFT) approach. Children or youth and their caregivers select members of their CFT. The CFT meets regularly to assist with care planning that focuses on the child or youth's and family's strengths, beliefs, culture, community/natural supports, and their voice and choice. OhioRISE care coordination is provided at three levels of intensity:

- » Limited Care Coordination (Tier 1) - delivered by Aetna and is the least intensive level.
- » Moderate Care Coordination (Tier 2) - delivered by Care Management Entities (CMEs) and uses wraparound-informed strategies.
- » Intensive Care Coordination (Tier 3) - delivered by CMEs and adheres to the High-Fidelity Wrap Around model.

# Questions

# Caren Howard

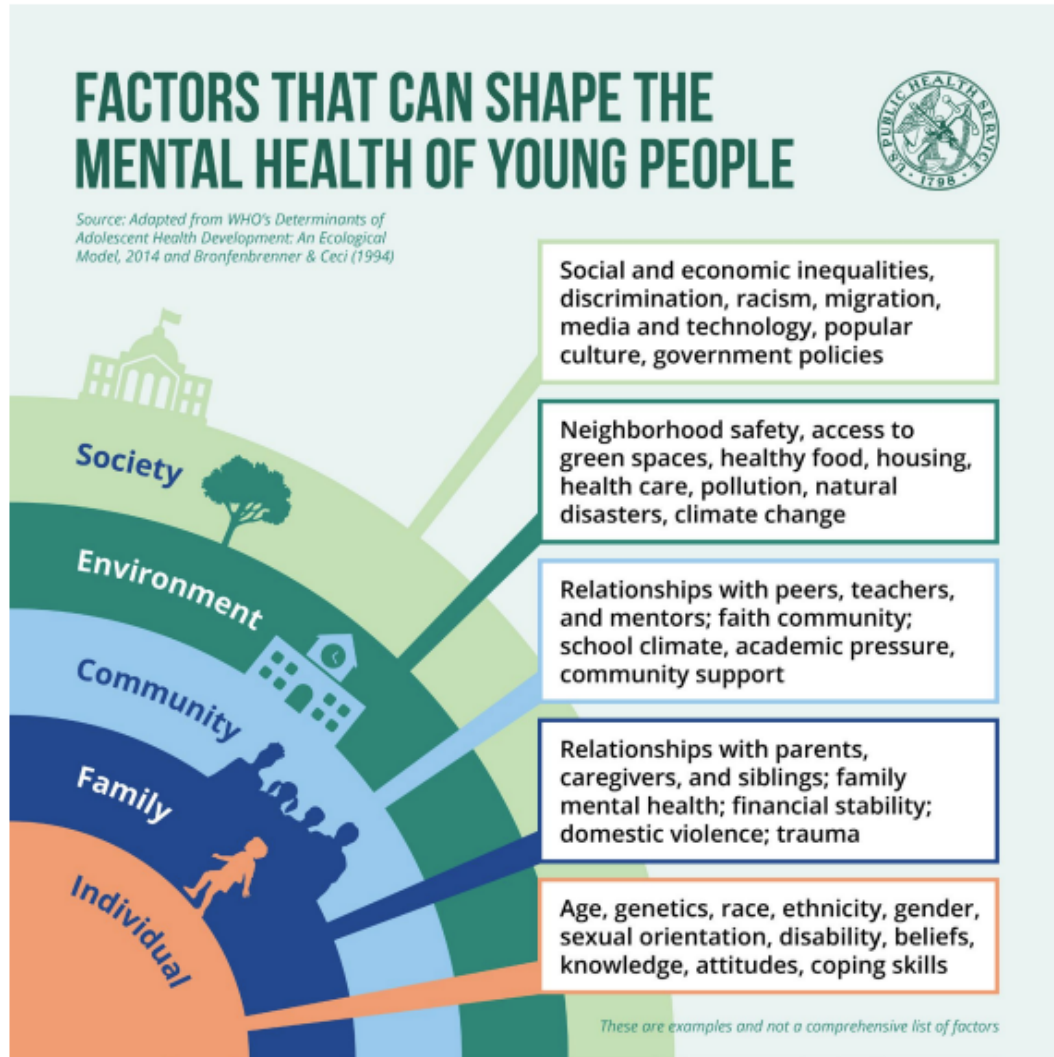
Director of Policy and Advocacy  
Mental Health America



# What we'll cover

- Data demonstrating the Impact of COVID-19 on Youth Mental Health
- Federal support for school-based mental health education, services, and supports

FIGURE 1



- Surgeon General Issued 53-page [Advisory on Youth Mental Health](#) (12/2021)
- National children medical groups declared a [State of Emergency in Children's Mental Health](#) (10/2021)

# High School Youth in 2021

CDC, April 2022

37% report poor MH during COVID-19

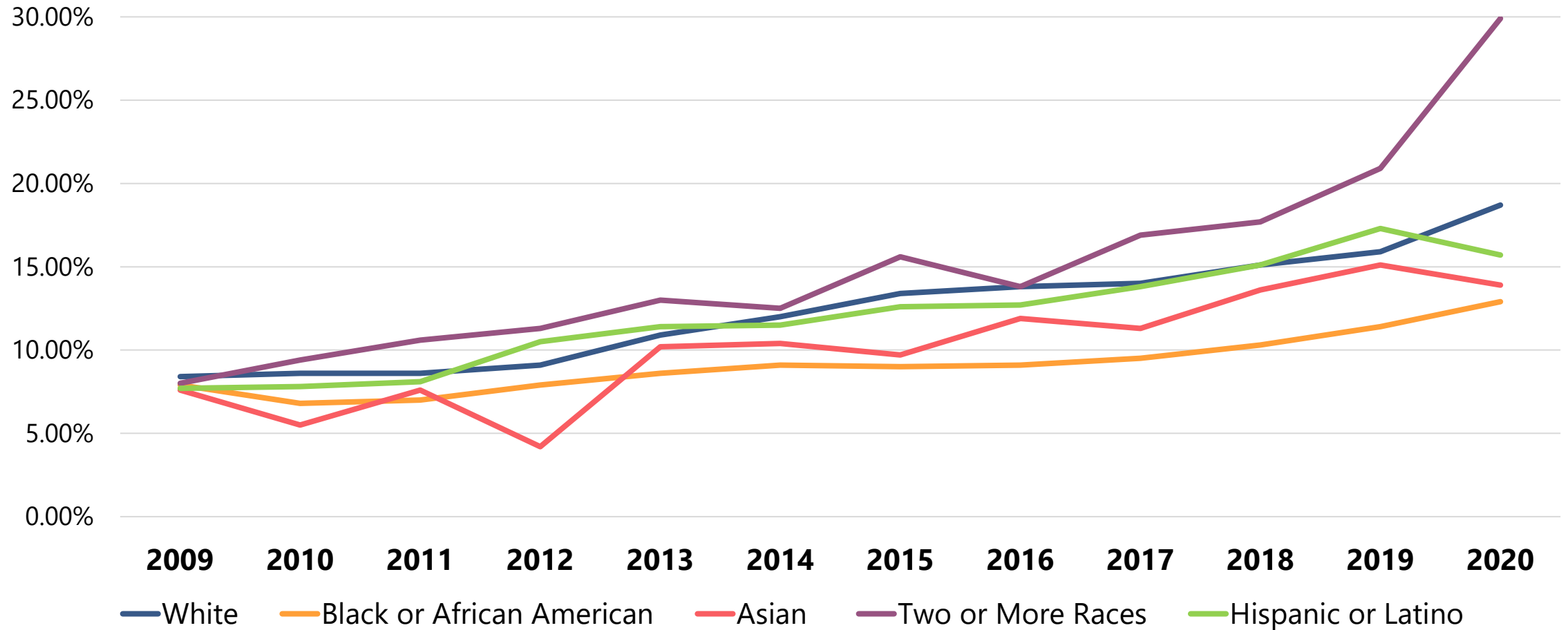
44% feeling persistently sad or hopeless in the past year

Over 55% reported emotional abuse at home, 11% physical abuse

Over 1/3 treated badly or unfairly due to race or ethnicity

LGBTQ and female have highest suicidal ideation levels

# Percent of Youth (12-17) that Report Major Depression in Past Year by Race, 2009-2020 (SAMHSA)



## Mental Health Risk Assessments A State and County Level View of Depression

Use this dashboard to view data from individuals scoring for severe depression on the PHQ-9 depression screen at the state and county levels in 2020-2022. Use the drop down menus and click Apply to filter the dashboard.

Total Depression (PHQ-9) Responses

5,790

Total Number of People Scoring Severe Depression

1,961

Total # of People Scoring Severe Depression per 100K Population

16.86

2. Select State or County

State

3. Select the Year to View State Data

Year Filter for State View

All Years

County

3. Select the Year to View County Data

Year Filter for County View

2022

4. Filter State. Click Apply

State

Ohio

4. Filter County. Click Apply

a. State

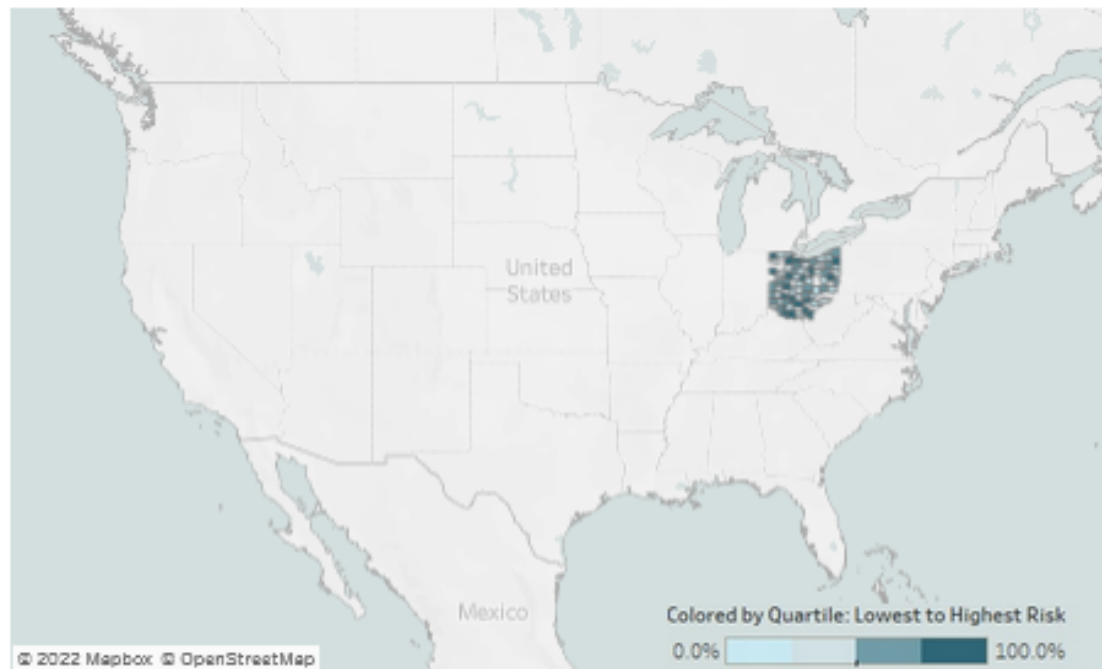
Ohio

b. County, State

(All)

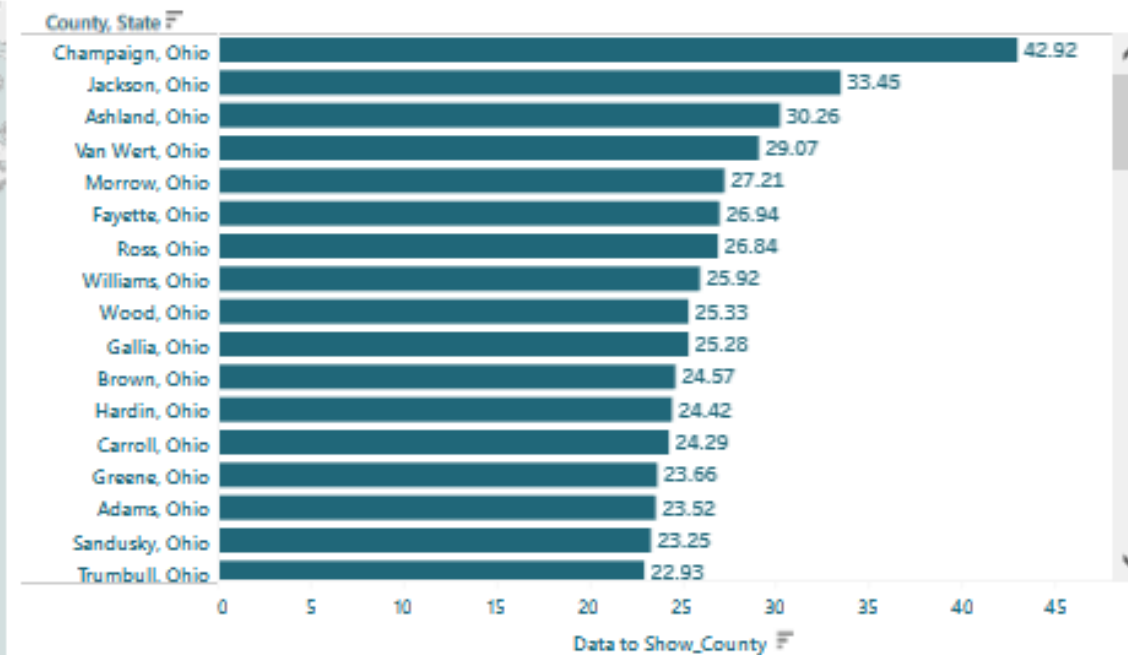
Severe Depression Map  
County

Hover over the states to see the county breakdown for severe depression within that state. States and counties are colored by quartiles. Darker colors indicate greater risk.



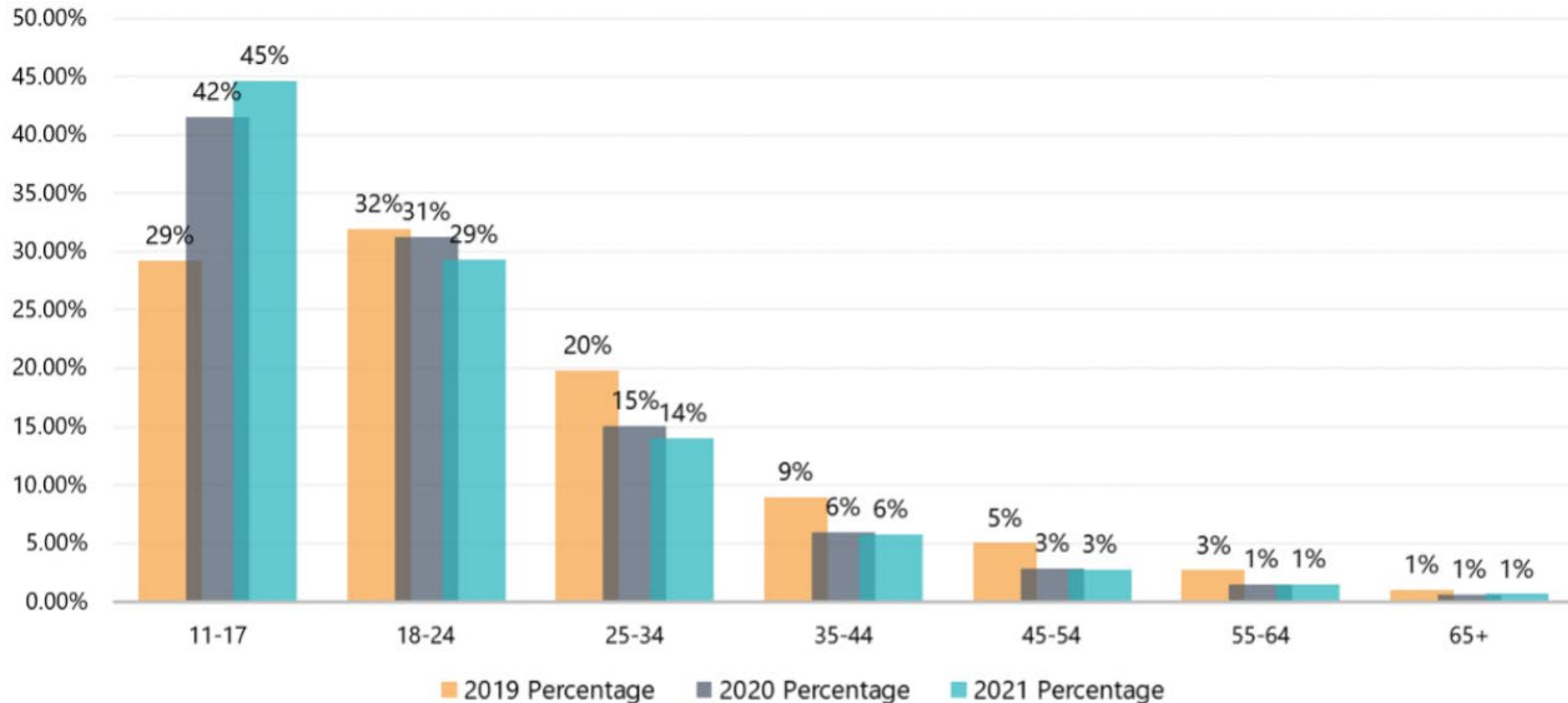
Breakdown by  
County

By default, states are listed in ascending order (from states with the lowest number of individuals per 100K scoring severe depression to highest) and counties are listed in descending order. Click on the axis to change the sort order. When selecting a County on the map, the corresponding position on the chart will be highlighted.



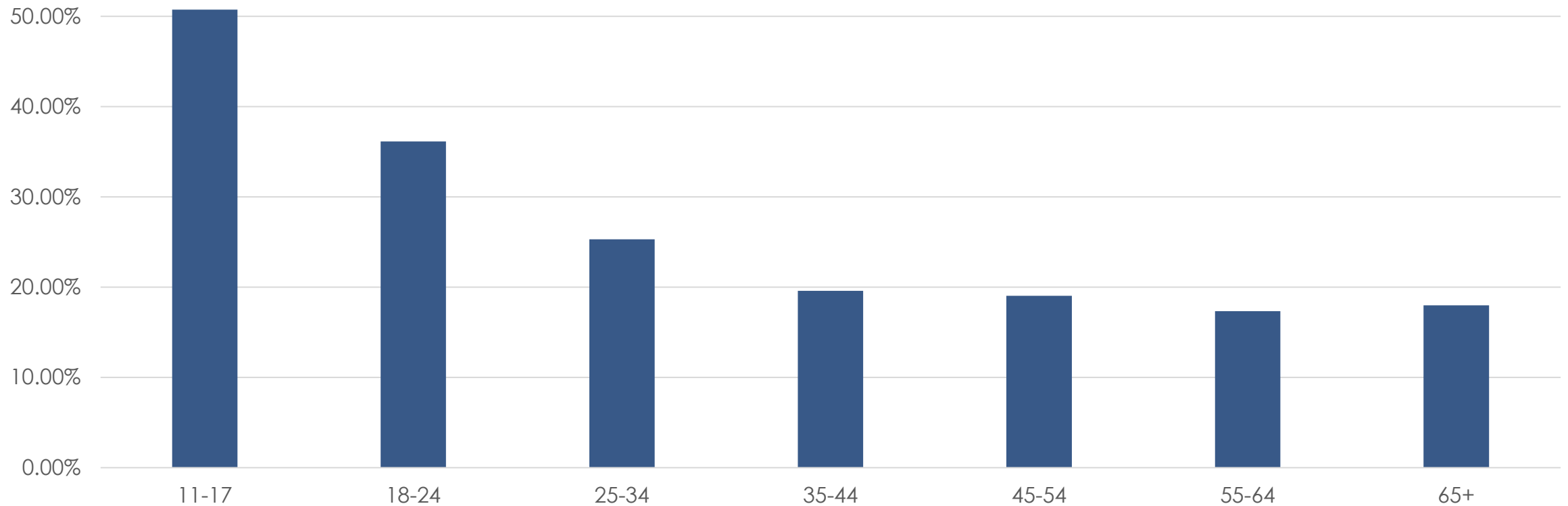
People Who Accessed Screening In 2021 Were Younger Than The 2019 And 2020 Averages. Forty-Five Percent Of Screeners In 2021 Were Youth Ages 11-17, A 16% Increase Over 2019 (29%) And A 3% Increase Over 2020 (42%).

### Greater Proportion of Youth Screeners in 2021



# Suicidal Ideation Highest Among Youth

Percentage Reporting Frequent Suicidal Ideation  
2021, N=1,127,380



# Main Concerns Are Different Across Race/Ethnicity

2021, N=17,111

Black or African American screeners cite financial concerns and racism at highest rates

Native American or American Indian screeners report more past trauma

Asian, Pacific Islander screeners more worried about COVID-19

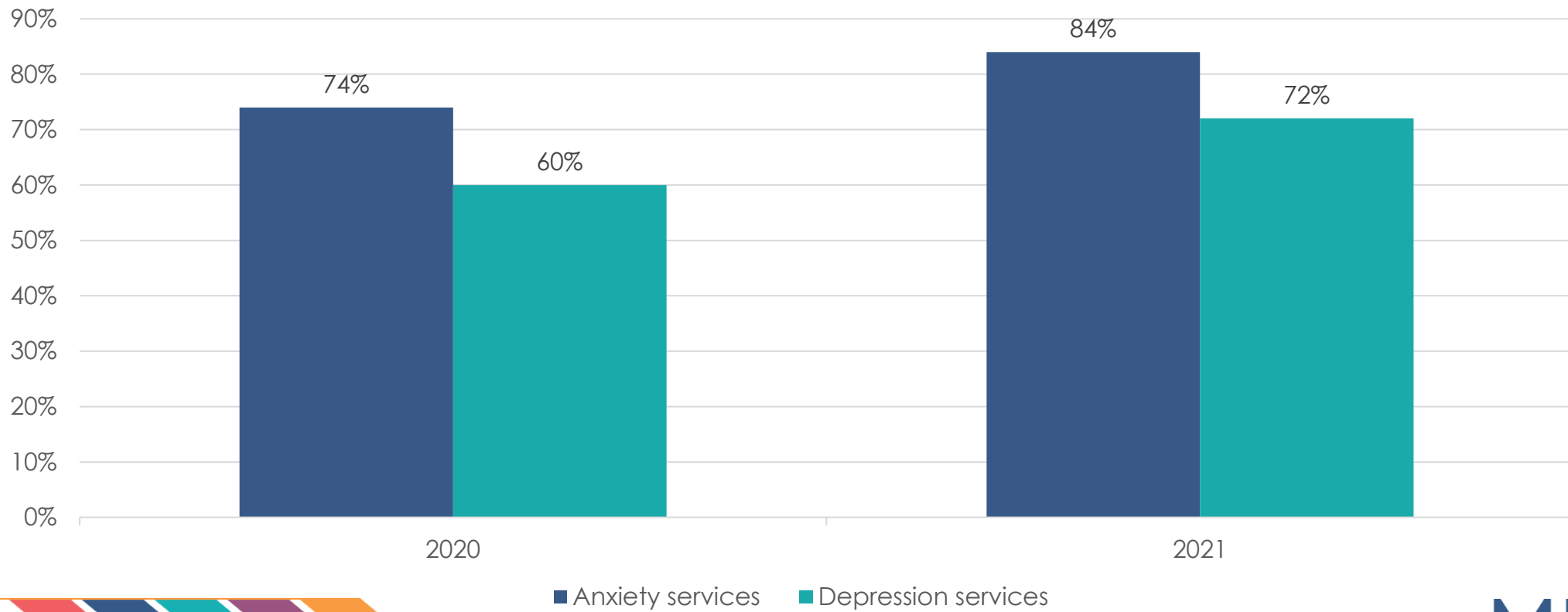
Hispanic or Latino screeners cite loneliness or isolation at highest rates

Multiracial screeners report most grief or loss



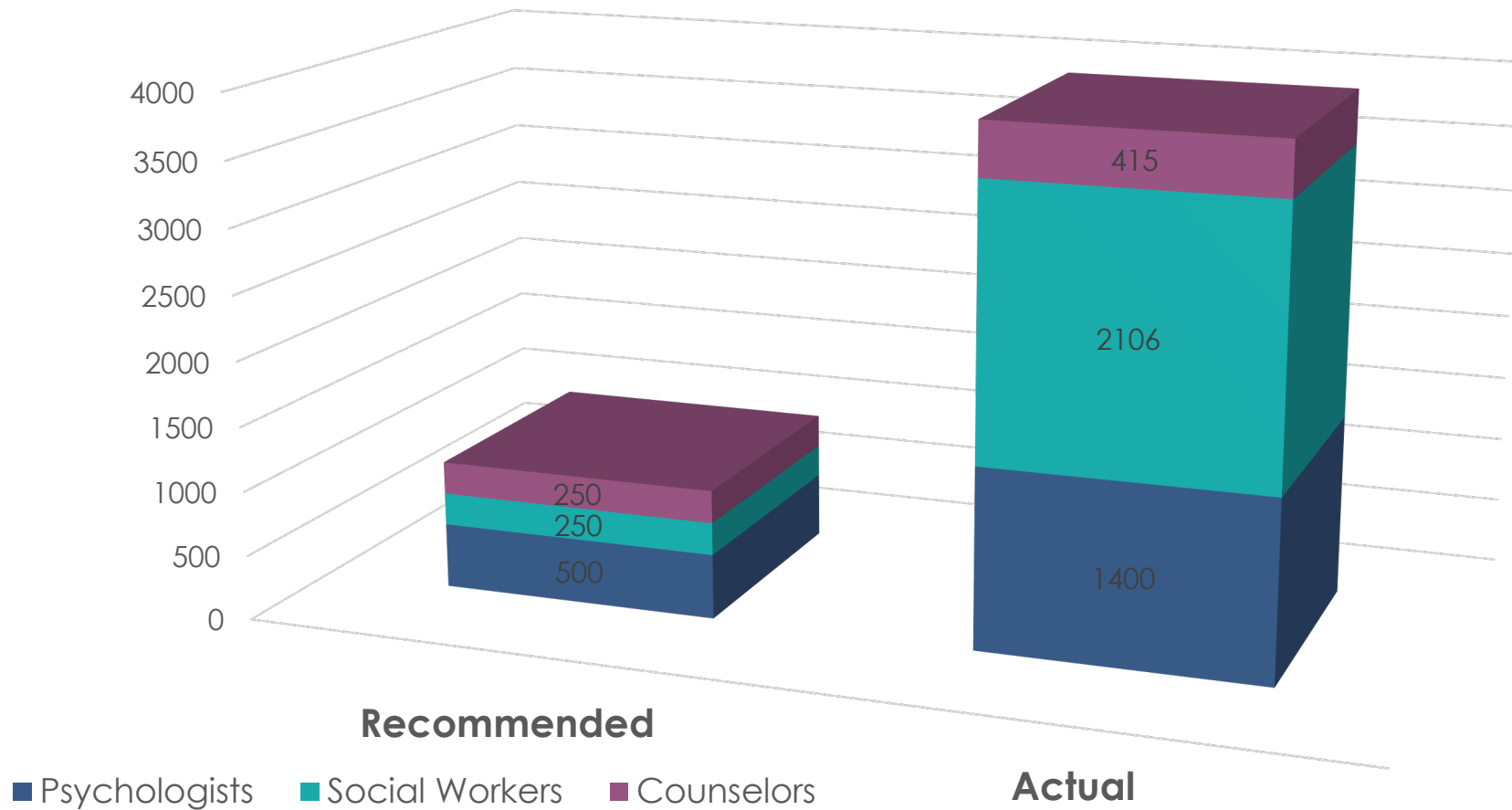
# Increased Demand for Services

Stress in America Survey, American Psychological Association, October 2021



# School-Based Mental Health Workforce

Ratios of student to providers



# Prevention and Early Intervention: Mental Health Education In Schools

- Understand mental health and mental illness and what contributes to both
- Improve comfortability using terms to describe mental health and mental health conditions including mood, anxiety, depression, psychosis
- Encourage help-seeking and knowledge of where, and how to initiate care and support
- Understanding treatment and support options

# School-Based Mental Health Promotion

- **New York (A.3887):** All schools shall include, as an integral part of health education, instruction so as to discourage the misuse and abuse of alcohol, tobacco and other drugs and promote attitudes and behavior that enhance health, well being, and human dignity.
- **Virginia (HB1604):** Such health instruction shall incorporate standards that recognize the multiple dimensions of health by including mental health and the relationship of physical and mental health so as to enhance student understanding, attitudes, and behavior that promote health, well-being, and human dignity.

# School-Based Interventions: Services

## Kansas Mental Health Intervention Team (MHIT)

- local education authorities and CMHCs entered into memorandums of agreement. The state education agency created the payment mechanism and the database to track outcomes:
  - **~66% of children improved their attendance, over 50% improved internalized behaviors;**
  - **~60% improved their academic performance, ~70% improved external behaviors.**
  - **Legislature has grown investment: for the '21-'22 school year to 56 school districts (212 schools)**

# School-Based Approach Funding

Education Department - Every Student Succeeds Act (ESSA) professional development, school climate grants, new BSCA

CMS/Medicaid – Free care rule lifted for school billing for eligible students

SAMHSA - Project AWARE

CDC – Healthy Schools

# Contact Us



-  Mental Health America  
500 Montgomery Street  
Suite 820  
Alexandria, VA 22314
-  Facebook.com/mentalhealthamerica
-  Twitter.com/mentalhealtham
-  Instagram.com/mentalhealthamerica
-  Youtube.com/mentalhealthamerica
-  [choward@mhanational.org](mailto:choward@mhanational.org)

# Questions



# Poll Question

**Tony Coder**  
Executive Director  
Ohio Suicide Prevention Foundation

# SUICIDE PREVENTION AND OHIO

THE PLAN AND PROGRESS FOR THE BUCKEYE STATE

# PRESENTATION DECORUM

1. This is not an easy subject for some – If you feel that you need to leave at any time, my feelings will not be hurt.

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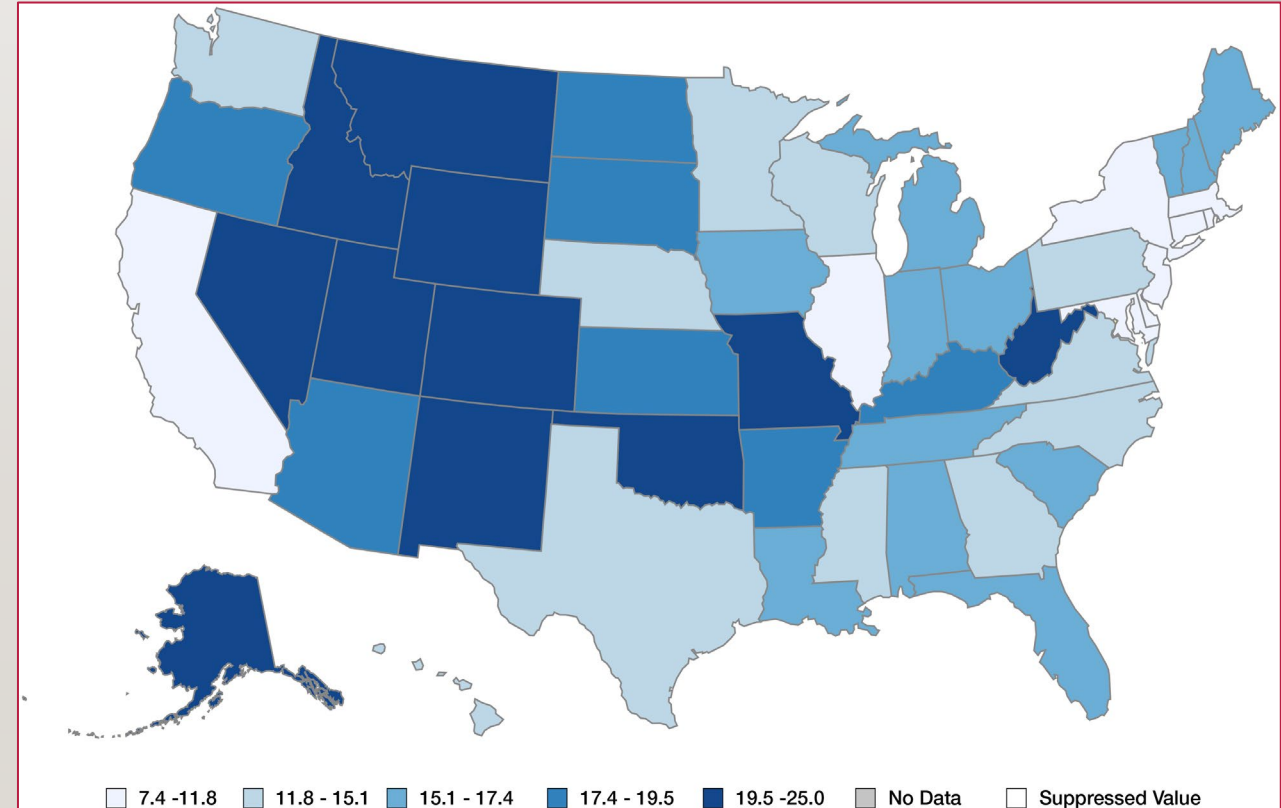
2. Questions – I will do my best to answer questions but some are medical or philosophical in nature and I can only give opinion to some (I will preface)

3. Assume good intentions – die by suicide vs. other expressions...

4. If you or someone you know is having suicidal thoughts, please call  
1-800-273-8255

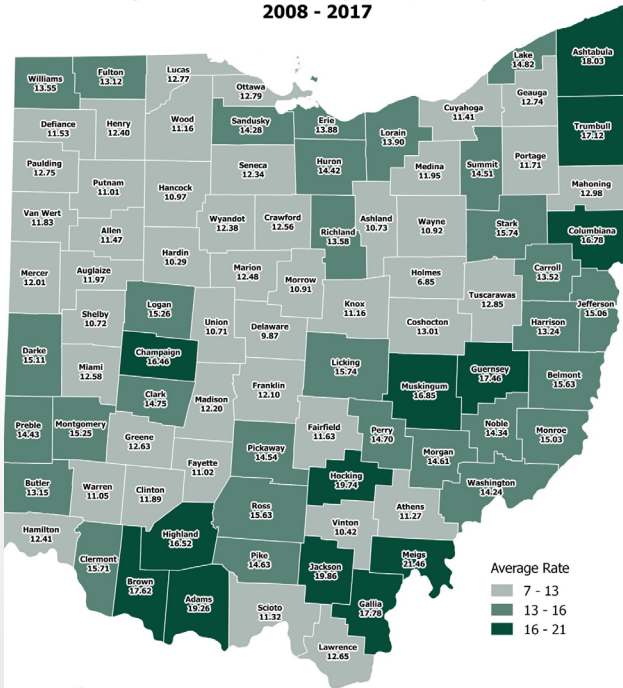
# SUICIDE IN THE U.S.

- 47,511 suicides in 2019 (More than 2 ½ times the murder rate)
- 11<sup>th</sup> Leading Cause of Death in the United States
- 130 suicides a day in the U.S.
- Suicide is the 2<sup>nd</sup> leading cause of death in youth ages 10-24
- White males made up nearly 70% of all suicides in the country
- Women had higher suicide attempt rates but men had higher suicide completion rates



# SUICIDE IN OHIO

Average Annual Suicide Rate per 100,000 Population  
2008 - 2017



Ohio Alliance  
for Innovation in  
Population Health

Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Death Certificate File. These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

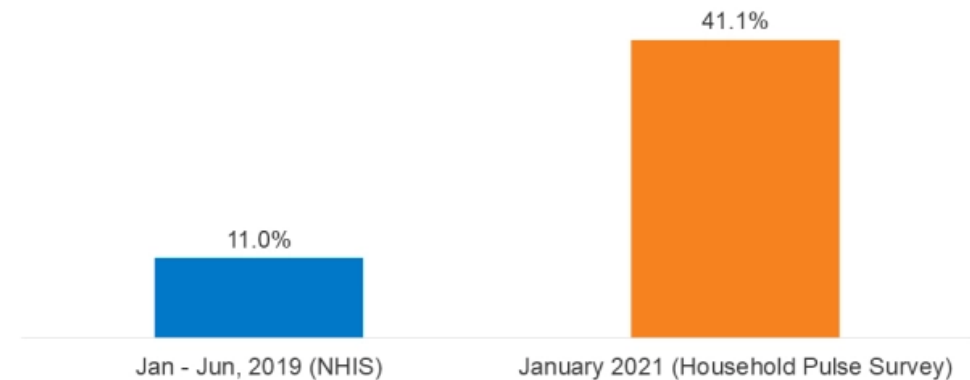
- Nearly five people die every day of suicide in Ohio (1641 deaths in 2020 -incomplete)
- Suicides were at their highest in 2018 (1836 suicide deaths) over the past decade.
- Suicide is the 2<sup>nd</sup> leading cause of death in youth ages 10-24 and the leading cause of death in youth ages 10-14
- The majority of suicides in Ohio are in adult men (nearly 78%), and the highest suicide rate occurs in older men (41.7/100,000)
- At first glance, suicides have dropped during the pandemic but are rising again. 2021 has seen increases in incomplete data (1765 suicides – 328 females and 1437 males –1060 homicides in 2021)
- An early look at 2022 – rise in suicides, which aligns with research—near-record numbers in some counties
- 988 is available nationwide

# COVID AND MENTAL HEALTH

- 1 in 10 adults reported anxious or depressive disorder in 2019. That increased to 4 in 10 adults in 2020.
- Difficulty in sleeping (36%) or eating (32%)
- Increases in alcohol consumption or substance use (12%)

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

# COVID IMPACTS

- Increased behavioral health problems, such as depression, anxiety, mood disorders, psychological distress, post-traumatic stress disorder (PTSD), insomnia, fear, stigmatization, low self-esteem, and lack of self-control.
- Cognitive Issues - problems with memory (such as tracking details, attention, planning, and organizational thinking) that impact the ability to function at home and at work.
- Reacting in a more emotional way to situations.
- Increases in substance use
  - Record overdoses during covid
  - Record alcohol sales
- 4–6% of people typically develop symptoms of PTSD after a disaster - equal to 650,000 people in Ohio.
- Increases in calls to crisis lines
- Increases in past month suicidal thoughts
- Family impacts
  - Suicide attempts and ideations near record numbers at Nationwide Children's Hospital AFTER going back to school
  - State of Emergency issued by Colorado Children's Hospital



# TRENDS IN SUICIDE

Between 2020 and 2021, the  
number of children hospitalized  
for a mental health reason

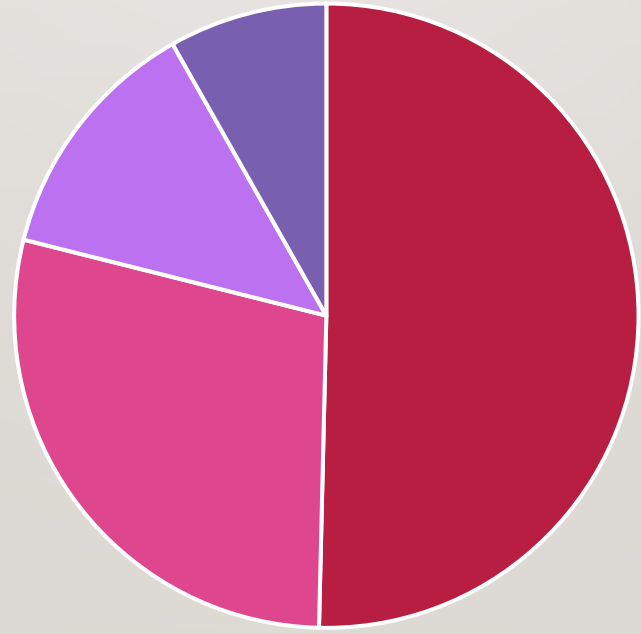
**INCREASED 163%**

According to Ohio Children's  
Hospital Association

# SUICIDE BY MEANS

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Breakdown of Suicides



■ Firearms ■ Suffocation ■ Poisonings ■ Other

# THE PLAN PRIORITIES



## Primary Prevention

All Ohioans will recognize the warning signs and risk factors of suicide and respond appropriately.

### How?

Gatekeeper Trainings  
Awareness Campaigns  
PAX Good Behavior Game



## High-Impact Systems

Ohio will concentrate efforts on integrating suicide prevention practices and suicide care into high-impact systems.

### What Systems?

Health Care  
Schools  
First Responders



## Build Capacity

Ohio will build suicide prevention operational capacity at the organizational, local, and state levels.

### Including...

State Entities  
Coalitions  
Community Organizations



## High-Risk Populations

Ohio will focus efforts on populations identified as highest risk for suicide using data.

### Targeted Populations

Appalachian Citizens  
Men ages 25-64  
Veterans and Active Military  
Youth ages 10-24



## Data Informed

Ohio will gather and utilize data to continuously inform and evaluate its approach.

## STRATEGY ONE

All Ohioans will recognize the warning signs and risk factors of suicide and respond appropriately.

### Strengthen

Strengthen the public's knowledge and ability to promote wellness, recognize suicide risk, and take appropriate action for self and others.

### Provide

Provide training to community groups, families, and other individuals in a person's support system on the prevention of suicide and related behaviors.

### Encourage

Encourage safe storage of firearms, medication, and other lethal means.

# STRATEGY TWO

Ohio will concentrate efforts on integrating suicide prevention practices and suicide care, including postvention, into high-impact systems including health care, public safety, and education.

## Healthcare

### Organizations

- Integrate suicide-specific care across health care, behavioral healthcare and addiction treatment organizations.

## BH Clinicians

- Provide training to clinical and social service providers on the prevention of suicide and other related behaviors

## Education Systems

- Integrate suicide prevention best practices and suicide-specific care across educational systems, including Educational Service Centers.

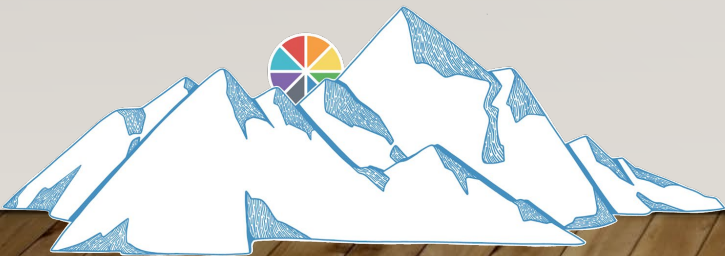
## Public Safety

- Integrate suicide prevention best practices and suicide care across the public safety and emergency systems.

# Sources of Strength

## Evidence-Based Suicide Prevention Program

- Consists as a series of curricula for K – 6, and youth-led program for 7 – 12
- Named for 8 protective factors associated with reduction of youth suicide rates
- In Ohio: 54 elementary schools; 62 secondary schools
- Visit [sourcesofstrength.org/discover/evidence/](https://sourcesofstrength.org/discover/evidence/) for a summary of the peer-reviewed research on Sources.



# STRATEGY THREE

Ohio will build suicide prevention capacity and infrastructure at the organizational, local, and state levels.

---

**Increase** Increase the number of suicide prevention coalitions aligned with the Centers for Disease Control and Prevention's seven strategies for preventing suicide.

---

**Assess and strengthen** Assess and strengthen postvention programs in local communities.

---

**Increase** Increase understanding of the function and capacity of local Fatality Review Boards.

---

**Explore** Explore opportunities to build capacity that addresses identified social determinants, barriers to care, and factors that contribute to the suicide rate.

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# STRATEGY FIVE

Ohio will standardize, gather, and utilize data to continuously inform and evaluate its approach.

- Refine data systems, including collection and evaluation.
- Improve data dissemination and public access to data.
  - ODH – Syndromic Surveillance System



# 2022-2023 THINGS TO COME:

- LifeSide Ohio expansion
- Post COVID Work
- 988 planning and implementation – July, 2022
- Postvention expansion
- Further development of resources for middle-aged men
- Community forums for suicide prevention in the African-American community
- LGBTQ+ community and suicide prevention
- Psychological Autopsy Certification Training
- Franklin County Coroner – continued funding of position

OHIO'S VOICE FOR SUICIDE PREVENTION



## CONTACT

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**Tony Coder**

Executive Director

Ohio Suicide Prevention  
Foundation

614-429-1528

# Questions

# **Kelly Blankenship, DO**

Associate Chief Medical Officer  
and Division Chief of Psychiatry  
Dayton Children's Hospital



Health Policy Institute of Ohio  
8/2/22  
Kelly Blankenship, DO  
Associate Chief Medical Officer

# Presentation overview

Behavioral health strategic roadmap at Dayton Children's Hospital- plan to increase behavior health services

New behavioral health building –funding from Governor DeWine's Pediatric Behavioral Health Initiative

Current barriers to youth access of mental health services

Opportunities for improvement of access to youth mental health services

# Behavioral Health Strategic Roadmap



	Prevention/Early Intervention	Outpatient	Crisis/Emergent	Inpatient	Specialty/Niche Programs
<b>Goal</b>	Expand/deepen prevention and early intervention efforts	Improve access to outpatient services	Optimize crisis evaluation and stabilization	Provide inpatient capacity and services to meet market need	Provide greater access to specialty/niche services
<b>Requirements</b>	<ul style="list-style-type: none"> <li>On Our Sleeves acceleration</li> <li>Suicide prevention screening/training</li> <li>Primary care integration</li> <li>Screening/intervention in specialty and acute care</li> <li>School and community-based services and education expansion</li> </ul>	<ul style="list-style-type: none"> <li>Optimized partial hospitalization and intensive outpatient programs</li> <li>Therapy capacity to treat most at-risk</li> <li>Geographic expansion (north and northeast PSA)</li> <li>Integrated therapy services for psychiatry patients</li> <li>Reimagined family-focused outpatient care models</li> <li>Community and primary care provider network development</li> </ul>	<ul style="list-style-type: none"> <li>Crisis center space/environment</li> <li>Dedicated stabilization beds in ED</li> <li>Regional crisis evaluation services evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Expand beds to the meet the needs of the West Central Region</li> <li>Unique inpatient care path for high-risk population</li> <li>Conflict management resources</li> <li>Post-discharge case management</li> <li>Inpatient med/psych care model/unit</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced developmental disabilities offering</li> <li>Neurodevelopmental inpatient unit exploration</li> <li>Develop outpatient eating disorders program</li> <li>Substance use disorders partnerships</li> </ul>
<b>Success Measures</b>	<ul style="list-style-type: none"> <li>On Our Sleeves sign ups</li> <li>School /community partnerships</li> <li>Completed screenings</li> <li>Primary care engagement</li> </ul>	<ul style="list-style-type: none"> <li>Crisis and inpatient readmissions</li> <li>Access for high acuity</li> </ul>	<ul style="list-style-type: none"> <li>Length of stay</li> <li>Patients discharged to care</li> <li>Readmissions</li> <li>Patient/family experience</li> </ul>	<ul style="list-style-type: none"> <li>Readmissions</li> <li>Length of stay</li> <li>Post-discharge care plans</li> </ul>	<ul style="list-style-type: none"> <li>Measures to be defined by service</li> </ul>

Infrastructure requirements



Workforce Development



Community Partnerships



Philanthropy



Care Facilities



Management Systems





# Behavioral Health Facility

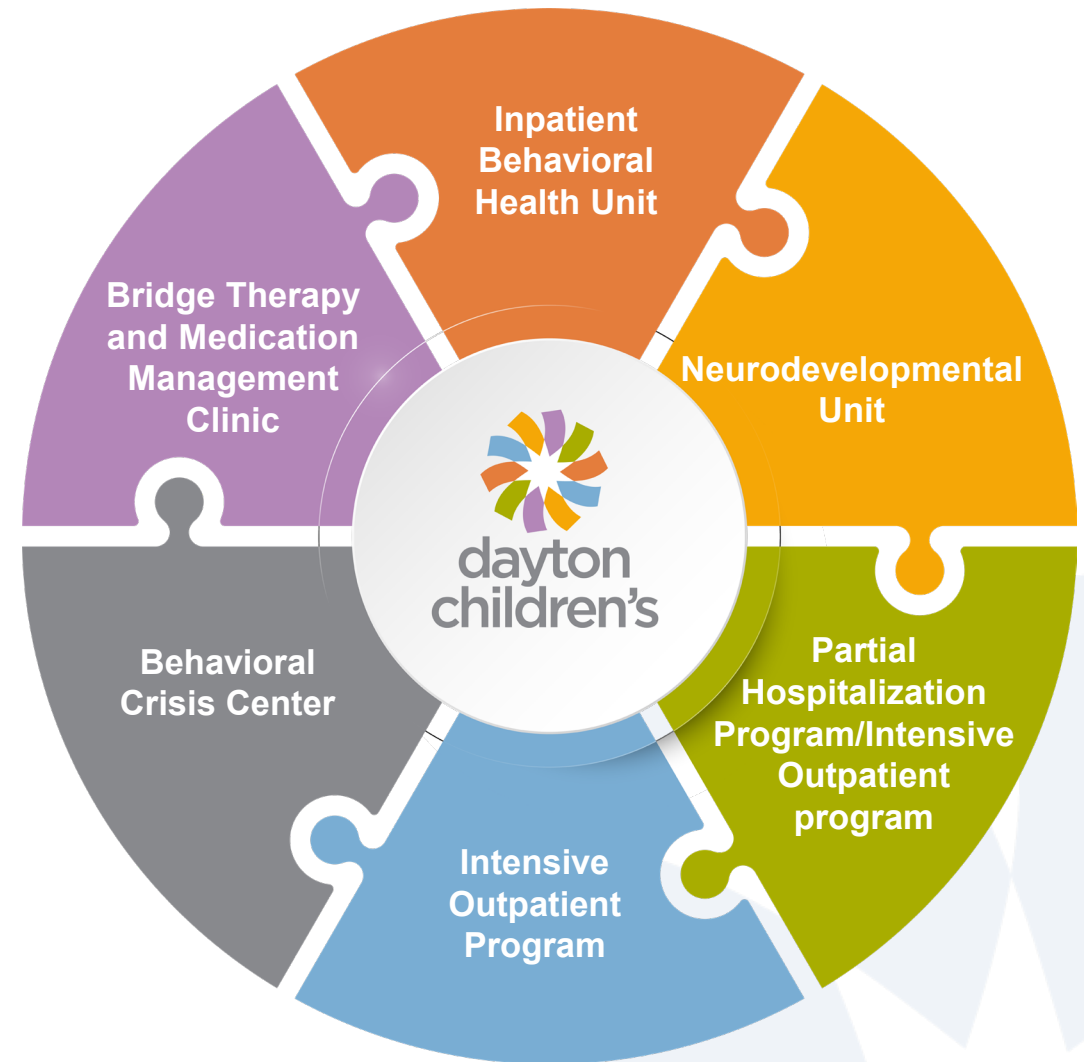
# Clinical programs co-located within a new facility



Bridge Services	Partial Hospitalization (PHP) and Intensive Outpatient (IOP)	Crisis Services	Inpatient Behavioral Beds	Inpatient Neurodevelopmental Beds
6 Consult / Offices	32 patient slots	12 Assessment	40 Beds	8 Beds
<ul style="list-style-type: none"> <li>• <b>prevent gaps in care</b> via bridge therapy options while awaiting PHP/IOP slots to open</li> </ul>	<ul style="list-style-type: none"> <li>• consolidating intense outpatient services with other acute services <b>promotes continuity of care</b></li> <li>• allows opportunity to convert 1<sup>st</sup> St. site to traditional behavioral clinic space</li> </ul>	<ul style="list-style-type: none"> <li>• manage overflow for crisis service needs</li> <li>• reduce strain on medical emergency department</li> <li>• <b>co-locate</b> with other behavioral acute services <b>for better staffing / operations</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>increase capacity</b> to meet 2029 projected need</li> <li>• increase capacity to tailor care to patient needs</li> <li>• reduce outmigration of patients to capture market share</li> </ul>	<ul style="list-style-type: none"> <li>• Explore unit to <b>support under served specialty population</b></li> </ul>

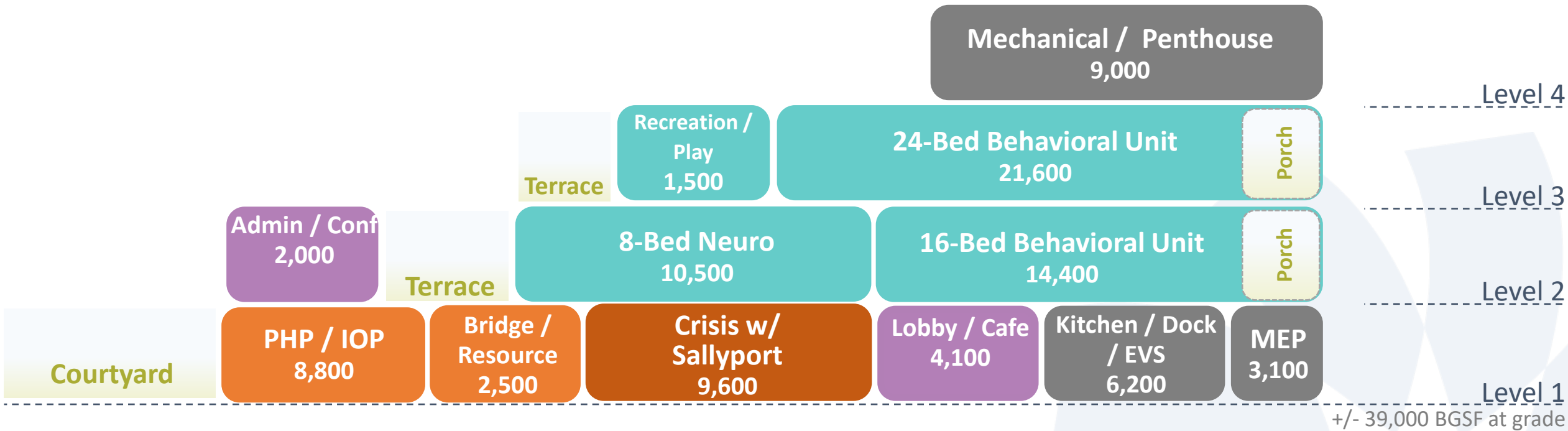
# Co-location of services provides benefits

- Strengthened post discharge planning from crisis center for patients who do not meet criteria for inpatient care-- immediately schedule to bridge therapy clinic or day treatment
- Operational efficiencies gained through cross-trained staff and reduction of service silos
- Improved care team communication offered by proximity with a strong understanding of admission criteria for all services in the building
- Familiarity and comfort for youths returning from inpatient stay to the day treatment or bridge therapy
- Allowance for youth discharging from the inpatient unit to start day treatment on the same day.



Note: 4West (current behavioral health unit) can be repurposed for eating disorder day treatment program under exploration. Downtown facility can be used for expanded outpatient therapy.

# Behavioral Health Building



# Barriers of youth access to mental health services

- Limited number of mental health inpatient beds
- Limited number of residential beds
- Transportation concerns
- Navigation of the mental health system
- Workforce
- Lack of niche services



# Opportunities for Youth Mental Health Services in Ohio

## Ohio Rise

- Care coordination
- Mobile response and stabilization services
- Intensive home-based therapy
- Increase in residential beds
- Increase in mental health beds

Increase in services in Southwest Ohio

Increase in services for niche programs



**Sherry Shamblin**  
Chief Strategy Officer  
Hopewell Health Centers



# HOPEWELL

## HEALTH CENTERS

*Access to Affordable, High Quality Integrated  
Healthcare for All*





# HOPEWELL

## HEALTH CENTERS

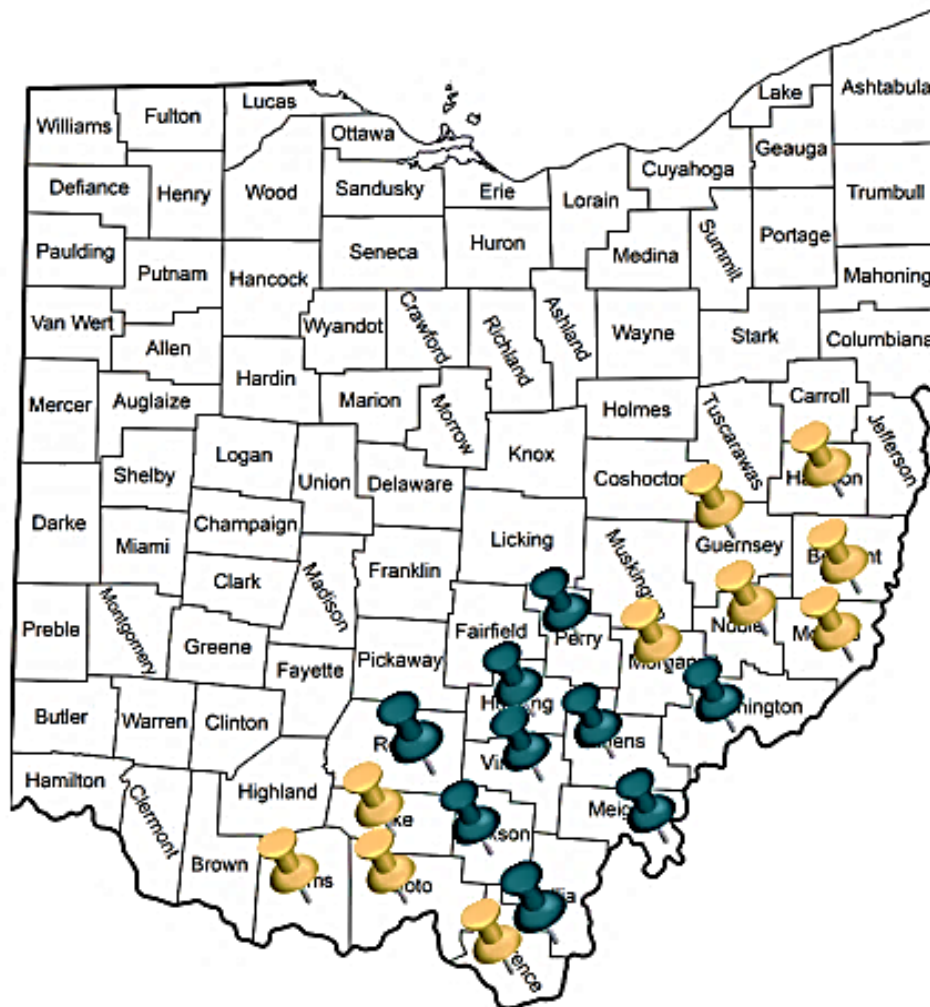


Counties with  
Hopewell Clinics



Counties with  
Community-Based  
Services Only

A COMMUNITY  
WHERE  
EVERYONE  
ENJOYS A  
HEALTHY  
BODY, MIND,  
AND SPIRIT





# HOPEWELL

HEALTH CENTERS

## 2021

- 30 Clinic Sites in 9 counties; Early Childhood Services in an additional 10 counties
- 5 school-based clinics
- BH partnerships with 22 school districts
- 39,240 Patients/Clients
- 15,176 Behavioral Health Clients



SERVING  
SOUTHEAST  
OHIO





# HOPEWELL

HEALTH CENTERS

## S E R V I C E S

### Primary Health Care

- Acute - Sick Visits
  - Chronic Disease Management
  - Health Screenings
  - Immunizations
  - Referrals for Specialty
  - School, Sport, and Work Physicals
  - Well Checks
  - Women's Health Services
- 

### Dental Health Care

- Exams
  - Preventative Care
  - Minor & Major Restorations
  - Removable Restorations
- 

### Behavioral Health Care

- Community Psychiatric Supportive Treatment
  - Crisis Services
  - Outpatient Counseling
  - Psychiatry
  - School-Based Services
  - Substance Abuse Programs
  - Youth Partial Hospitalization (REACH)
- 

### Early Childhood Programs

- Community Support Programs & Trainings
- Early Childhood Mental Health Consultation
- Help Me Grow
- Women, Infants, & Children (WIC)

# Our Community...



# Beautiful Landscapes



# Our Community...

## Proud Culture



**Lottridge Community Center in Coolville, Ohio.  
(Photo Credit: Dateline July 2010: Friends and  
Neighbors: The recession's unseen victims)**

**Home in Nelsonville, Ohio  
(Photo Credit: Dateline July 2010: Friends and  
Neighbors: The recession's unseen victims)**



- Individualism
- Humbleness
- Community  
Connectedness

# Our Community...

## Challenges

- Appalachian Regional Commission
  - Athens and Meigs = Distressed
  - Gallia, Jackson, and Vinton = At-Risk
- 70% of the population is "rural" (20% for rest of Ohio) ([www.census.gov](http://www.census.gov)).
- 18% live at or below 100% Federal Poverty level; 6.8% uninsured ([www.census.gov](http://www.census.gov)).



**The Ditty Box located in Glouster, Ohio  
(Photo Credit: Dateline July 2010: Friends and  
Neighbors: The recession's unseen victims)**

# Our Community...

- 2020 unintentional overdose death rates per 100,000 as high as 19.22 in Ross County, and 10.2 across the service area (Ohio General's Office).
- Reported frequent mental distress ranges from 17-19%, and age-adjusted suicide rates are as high as 26% (County Health Rankings, 2021).
- All County Health Department Community Assessments/Plans identify the increase in Substance Use Disorders as 1 of the top 5 concerns, and lack of treatment services as 1 of the top 5 gaps.

# Challenges



**Downtown New Straitsville, OH  
(Shamblin, 2016)**

# Our Community...

- Counties fall in the bottom 25% for Health Outcomes and the bottom 50% for Health Factors (<http://www.countyhealthrankings.org>).
- Depression rates exceed national averages and rates of suicide are 17% higher than national averages ([www.arc.gov](http://www.arc.gov)).
- All counties are Mental Health Workforce Shortage Areas, and most are Primary Care Professional Workforce Shortage Areas (<https://data.hrsa.gov/tools/shortage-area/hpsa-find>)

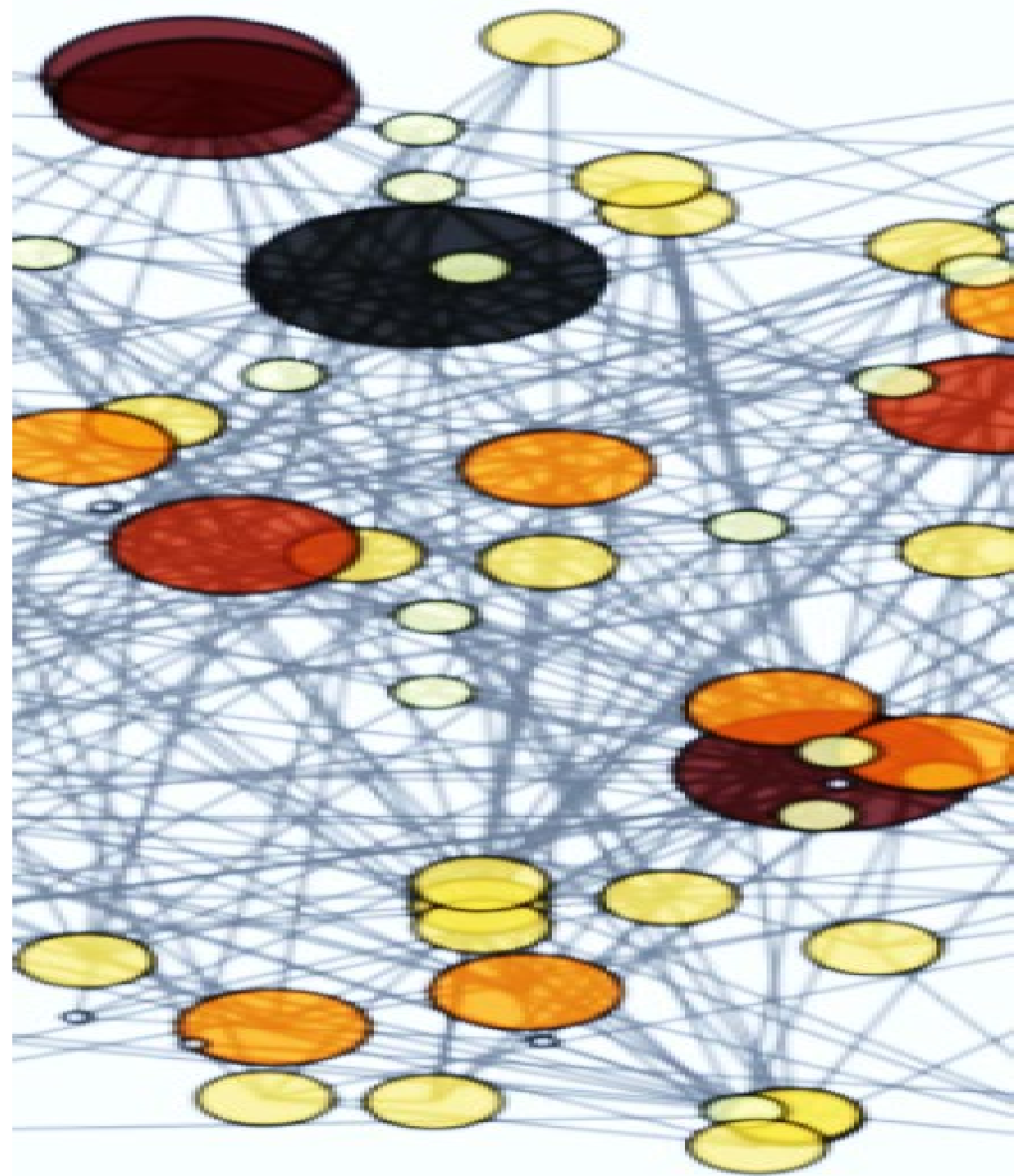
## Challenges



**Downtown Pomeroy, Ohio  
(Shamblin, 2015)**

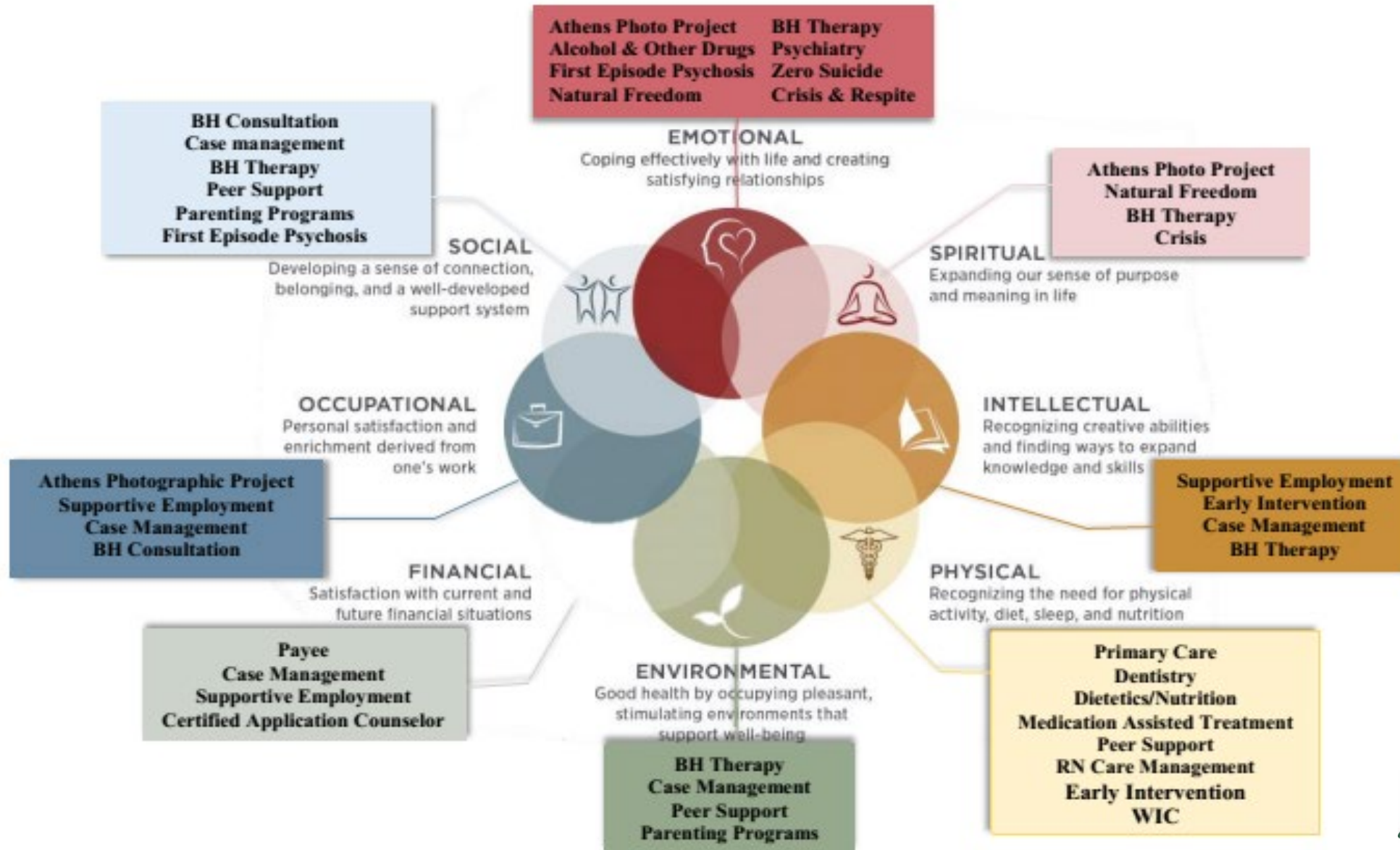


**COMPLEX  
CHALLENGES  
REQUIRE  
COMPLEX  
SOLUTIONS**



# Whole Health Model of Care

Based on SAMHSA's 8 Dimensions of Wellness



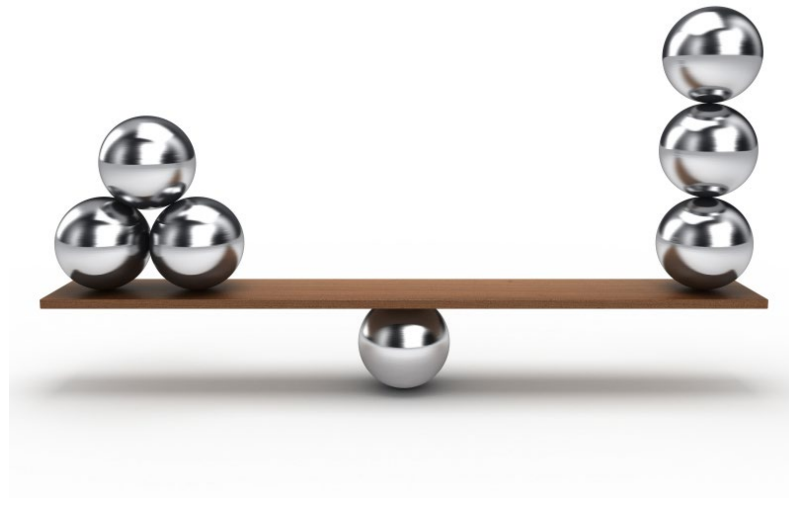


**HOW**



# HOPEWELL

## HEALTH CENTERS



Recent Joint Commission Behavioral Health Surveyor: “You strike the perfect balance of really listening to communities and what they feel they need with implementing the structure of evidence-based practice combined with quality improvement processes.”



**HOPEWELL**  
HEALTH CENTERS

Creating company-wide culture  
of helpfulness at all levels





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HEALTH CENTERS

## **Embedding Services in the Community**

- School-Based
- Mobile Response Stabilization Services
- Mobile Crisis
- Early Childhood Mental Health
- Medicaid Subcontracts with respite and other adjunct therapy providers



**Vinton County Middle School  
(Shamblin, 2015)**



GALLIA • JACKSON • MEIGS

**ADAM**

ALCOHOL, DRUG ADDICTION & MENTAL HEALTH

*Your Addiction & Mental Health*



**OACHC**

Ohio Association of Community Health Centers

**Partnerships:  
Genuine and Strong**



**INTEGRATED SERVICES**  
for behavioral health



**ADENA** Health System

wcbhb



**ATHENS PHOTO  
PROJECT**

**SOJOURNERS**



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.™*



**OHIO Alliance for  
Population Health**



**CENTRAL OHIO**  
music therapy LLC



**HOPEWELL**  
HEALTH CENTERS

Thanks to our partnerships, including the Appalachian Children Coalition, and with the support of the Governor's Pediatric Behavioral Health Initiative and ARPA Funds, we are able continue our efforts to increase integrated behavioral health care for children and youth



# Integrated School Based Health Clinic: Eastern Local School District in Meigs County



- Expanded space for behavioral health clinical offices in existing school-health clinic space for on-site counseling and case management
- School funds and NCH funds expanded space and equipped it for on-site dental operator

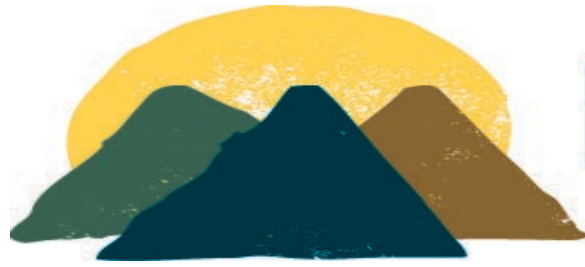


# Integrated School Based Health Clinic: Nelsonville York City Schools in Athens County



Renovation of Administration Suite for an integrated school health clinic that will house Hopewell's primary care and behavioral health staff and the school nurse and specialty clinical staff (i.e., OT, PT, SLP). ODH funds supporting primary care clinical staff, Foundation for Appalachian Ohio provided equipment





# HOPEWELL

## HEALTH CENTERS

### Child Crisis Stabilization Unit in Gallia County



- 16 beds for children and youth ages 8-17 who are experiencing a mental health crisis who will benefit from short-term interventions to de-escalate the crisis and reduce the need for hospitalization
- Local ADAMHS Boards and OhioMHAS capital funds for interior renovations
- ARPA funds for major systems replacements (i.e. HVAC, Boiler, roof, etc.)



# HOPEWELL

## HEALTH CENTERS



### **REACH Youth Partial Hospitalization Expansion to Cheshire, OH**

- Serves youth 7 – 17.
- Main Site in Nelsonville which is more than an hour away. Expansion will allow children/youth from more southerly counties to access the program.
- ARPA and OhioMHAS funds for systems improvements and renovations for classrooms and group treatment areas, a sensory room, a medical office, a recreational area, and staff offices.



**EVERYTHING IS AWESOME**

**EVERYTHING IS COOL WHEN YOU'RE  
PART OF OUR TEAM**



**HOPEWELL**  
HEALTH CENTERS

# Thank You

**Contact:**

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**Chief Strategy Officer**

**[sherry.shambling@hopewellhealth.org](mailto:sherry.shambling@hopewellhealth.org)**

*Access to Affordable, High Quality Integrated Healthcare for All*

# Questions

# Poll Question





# Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

# Poll Question



Download slides and resources from today's forum  
on the event page at

<http://bit.ly/HPIOevents>



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- Ohio Health Policy News ([healthpolicynews.org](https://healthpolicynews.org))

# [www.hprio.net](https://www.hprio.net)

Thank you