

Presentation to JJOC



Capacity Building
CENTER FOR STATES



Leading for Results

July 21, 2023

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Kansas Department for Children and Families

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Capacity Building
CENTER FOR STATES

Leading for Results

KS Team: Melinda Kline, Stacy Tidwell, Ashley Johnson, Scott Henricks,
DCF Regional Leadership, Case Management Providers



Center team:

Leanne Heaton, Ph.D., LCSW, Center Consultant and Senior Researcher at Chapin Hall

Charlotte Goodell, MPP, Center Consultant and Policy Analyst at Chapin Hall

Tabitha Pomeroy, State/Territory Liaison, Tailored Services, Center for States

Kerry Littlewood, Ph.D., MSW, Evaluation Capacity Building Coach, Center for States

Jennifer Rhodes, Lived Experience Engagement Specialist, Center for States

Michele Lueders, MAM, Center Consultant, Center for States

OBJECTIVES

1. To review the history of the LFR workgroup, the data, Root Cause Analysis (RCA) and Theory of Change (TOC)
2. To illustrate national trends consistent with RCA
3. To discuss national initiatives consistent with the TOC

The Scope/Introduction

Children and youth in foster care in Kansas experience high rates of placement instability, with some children and youth moving between placements far too frequently

DCF engaged the Center to:

Understand more about the children/youth moving between placements and why

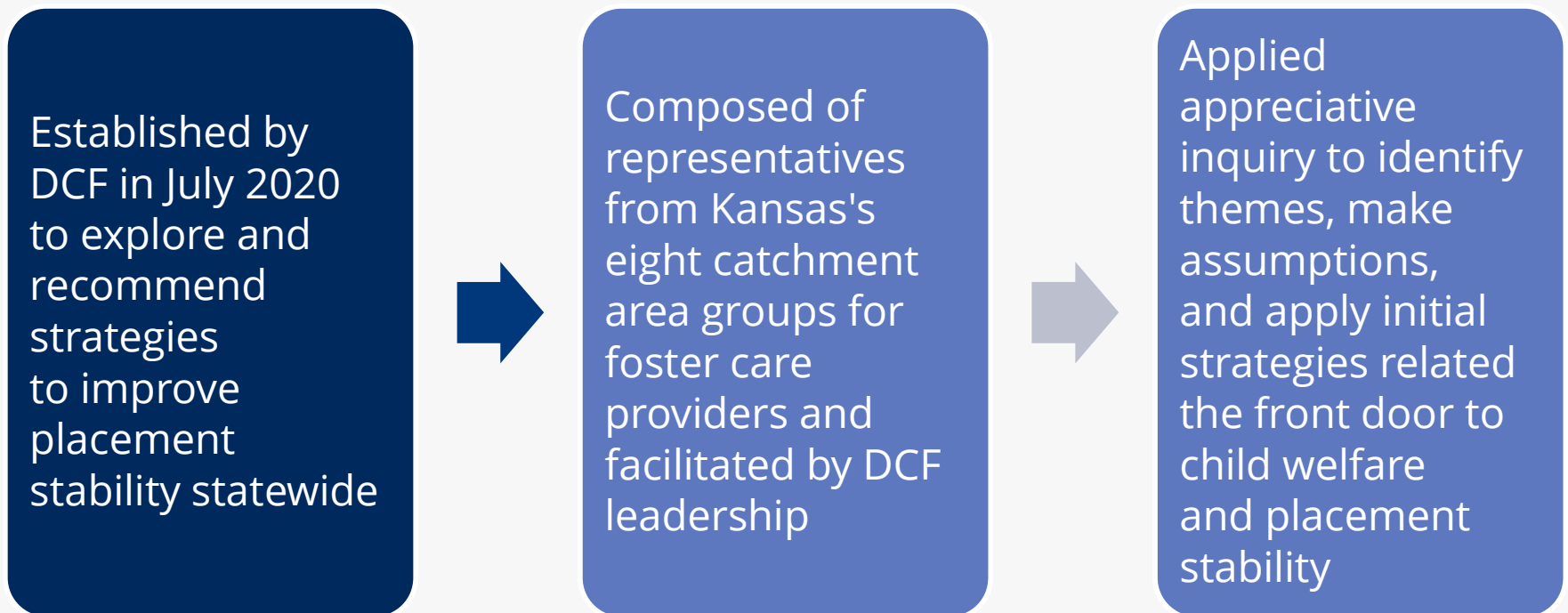
Conduct root cause analysis to describe the scope and scale of Kansas's challenges with placement instability

Identify whether contributing factors and root causes fueling the problem have been correctly identified

Develop a theory of change for improving placement stability

The Venue for Change: Phase 1 of the Leading for Results (LFR) Workgroup

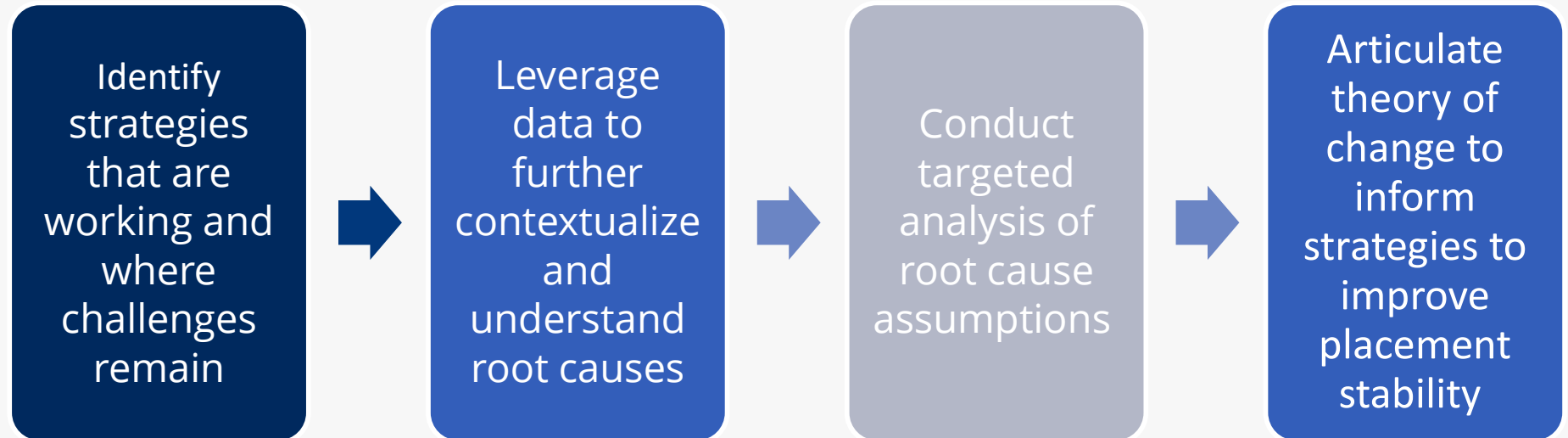
Prior to Center's involvement



Venue for Change: LFR Workgroup and Phase 1 Efforts

LFR Assumptions	Strategies
When children/youth are placed with family/people that they know they are more likely to be stable and not need non-related foster care placement	<ul style="list-style-type: none">• Increase initial placements with relatives through the Kansas Practice Model
When children's/youth's mental health and/or behavioral needs are met they are more likely to stable	<ul style="list-style-type: none">• Increase staff that have clinical background to ensure they have the right services to meet needs• Ensure access to mental health services
When children/youth are in placements that meet their needs and maintain their connections they are more likely to be stable	<ul style="list-style-type: none">• Increase matching of children/youth and foster parents• Increase support to foster parents• Recruit more foster homes from communities where children live

Venue for Change: Phase 2 of the LFR Workgroup with Center's Engagement



Center's Role with the LFR

Guide root cause analysis and research solutions to address root causes

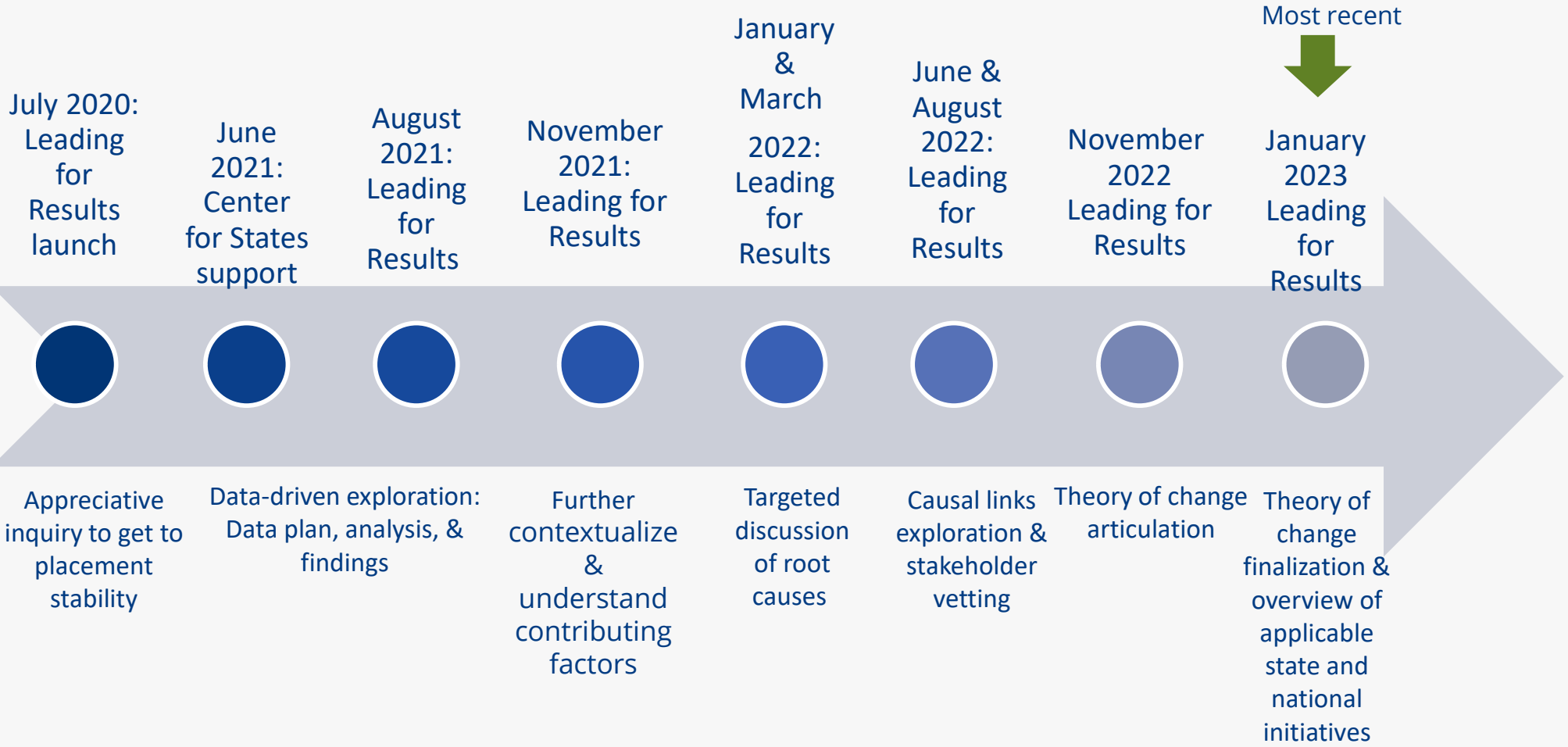
Support assessment and selection of solution(s) to address root causes to develop a robust theory of change

Provide expert consultation on implementing and sustaining solutions

Leanne Heaton, PhD, Center Consultant and Senior Researcher at Chapin Hall
Charlotte Goodell, MPP, Center Consultant and Associate Policy Analyst at Chapin Hall
Christine DeTienne, MSW, State/Territory Liaison, Tailored Services
Tabitha Pomeroy, State/Territory Liaison, Tailored Services, Center for States
Kerry Littlewood, Ph.D., MSW, Evaluation Capacity Building Coach, Center for States
Jennifer Rhodes, Lived Experience Engagement Specialist, Center for States
Michele Lueders, MAM, Center Consultant, Center for States



Leading for Results: What we've done



LEADING FOR RESULTS: TOP 3 ROOT CAUSES OF PLACEMENT INSTABILITY

Our data shows the majority of those experiencing placement instability:
Older youth ages 13 to 18 with higher levels of disabilities/needs

Placement instability is not just a foster care problem
is it directly related to key points throughout the entire child welfare system

COMMUNITY PREVENTION

#1



**INADEQUATE
COMMUNITY-
BASED
PREVENTION
SERVICES
TO SERVE
OLDER HIGH
NEEDS YOUTH**

FRONT DOOR TO CHILD WELFARE

#2



**FRONT DOOR
INTO
FOSTER CARE
IS TOO WIDE
DUE TO A LACK
OF
UNDERSTANDING
OF THE ROLE
OF FOSTER CARE**

FOSTER CARE PLACEMENTS

#3



**LACK OF
PLACEMENTS
FOR OLDER YOUTH
WITH INTENSIVE
BEHAVIORAL
HEALTH NEEDS**

LEADING FOR RESULTS: PLACEMENT INSTABILITY CONTRIBUTING FACTORS TO ROOT CAUSES

Community Prevention

Inadequate community-based prevention services to serve older higher-needs youth

Policy & Practice

- Lack of community readiness for SB 367
- Lack of multidisciplinary team meetings in rural counties for high risk youth

Community & Organizational Resources

- Lack of access to services needed due to affordability or transportation challenges
- Lack of available resources to families struggling with other needs (not struggling with abuse or neglect), including services for mental health and parenting support (in-home services, mentoring/support networks, respite, etc.)
- Lack of available substance use disorder providers for youth (especially in rural areas)
- Inadequate discharge planning and supports from Psychiatric Residential Treatment Facilities

Front Door of Child Welfare

Lack of understanding of the role of foster care

Policy & Practice

- Lack of system readiness for SB 367
- Juvenile justice does not have out-of-home placement option other than incarceration
- Ability for non-DCFS staff to petition removal
- Policy knowledge gaps for new staff
- Steady increase in removals that are NOT related to abuse/neglect (i.e. FINA)

External Factors

- Misunderstanding by community providers and courts about foster care's ability to facilitate or speed up access to services
- Court decision-making misaligned with DCF recommendation (removals due to truancy or juvenile justice) & Courts uncomfortable with TDM recommendations
- Police protective custody criteria misaligned with DCF's criteria for out-of-home placement
- Courts use foster care as punishment and/or when they do not trust parents to follow

Foster Care Placements

Lack of placements for older youth with intensive behavioral health needs

Policy & Practice

- Practice of placing older youth with challenging behaviors outside of their community
- Policy does not allow placement with relatives with DCF history or past legal charges, or out of state relative to be initial placement
- Policy does not allow informal relative placements without making foster care referral
- Lack of family engagement to identify relative resources (i.e. parents assume relatives do not wish to serve as resources)

Community & Organizational Resources

- Lack of robust supports for relatives to care for older youth and stabilize placements
- Foster homes not designed for high-needs intensive youth with mental health and challenging behavioral problems

Theory of Change

Pathway of Change

1. Our policies, practices, fiscal and community resources are strategically aligned with our behavioral health, juvenile justice, and court systems to create a comprehensive prevention service array for older youth.
2. Youth with intensive behavioral health needs have the right community-based resources to meet their needs.
3. Fewer youth enter foster and are stable in their communities
4. Foster care is used as a temporary solution for children and youth who are unsafe and relatives are first and best placement.
5. Foster care has the available resources to meet the needs of children and youth to achieve stable permanency.

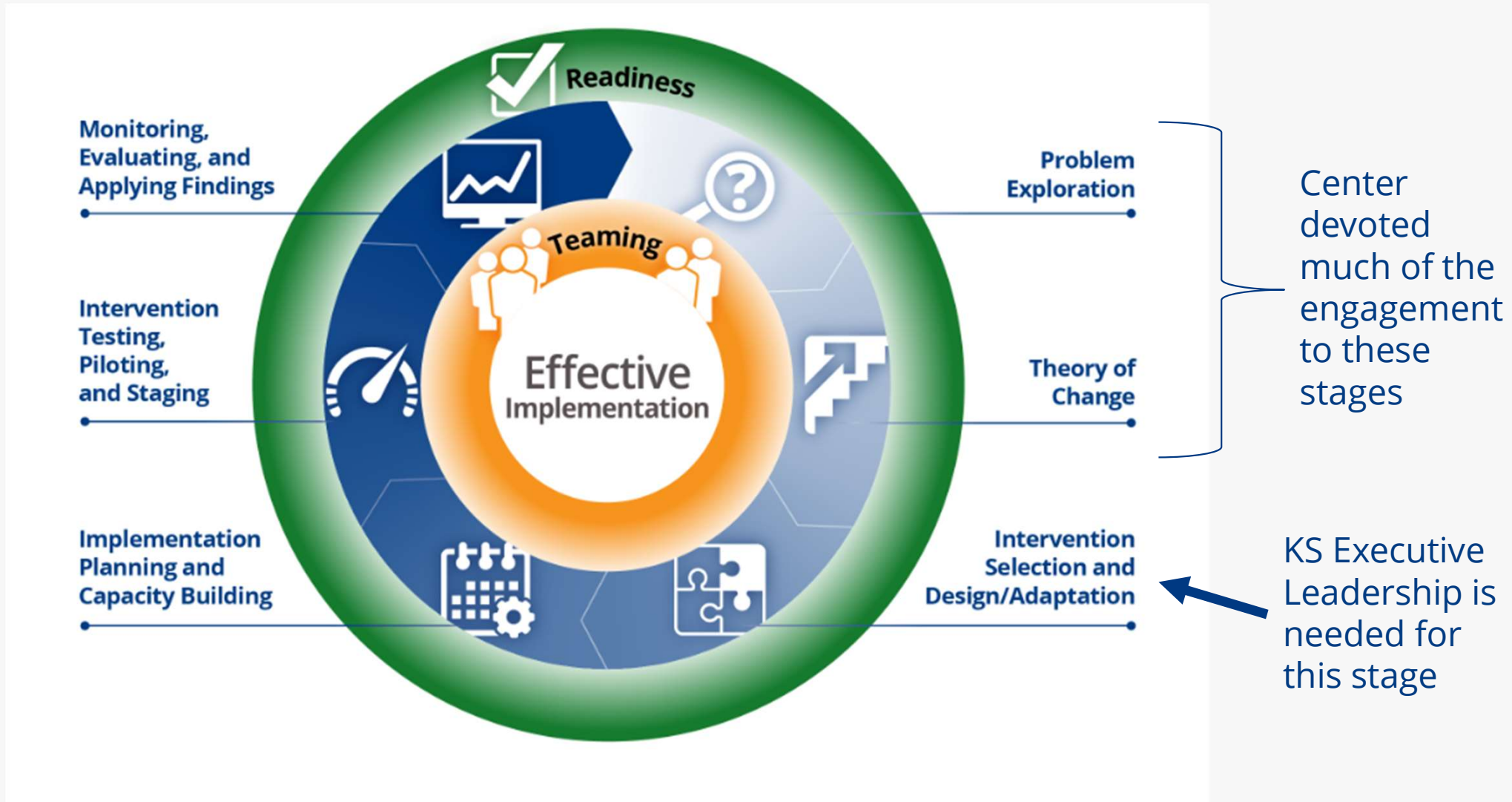
Root Causes:

1. Inadequate community-based prevention services to serve older high needs youth
2. Front door into child welfare is too wide due to a lack of understanding of the role of foster care
3. Lack of placements for older youth with intensive behavioral health needs

Problem: Too many youth ages 13 to 17 with intensive behavioral health needs are being placed into foster care and experiencing placement instability because the right placements do not exist because foster care system is not designed or equipped to be a solution for this population.

Target population: Older youth ages 13 to 18 with higher levels of disabilities/needs

Change and Implementation Model



Capacity Building Center for States. (2018). Change and implementation in practice: Overview. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Data we reviewed

Gender, age, and race



Presence of disability



Parent status



History of running away



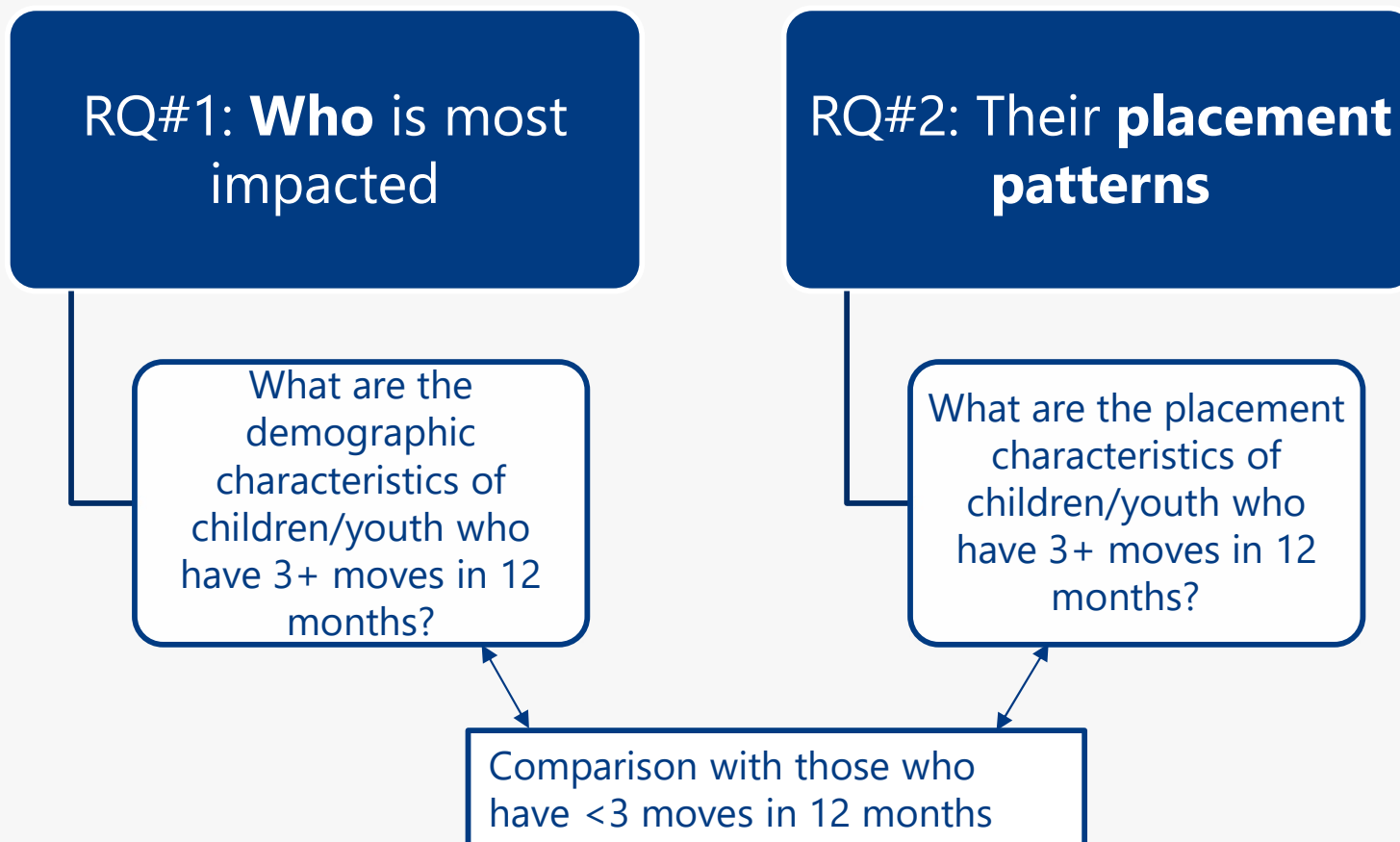
Initial placement type



Primary reason for removal



Data Plan: What we want to learn about placement instability



Question #1: What the data tells us



Table 1b. Demographic characteristics 3+ placement moves in 12 months

	SFY 2019		SFY 2020		SFY2021		SFY 2022		SFY 2023 (partial)	
Gender	#	%	#	%	#	%	#	%	#	%
Male	377	55.7%	181	47.5%	393	50.8%	409	52.4%	267	50.5%
Female	300	44.3%	200	52.5%	380	49.2%	371	47.6%	262	49.5%
Race										
White	518	76.5%	299	78.5%	614	79.4%	610	78.2%	401	75.8%
Black	146	21.6%	73	19.2%	145	18.8%	154	19.7%	113	21.4%
AI/AN	11	1.6%	5	1.3%	9	1.2%	11	1.4%	10	1.9%
Asian	2	0.3%	1	0.3%	0	0.0%	4	0.5%	5	0.9%
NH/PI	0	0.0%	0	0.0%	2	0.3%	1	0.1%	0	0.0%
UTD	0	0.0%	3	0.8%	3	0.4%	0	0.0%	0	0.0%
Age										
<1	5	0.7%	7	1.8%	17	2.2%	17	2.2%	9	1.7%
1-3	46	6.8%	28	7.3%	57	7.4%	50	6.4%	29	5.5%
4-6	69	10.2%	21	5.5%	61	7.9%	53	6.8%	35	6.6%
7-9	79	11.7%	28	7.3%	65	8.4%	73	9.4%	45	8.5%
10-12	111	16.4%	78	20.5%	122	15.8%	136	17.4%	89	16.8%
13-15	190	28.1%	157	41.2%	302	39.1%	288	36.9%	206	38.9%
16-18	177	26.1%	62	16.3%	149	19.3%	163	20.9%	116	21.9%
Disability										
Yes	264	39.0%	155	40.7%	315	40.8%	356	45.6%	374	70.7%
No	413	61.0%	226	59.3%	458	59.2%	424	54.4%	155	29.3%
Any history of running away										
Yes	162	23.9%	127	33.3%	169	21.9%	170	21.8%	116	21.9%
No	515	76.1%	254	66.7%	604	78.1%	610	78.2%	413	78.1%

Placement instability trends

- Males
 - Overrepresentation of Black children/youth
 - AI/AN who/where are they
-
- 61% 13-18 years
 - 71% disability
 - 22% history of running away

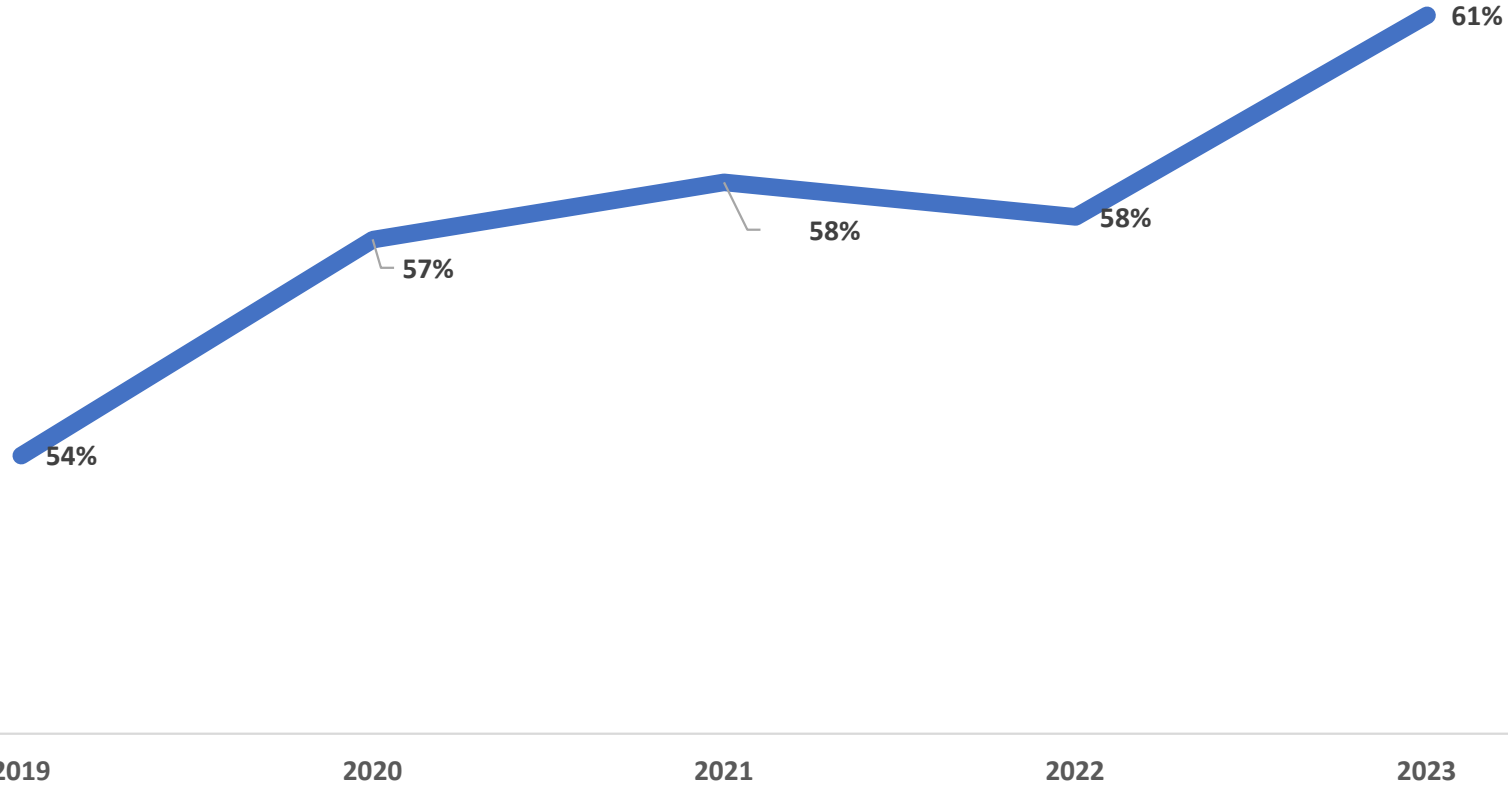
Data pulled by Kansas analysts.

Data source: Kansas Family and Child Tracking System (FACTS)

Children/youth 3+ moves in 12 months

Demographic trends - Age

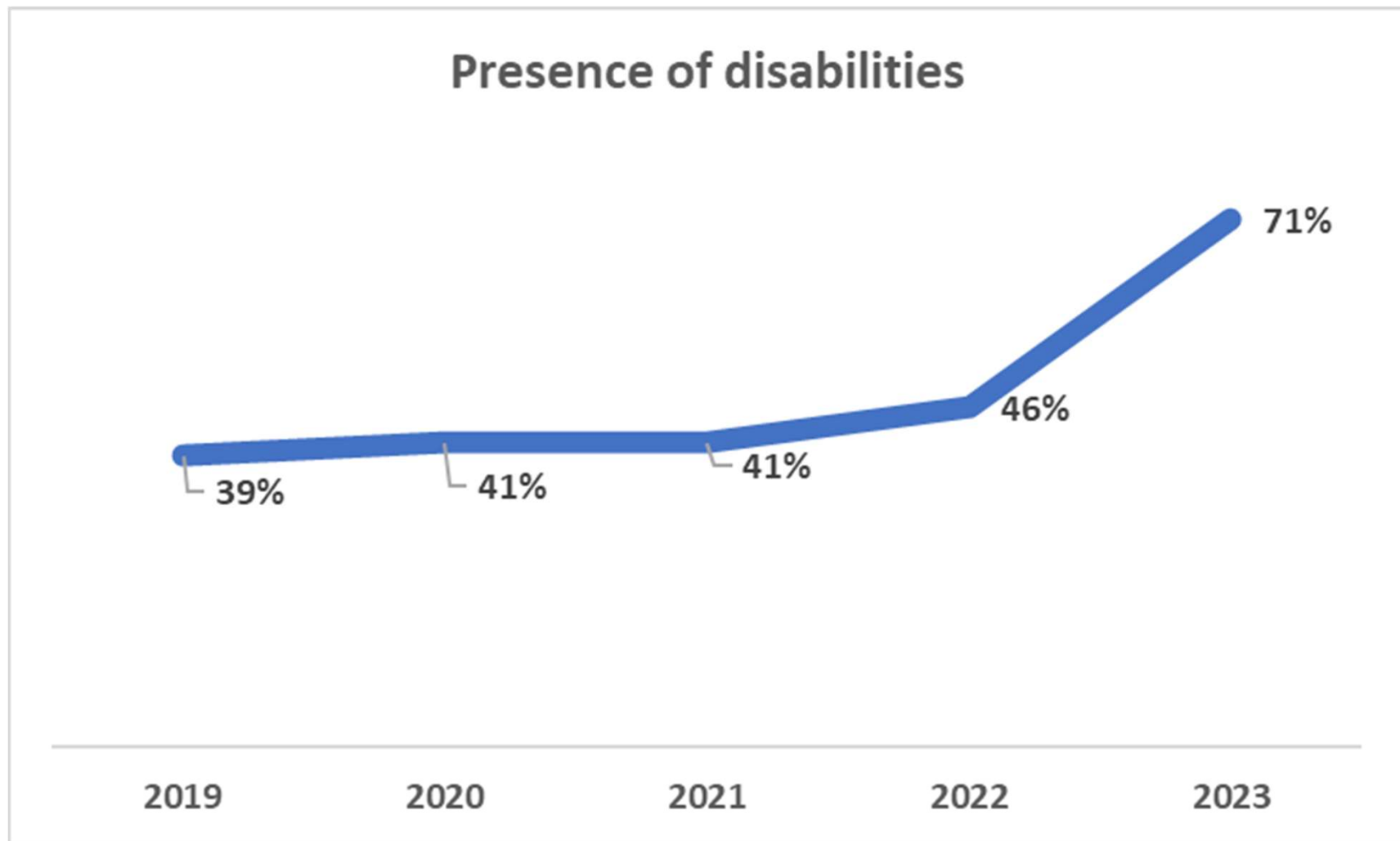
Youth ages 13-18



Data source: Kansas Family and Child Tracking System (FACTS), SFY 2019 – SFY 2023 (partial)

Children/youth 3+ moves in 12 months

Demographic trends – Disabilities



Definition of disabilities is based on Federal AFCARS reporting guidance and can be found here: https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars_tb1.pdf

Data source: Kansas Family and Child Tracking System (FACTS), SFY 2019 – SFY 2023 (partial)

Question #2: What the data tells us



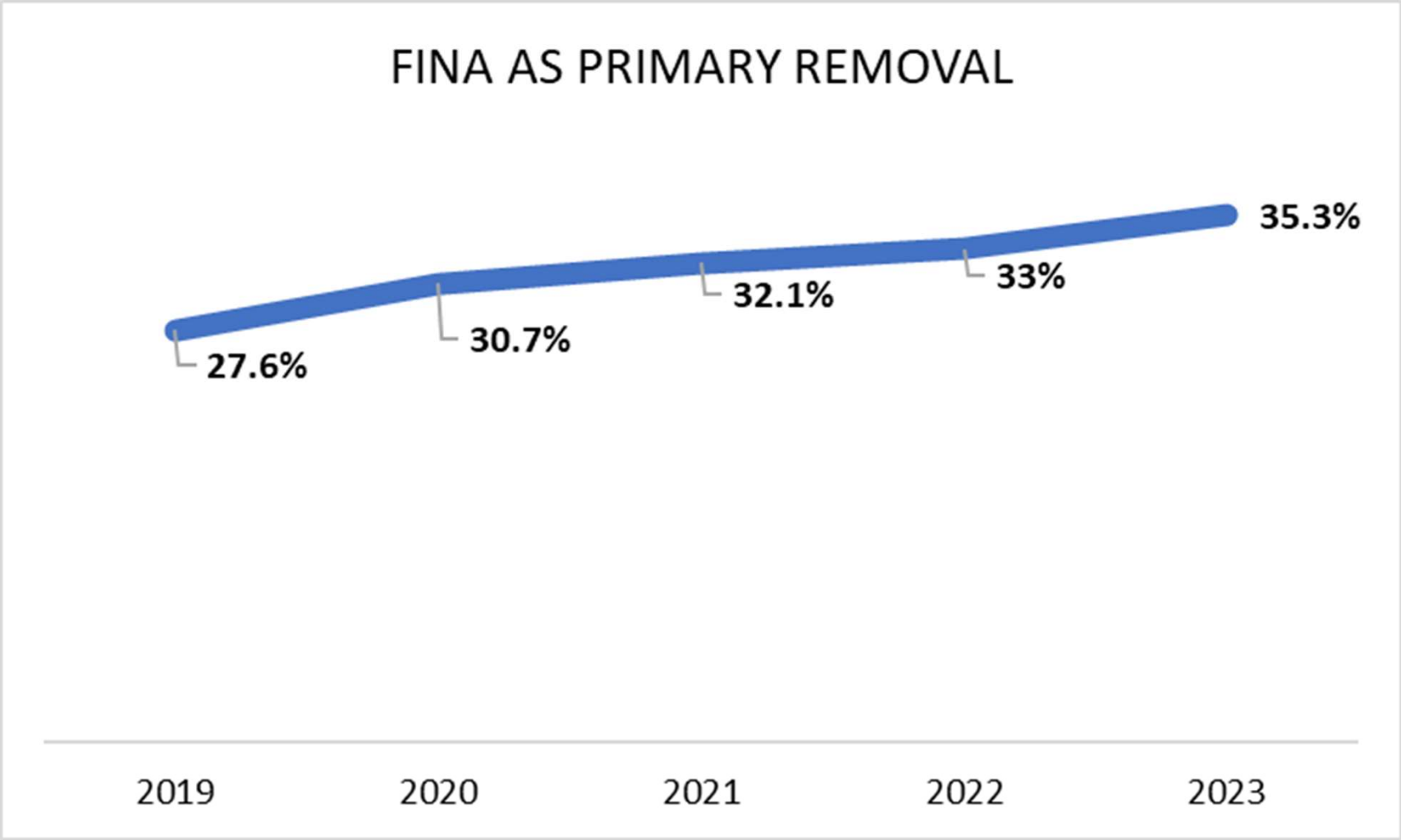
Table 2b. Placement characteristics 3+ placement moves in 12 months

	SFY 2019		SFY 2020		SFY 2021		SFY 2022		SFY 2023 (parital)	
	#	%	#	%	#	%	#	%	#	%
Primary reason for removal										
Abuse/Neglect	490	72.4%	264	69.3%	525	67.9%	522	66.9%	342	64.7%
FINA	187	27.6%	117	30.7%	248	32.1%	258	33.1%	187	35.3%
Initial placement type										
Family Foster Home	418	61.7%	189	49.6%	429	56.4%	424	55.1%	275	52.4%
Residential/Group Home	157	23.2%	101	26.5%	218	28.6%	212	27.6%	150	28.6%
Maternity Home	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%
Relative home	40	5.9%	44	11.6%	87	11.4%	97	12.6%	73	13.9%
Own Home(trial)	40	5.9%	20	5.3%	0	0.0%	0	0.0%	0	0.0%
Independent	7	1.0%	1	0.3%	0	0.0%	4	0.5%	1	0.2%
Pre-Adoptive	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Runaway	13	1.9%	26	6.8%	26	3.4%	32	4.2%	26	5.0%

Placement instability trends

- Primary reason removal
 - 1/3 youth **not** due to **abuse/neglect and this trend is increasing**
- Initial placement
 - 1/4 go into residential/group
 - 1/2 family foster care
 - Few placed with relatives (13.9%)

Children/youth 3+ moves in 12 months Primary Removal Type



Data source: Kansas Family and Child Tracking System (FACTS), SFY 2019 – SFY 2023 (partial)

What we learned

Children/youth with 3+ placement moves compared to those with <3 moves

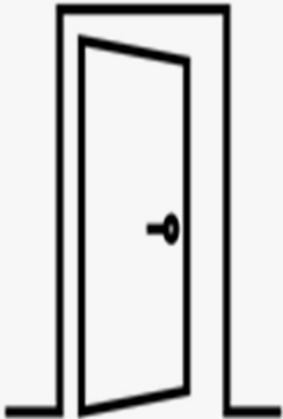
Older youth (13-18)
with higher level of
disabilities/needs &
histories of running
away

Very few initial
placements with
relatives

Non abuse/neglect
(FINA) identified more
often as primary reason
for removal

Increasing trends of
initial placement in
residential/group homes

Understanding primary reason for removal more in-depth



Abuse/neglect categories

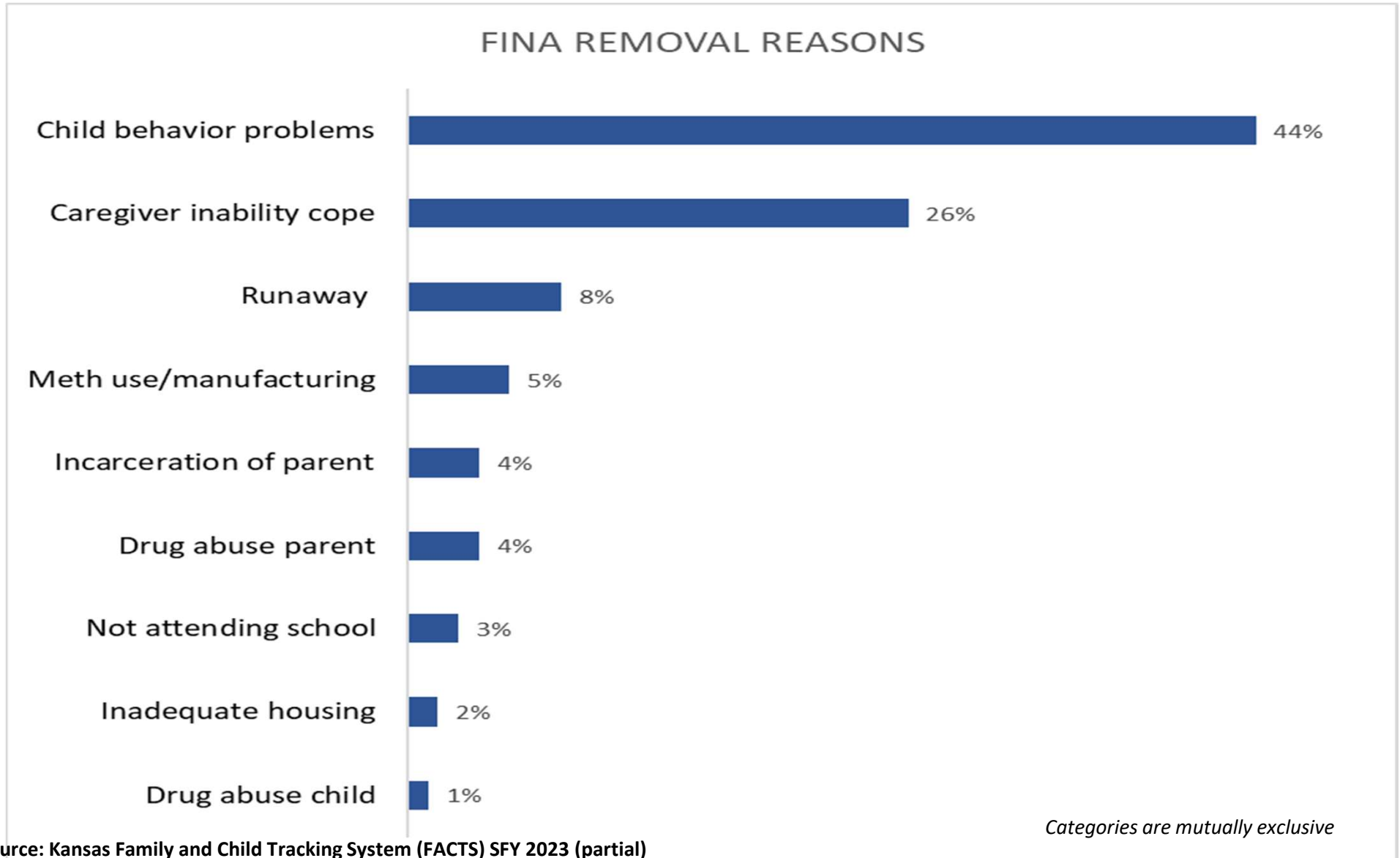
Physical abuse
Physical neglect
Labor trafficking
Sex trafficking
Sexual abuse
Emotional abuse
Abandonment
Lack of supervision
Medical neglect
Educational neglect
Substance affected infant

Non-abuse/neglect categories: FINA*

Alcohol abuse child
Alcohol abuse parent
Drug abuse child
Drug abuse parent
Child behavior problems
Caregiver inability cope
Infant positive substances
Death parent
Incarceration parent
Meth use/manufacturing
Parent opioid use
Relinquishment
Inadequate housing
Runaway
Not attending school

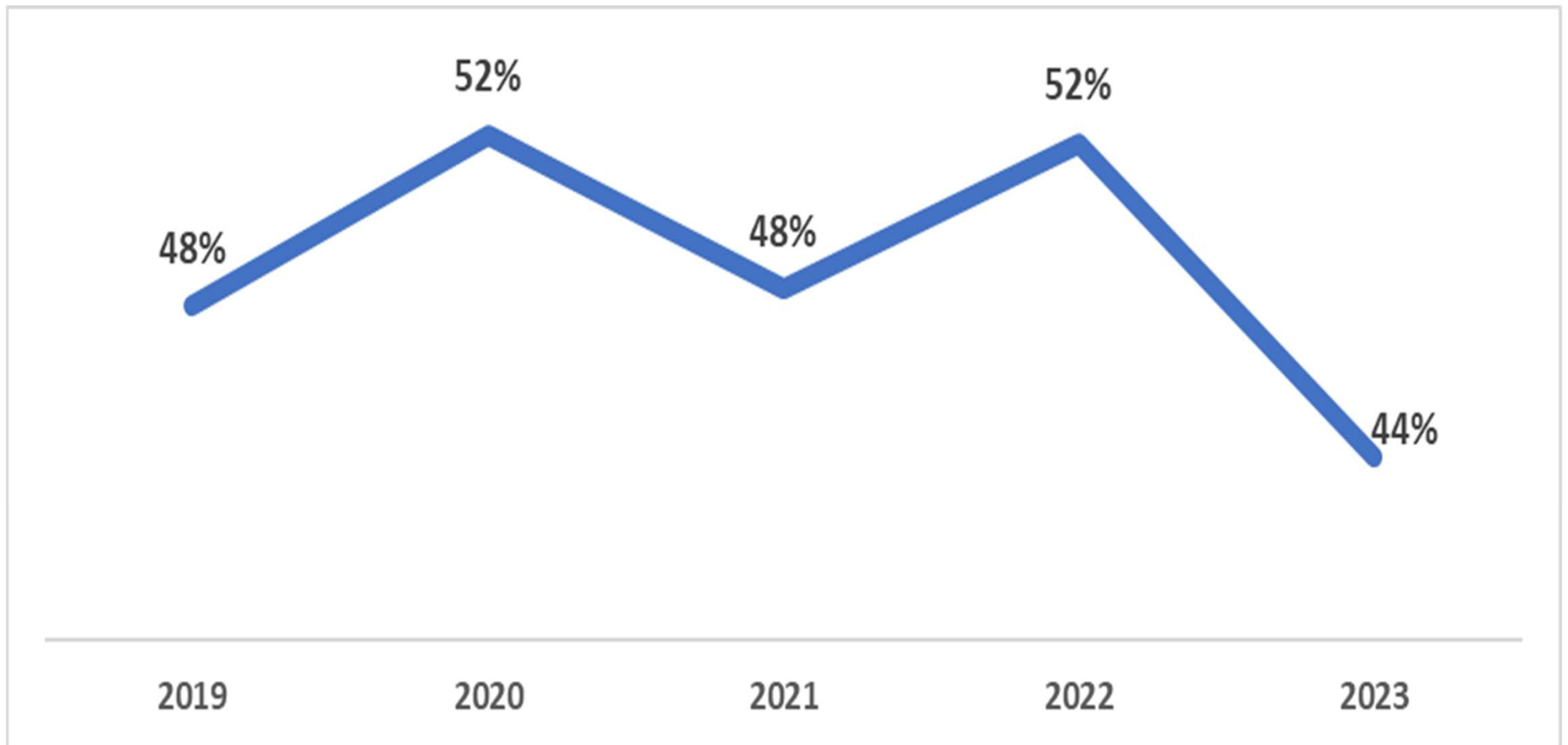
*FINA: Family in Need of Assessment

Primary reason for removal: Non-abuse/neglect (FINA) categories, SFY23 Children/youth 3+ moves in 12 months



Primary reason for removal:
Non-abuse/neglect (FINA) top 2 categories
Children/youth 3+ moves in 12 months

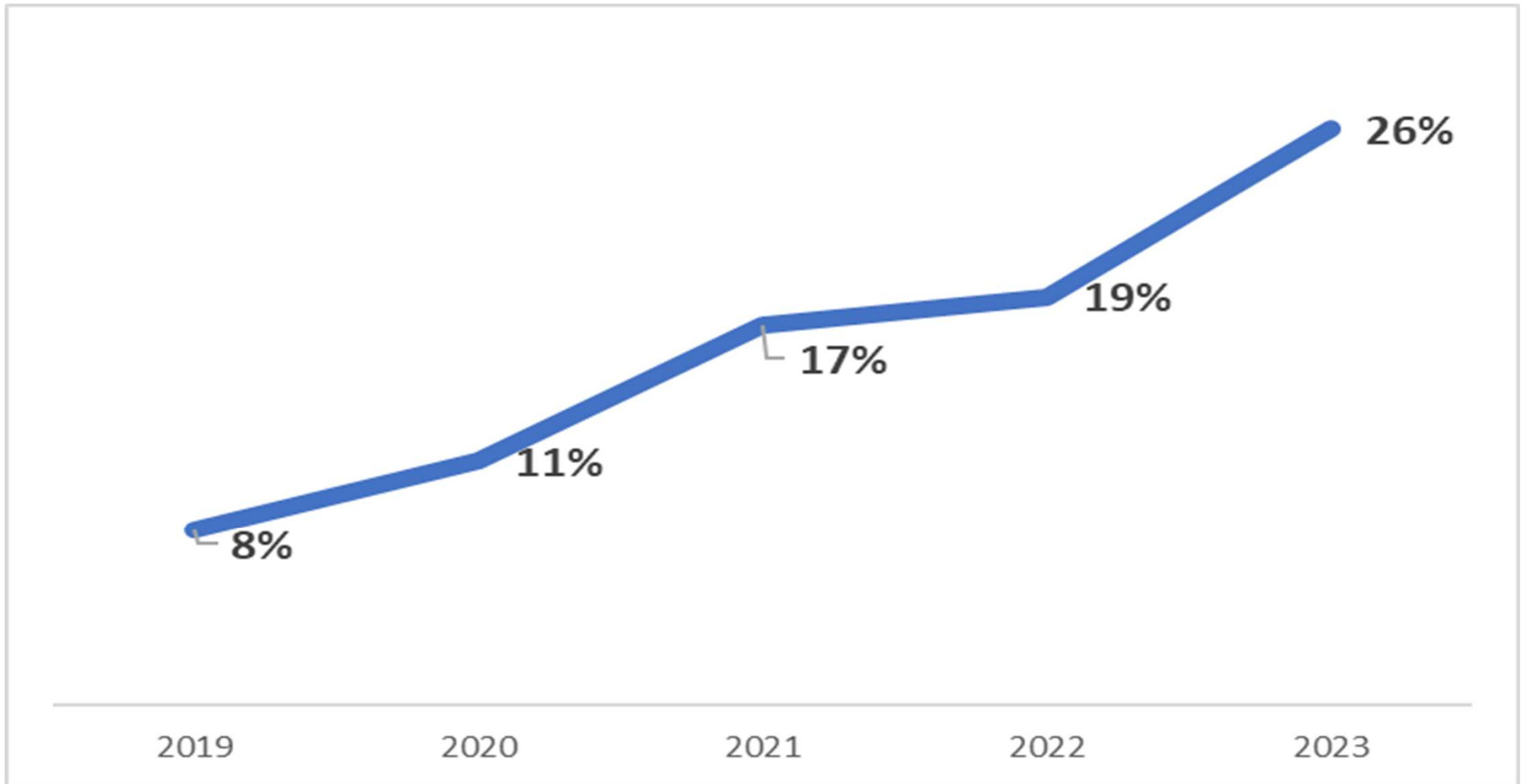
Child behavior problems: 5-year trends



Data source: Kansas Family and Child Tracking System (FACTS) SFY 2023 (partial)

Primary reason for removal: Non-abuse/neglect (FINA) top 2 categories Children/youth 3+ moves in 12 months

Caregiver inability to cope: 5-year trends



Data source: Kansas Family and Child Tracking System (FACTS) SFY 2023 (partial)

Primary reason for removal: Non-abuse/neglect (FINA) top category

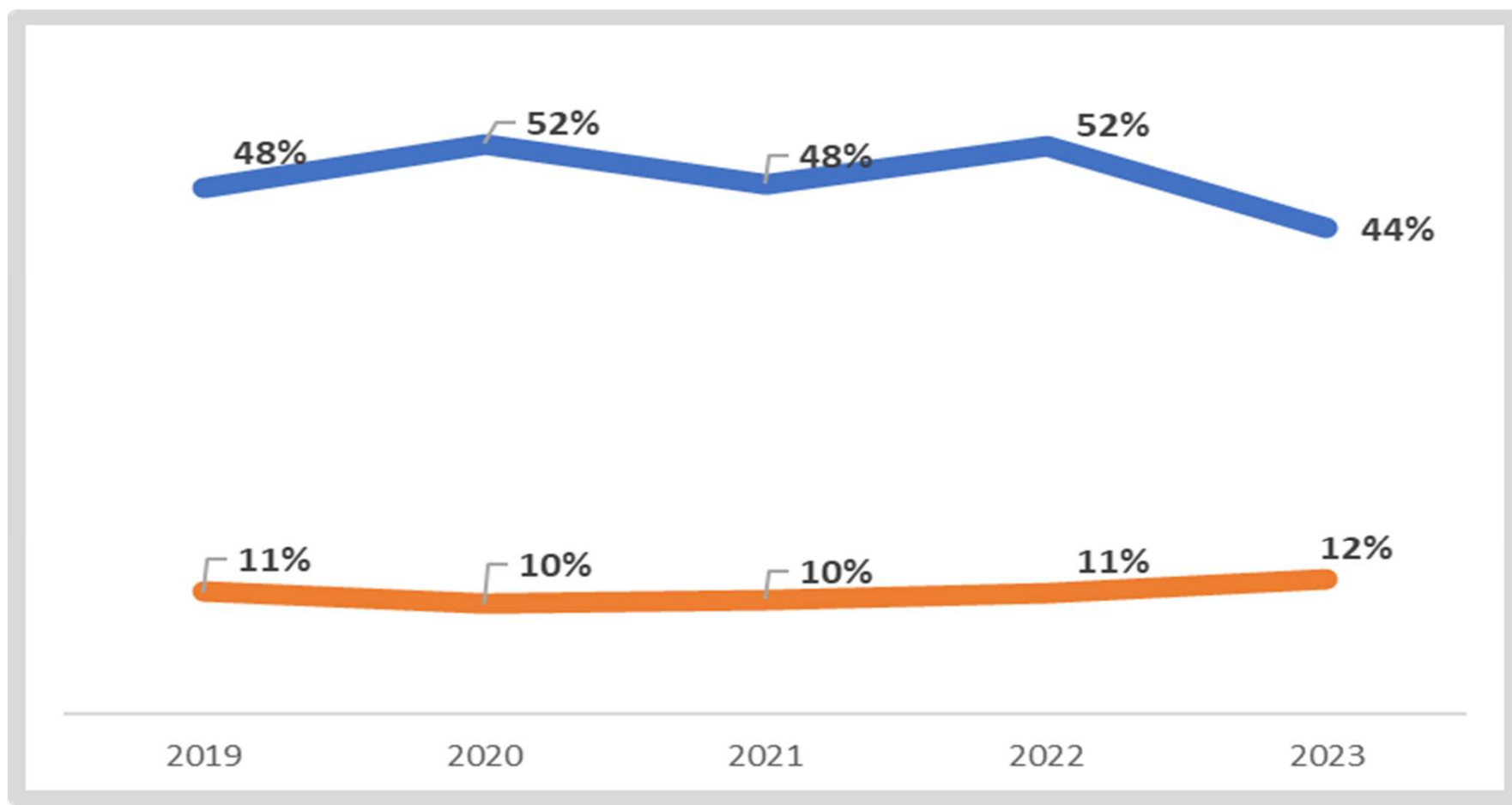
How do children/youth 3+ moves compare
to those <3 moves in 12 months?

Primary reason for removal:

Non-abuse/neglect (FINA) top 3 categories

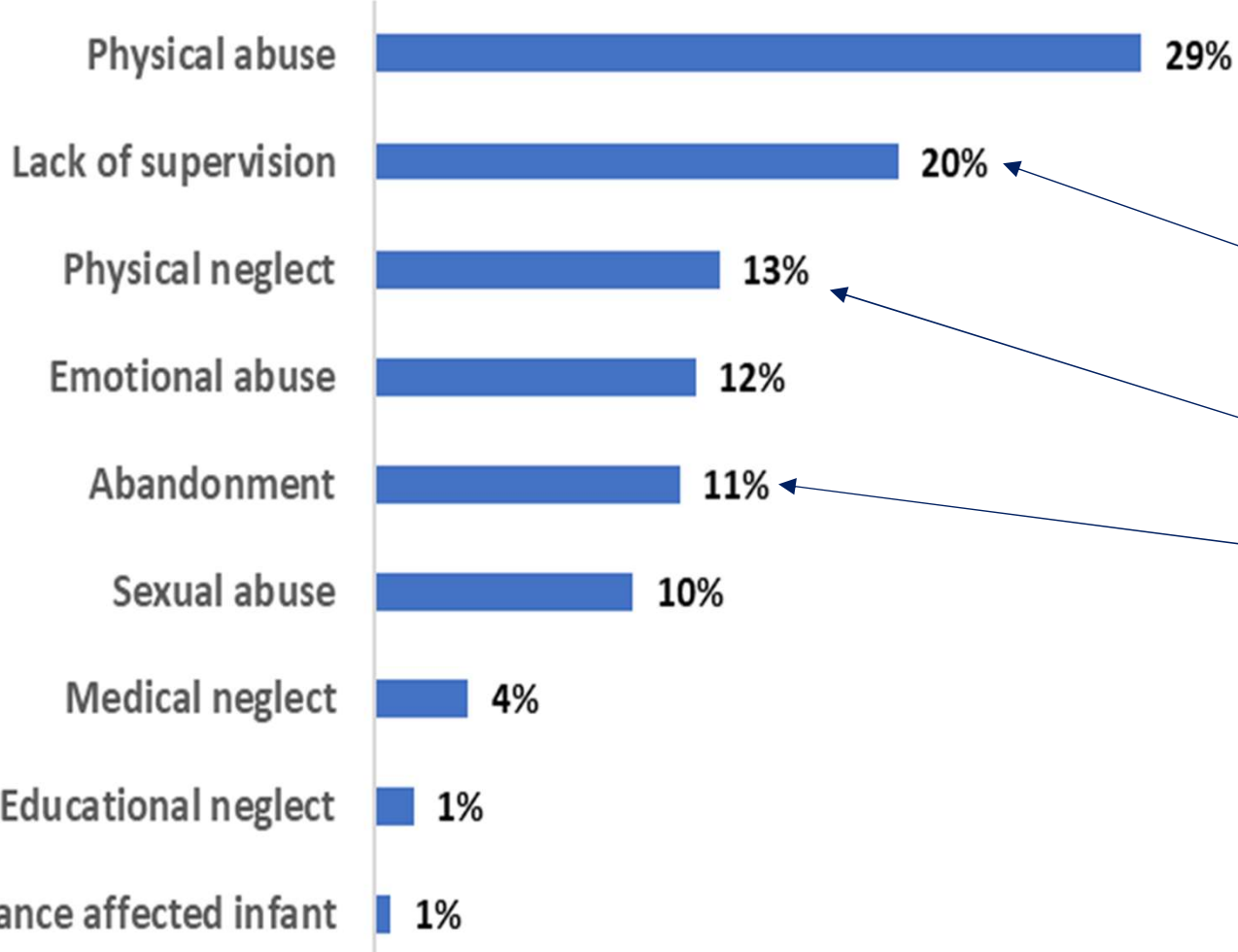
Children/youth 3+ moves compared to those <3 moves in 12 months

Child behavior problems: 5-year trends



Data source: Kansas Family and Child Tracking System (FACTS), SFY 2019 – SFY 2023 (partial)

Primary reason for removal: Abuse/neglect categories, SFY23 Children/youth 3+ moves in 12 months

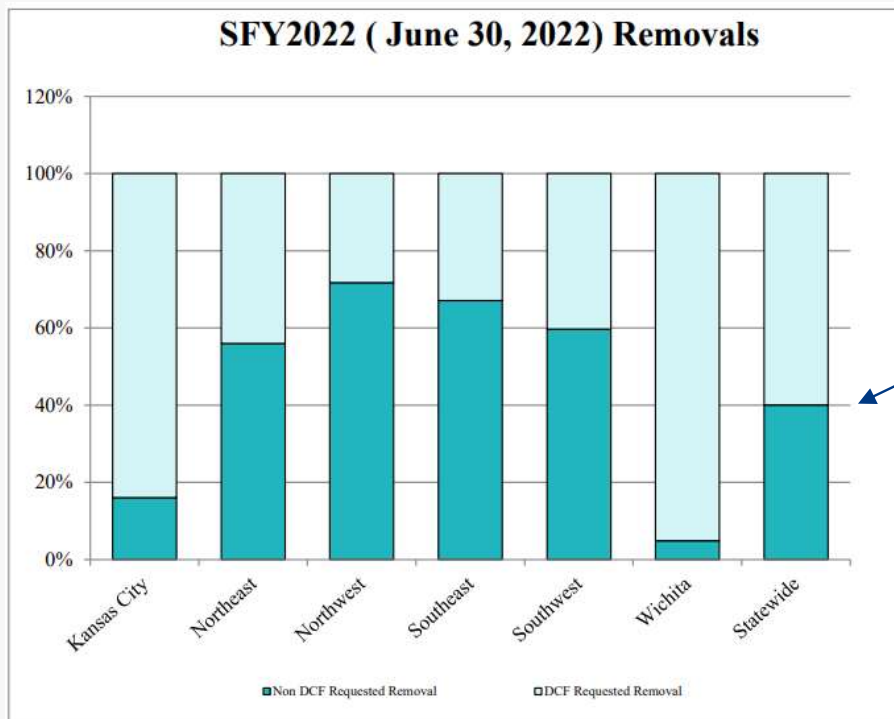


Most of these removal reasons can be reduced through strong **upstream prevention efforts**

Categories are mutually exclusive

Request for Removals: DCF and Non-DCF

Request for Removals: July 1, 2021 – June 30, 2022



During July to June,
40% of all statewide
removal requests
were from non-DCF
staff

Connecting Causal Links into a Pathway of Change...

LFR Workgroup Members Started Working on These

Education



Law enforcement, legislature, judicial system, community partners, school systems, and DCF and frontline staff understand:

- Role and limitations of foster care
- Role and availability of community-based services to support families (children and youth in the home, caregivers, etc.)
- Each other's respective roles and limitations
- Culturally appropriate responses for families and children in need of supports

Practice



DCF and judicial system partners use foster care as temporary solution

DCF, law enforcement, community partners, partner agencies, etc. are prepared to assist with alternate options to foster care (including outreach to possible kinship caregivers) and partner together

DCF, judicial systems, and community providers intentionally partner, communicate, and collaborate to meet families' needs

Training for foster parents, facilities, CMP, DCF staff to build their set of tools and skills to assess and help address the needs of youth.

Policy



Mental health referral requirements are shortened or eliminated

Providers are incentivized to get certified in how to treat teenagers

Rates for PRTFs are increased

Placement providers cannot refuse children

Resources & Access



Appropriate SUD treatment for parents and youth are accessible

Trauma-based, statewide truancy prevention programs, supported by the courts, are accessible to children at-risk of truancy

Mental health therapeutic services for youth with high acuity needs are available and accessible

Resources to address basic needs, mental health needs, and parenting support needs are available to families and kinship caregivers

Adequate discharge planning and supports are available from PRTFs

Effective collaboration between DCF/DCF Grantees and stakeholders

Takeaways on the Problem of Placement Instability

Complex problem that starts further upstream in the child welfare continuum

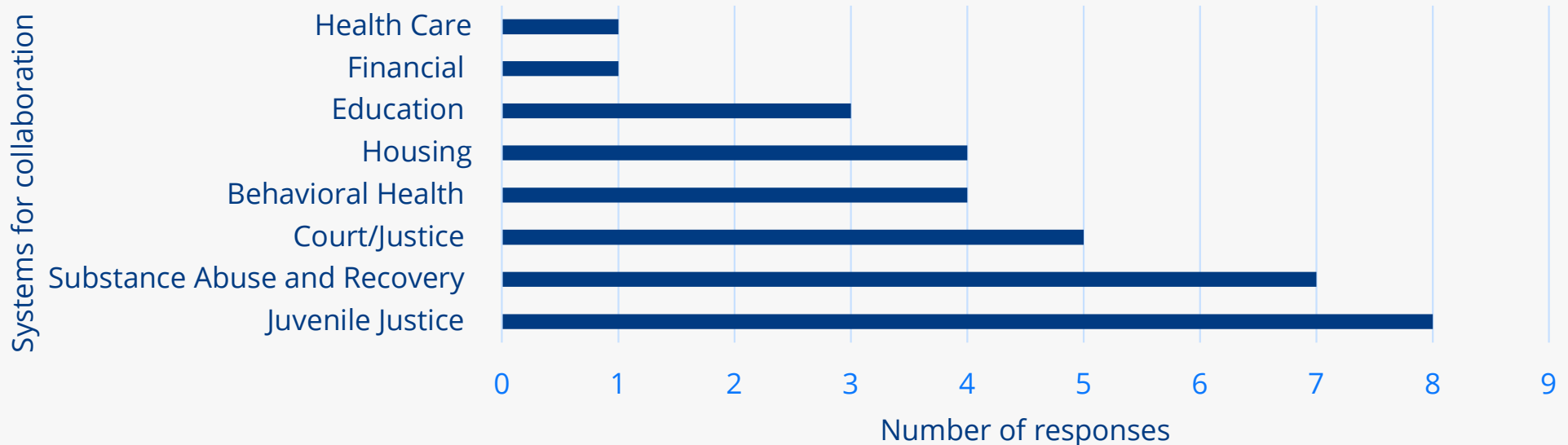
Solutions will involve multiple systems due to community-level and child welfare front door root causes

Opportunity to leverage prevention efforts to improve placement stability

KS Executive Leadership is needed to make a cross-system solution work. Child welfare cannot solve this problem alone!

How satisfied are you with current collaboration efforts?

Not at all satisfied with systems collaboration (higher scores = more dissatisfaction)



INTERCONNECTED SYSTEMS: POLICY & FISCAL CHANGES IN ONE IMPACT THE OTHERS

Family First Prevention Services Act:

“Certification preventing increases to the juvenile justice population:

Title IV-E agencies must certify they will not enact policies that will significantly increase the state/tribe’s juvenile justice population in response to the restrictions on title IV-E FCMPs for CCI in section 472(k) of the Act (limitation on FFP for a child placed in a CCI) (section 471(a)(37) of the A". PI 18-07 p.7



<https://www.acf.hhs.gov/sites/default/files/documents/cb/pi1807.pdf>

EXAMPLE OF LEGILATION

WASHINGTON STATE: H.B. 1227: Keeping Families Together

The Keeping Families Together Act, which goes into effect on July 1, 2023, is designed to protect the rights of Washington families when they face allegations of child abuse or neglect.

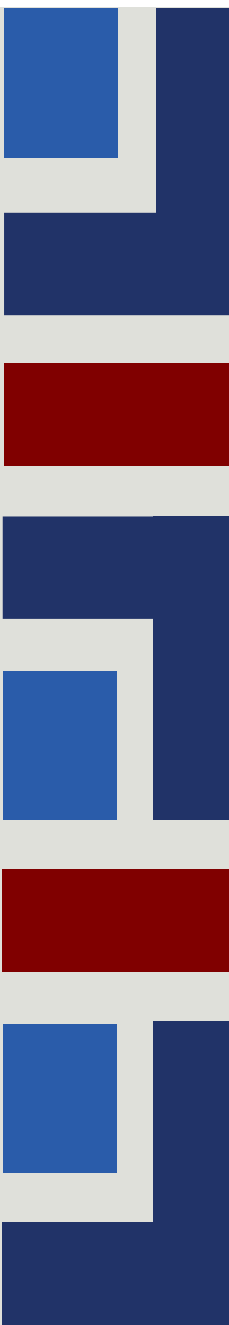
To **decrease the number of children in foster care** and reduce racial bias, the law introduces **significant changes to the legal standards for removal** of a child and placement in out-of-home care

Importantly, the law clarifies that “family poverty, isolation, single parenthood, age of the parent, crowded or inadequate housing, substance abuse, prenatal drug or alcohol exposure, mental illness, **disability or special needs of the parent or child**, or nonconforming social **behavior does not by itself constitute imminent physical harm.**” It also **requires the Court** to determine whether **prevention services** would **obviate the need for removal.**

REDUCING YOUTH ENTERING CARE: PREVENTION-FOCUSED SOLUTION: TITLE IV-E & MEDICAID

Leanne Heaton, PhD, LCSW

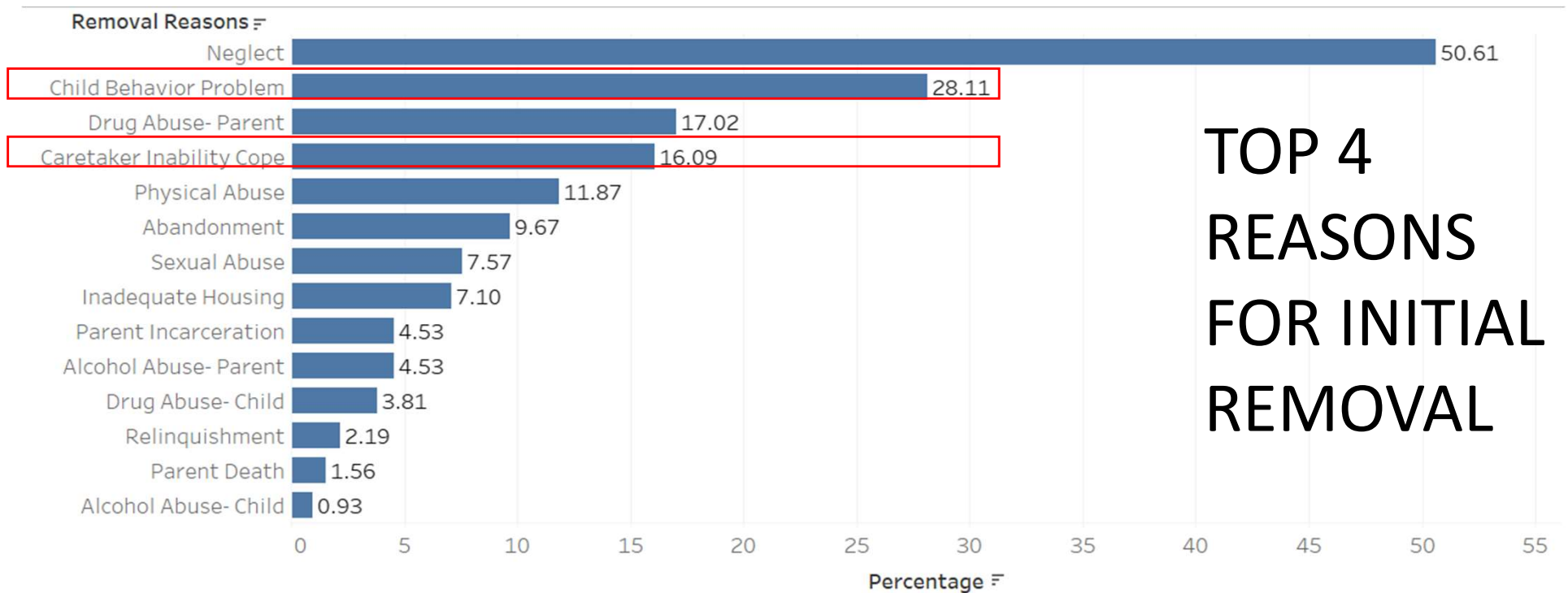
Arya Harison, MPA



NATIONAL DATA
REASON FOR INITIAL REMOVAL:
YOUTH ENTERING CARE AT AGES 13 – 17



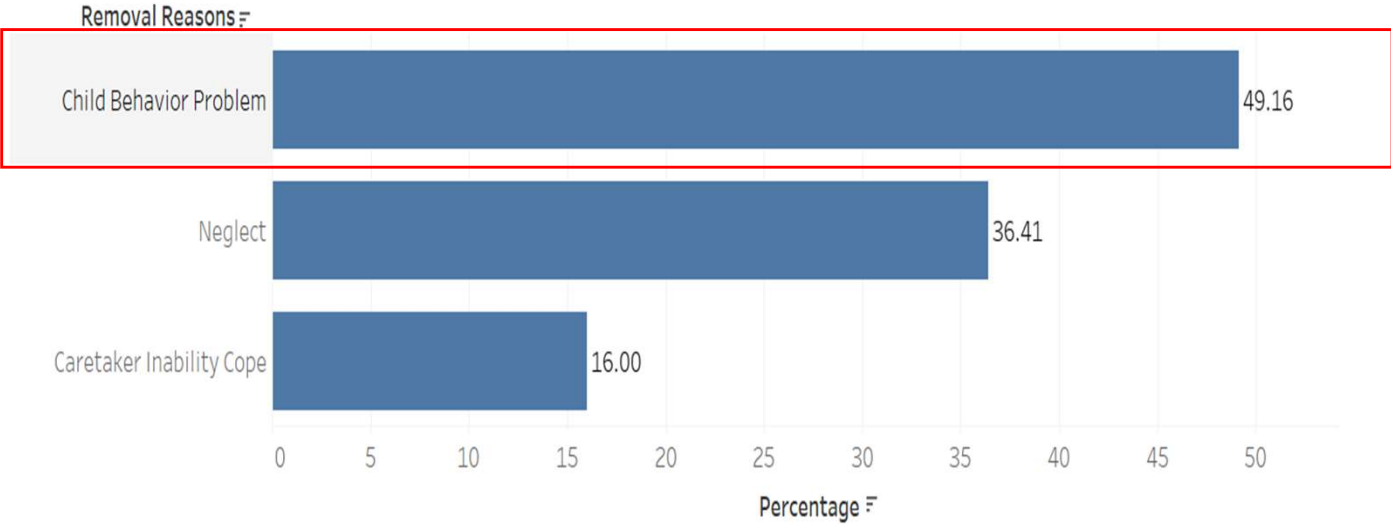
REASON FOR INITIAL REMOVAL: YOUTH AGES 13-17 CURRENTLY IN ANY FOSTER CARE SETTING



**TOP 4
REASONS
FOR INITIAL
REMOVAL**

Data source: AFCARS FFY 2015-2020

REASON FOR INITIAL REMOVAL: YOUTH AGES 13-17 ENTERING CARE CURRENTLY PLACED IN CONGREGATE CARE



**TOP 3
REASONS
FOR INITIAL
REMOVAL**

Data source: AFCARS FFY 2015-2020

IMPLICATIONS FOR YOUTH AGES 13 TO 17

- Many of these youth have contact with other service sectors such as behavioral health, juvenile justice, and the courts prior to foster care entry.
- These systems, however, often fail to provide the necessary prevention services and turn to the child welfare foster care system to provide therapeutic services.
- The foster care system is not designed as a therapeutic service system to support complex mental health and behavioral issues in adolescents.
- Once in care – youth lack appropriate placements, are warehoused in congregate care settings, **experience placement instability**, and age of system unprepared for successful transition to adulthood.

PREVENTION- FOCUSED POLICY SOLUTION FOR CONGREGATE CARE

Upstream prevention efforts through Medicaid and Title IV-E are needed to support youth with complex behavioral health needs in their families and communities

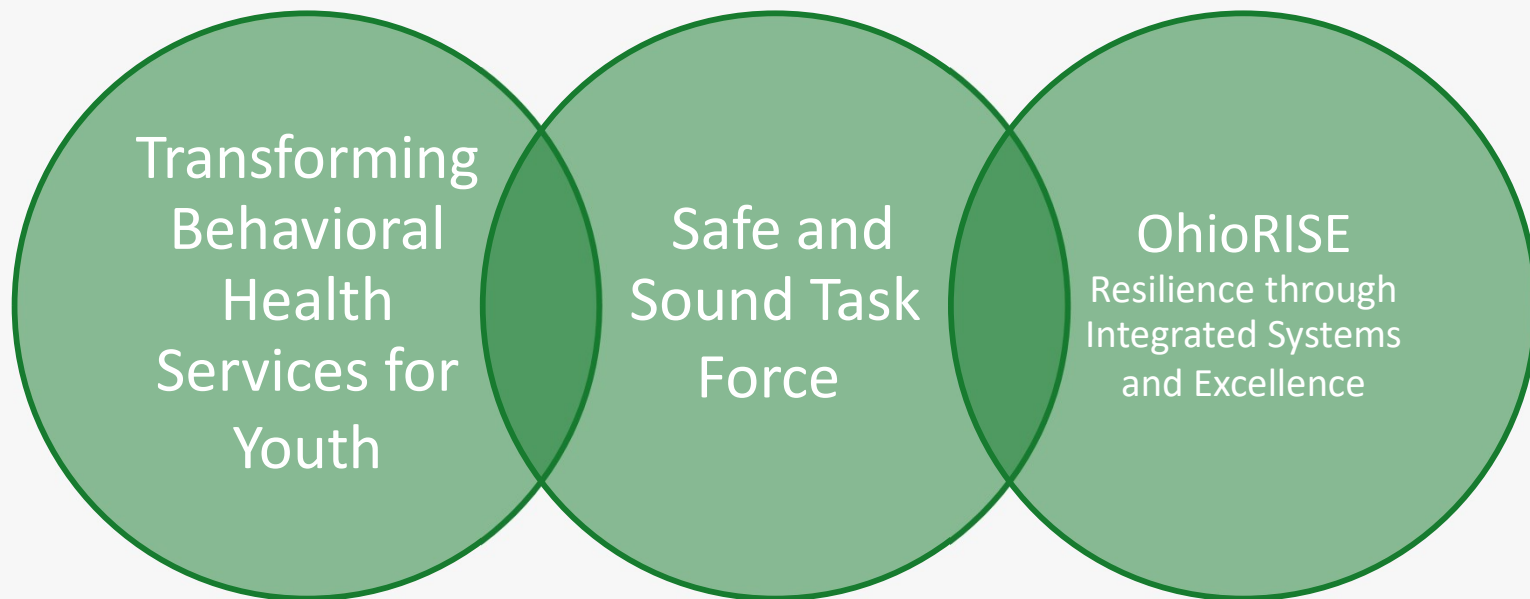
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Familias Unidas
- Strong African American Families (SAAF)



MEDICAID

Promising National Strategies

All these strategies were initiated by governors and executive leaders



Promising National Strategies

WBEZCHICAGO LISTEN LIVE SEARCH MENU

Your NPR news source

Environment & Public Health

Illinois governor lays out a roadmap for a 'transformed' youth mental health care system

Now, a fragmented, under-resourced system leaves many kids in crisis without enough support. A new report lays out 12 strategies to improve.

By [Kristen Schorsch](#)

Feb. 24, 5 a.m. CT

<https://www.wbez.org/stories/illinois-governor-lays-out-a-roadmap-for-a-transformed-youth-mental-health-care-system/72303e60-9d51-4d23-bec6-370b1029a48a>

CHAPIN HALL AT THE UNIVERSITY OF CHICAGO


ABOUT US IMPACT AREAS OUR WORK EXPERTS CAREERS SUPPORT US

Transforming Behavioral Health Services for Illinois Youth

Chapin Hall team develops plan to ensure families get the help they need

Impact Areas

- Child Welfare Capacity Building
- Community Capacity Building



Residential Services

Illinois families with children who need mental health services can feel like they are entering a vast forest, with no clear path to good outcomes. No matter how they enter—through their local school, a health care provider, or a State agency—the path is not well marked. Too often, they, and their children, get lost.

In the Spring of 2022, Illinois Governor J.B. Pritzker launched the Behavioral Health Transformation Initiative to develop an intentional, coordinated strategy to ensure that families get the help they need. He named **Dr. Dana Weiner**, Chapin Hall Senior Policy Fellow, to lead the effort and develop a transformational blueprint for behavioral health services for Illinois youth.

"Our system is difficult for families to navigate and does not provide families with consistent transparent solutions to the challenges they face," said Weiner. "The uncertainty that results can threaten the healthy development of children, and the integrity and stability of families."

By December, the team will produce a Blueprint for Transformation that will include clear guidelines for

Transforming Behavioral Health Services for Illinois youth: <https://www.chapinhall.org/project/transforming-behavioral-health-services-for-illinois-youth/>

https://www.chapinhall.org/wp-content/uploads/Blueprint_For_Transformation_Feb_2023.pdf

Promising National Strategies

Governor Youngkin Announces Safe and Sound Task Force to End Practice of Kids Sleeping in Local Government Offices

RICHMOND, VA – Governor Youngkin announced today that he has launched an initiative aimed at creating safe housing placements for children in foster care. As today marks the start of Child Abuse Prevention month, the "Safe and Sound Task Force" will bring together government agencies, the Virginia League of Social Services Executives and other community partners to end the practice of children sleeping in local departments of social services, hotels and emergency rooms.

"It is unacceptable that last year over 150 children in foster care spent the night in places that just simply are not meant for kids. When this challenge came to our attention, my administration knew we had to act swiftly to ensure that every child has a safe place to belong," **stated Governor Youngkin**. "Beyond the immediate need, we hope Virginians from all walks of life will step up to help children in foster care."

Over a six-month period in 2021 (February 1-July 30, 2021), 163 children were displaced for at least one night in unsuitable sleeping arrangements. This phenomenon occurs because of a dire shortage of foster homes, kinship family placements, and beds in group homes and residential treatment centers.

These youth ranged in age from 7-17 years. Social workers or law enforcement personnel stay overnight with children who are displaced, creating an undue burden on already overworked staff. This greatly exacerbates the existing workforce shortages in the child welfare and criminal justice systems.

Janet Kelly will serve as the Special Advisor for Children's Issues and convene state and local government agencies, residential facilities and hospitals, and community partners to collaboratively seek immediate solutions to this crisis. The Task Force objectives include finding safe placements for kids who are currently displaced, ensuring a reservoir of safe placements for kids who may need them in the future, and eventually making recommendations that go upstream to address policy and systemic changes.

The Virginia Department of Social Services and the Virginia League of Social Services Executives raised this ongoing issue in July 2021, and since then Eric Reynolds, the Director of the Office of the Children's Ombudsman, and several state agencies have worked to identify some of the root causes.

"While there are a number of issues that created this untenable situation, it will require collaboration and creativity at both the local and state levels to solve it. We are grateful to every child welfare worker who has worked to the best of their ability to ensure these kids are safe and we look forward to working together with them to end this practice," **stated Secretary of Health and Human Resources John Littel**. "I appreciate how

Safe and Sound Task Force in Virginia: <https://www.governor.virginia.gov/newsroom/news-releases/2022/april/name-930755-en.html>

Promising National Strategies


OhioRISE (Resilience through Integrated Systems and Excellence)

As a part Ohio Medicaid's effort to launch the next generation of Medicaid, ODM has launched OhioRISE (Resilience through Integrated Systems and Excellence), a specialized managed care program for youth with complex behavioral health and multisystem needs.

A Child and Adolescent Needs and Strengths (CANS) assessment is needed to help determine a child or youth's eligibility for OhioRISE. [CLICK HERE](#) for information about how to obtain a referral for a CANS assessment.

Ohio Department of Medicaid

OhioRISE (Resilience through Integrated Systems and Excellence)



OhioRISE | Resilience through Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multisystem needs

Specialized Managed Care Plan
Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.

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

Coordinated and Integrated Care & Services
OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled children and youth.

Prevent Custody Relinquishment
OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.

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 needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient behavioral health hospital/psychiatric residential treatment facility admission

OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
- ✓ Intensive and Moderate Care Coordination *NEW*
- ✓ Intensive Home-Based Treatment (IHBT) *ENHANCED*
- ✓ Psychiatric Residential Treatment Facilities (PRTF) *LAUNCHING 2023*
- ✓ Behavioral health respite *ENHANCED*
- ✓ Flex funds to support implementing a care plan *NEW*
- ✓ 1915(c) waiver that runs through OhioRISE *NEW*
 - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Services (MRSS) *NEW*
 - Also covered outside of OhioRISE (managed care or fee for service)

<https://managedcare.medicaid.ohio.gov/managed-care/ohiorise/ohiorise>

WHAT WE NEED

The LFR members asked for your help and support to elevate and implement a cross-system solution

Where do you see yourselves in the solution?

How can the Center assist in pulling together resources and/or peer-to-peer connections?

How can we assist in educating others?

Stay Connected With Us!

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**Visit the
Collaborative
website**





Capacity Building
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Thank You!