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 Bunger, 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.
Our Team

Alicia Bunger, MSW, PhD; OSU
Emmeline Chuang, PhD; UC-Berkeley
Amanda Girth, MBA, PhD; OSU
Kathryn Lancaster, PhD, MPH; OSU
Fawn Gadel, JD; PCSAO
Marla Himmeger, LSW, PCSAO
Jennifer Millisor, MPA, PCSAO
Cheri Walter, MA, LICDC, OACBHA
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
Examine the role & impact of public behavioral health boards on alignment of child welfare and substance use treatment systems for program implementation (Ohio START).
Substance Misuse Affects Families

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
Ohio START Timeline

Initiation of a START Case – 38 Days

- CA/N report screened in by PCSA
- Schedule & conduct the initial SDMM (include START team & family)
- Weekly face-to-face visits by CW & FPM begin within 1 week of SDMM
- *Assessor gives verbal treatment recommendations to parent & PCSA—referral made to treatment
- Parent in intensive SUD treatment (4 sessions within 12 days)

Day 1
- Within 24 hrs to 14 days of PCSA receiving CA/N—START referral made
- Family eligibility for START decision (UNCOPE)
- START caseworker obtains signatures for ROI

Day 3
- Within 4 days of START Referral
- START provider meets with parent to do SUD/MH assessment & complete the ACE screening—referrals made to treatment

Day 7
- Within 4 days of SDMM
- Parent begins intensive SUD treatment

Day 14
- Within 3 days of treatment referral

Day 21
- Within 12 days of beginning treatment

Day 38
- FTM: 30 days after the referral to START, to include FPM, BH provider & family (align treatment & case plan)

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.

Rev 3/10/20
System Alignment Challenges
Influence Implementation

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

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)

Collaboration is key for START implementation, but can vary considerably
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
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

<table>
<thead>
<tr>
<th>Constructs</th>
<th>Data Sources</th>
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</thead>
<tbody>
<tr>
<td>Engagement Strategies</td>
<td>48 small group interviews = 104 individuals</td>
</tr>
<tr>
<td>Collaboration Challenges/Issues</td>
<td>Child welfare agency</td>
</tr>
<tr>
<td></td>
<td>Substance use treatment partner(s)</td>
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<td></td>
<td>Regional behavioral health board</td>
</tr>
<tr>
<td>CW Formal Partnerships</td>
<td>Formal partnership agreements (contracts, MOUs)</td>
</tr>
<tr>
<td>Date of START Partner Execution</td>
<td></td>
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<tr>
<td>County Context</td>
<td>Publicly available data (SAMHSA treatment locator, Census data, PCSAO Factbook, Ohio Department of Health/Mental Health and Addiction Services)</td>
</tr>
<tr>
<td>• Behavioral health providers</td>
<td></td>
</tr>
<tr>
<td>• County population size</td>
<td></td>
</tr>
<tr>
<td>• Child maltreatment rates</td>
<td></td>
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<tr>
<td>• Overdose/NAS rates</td>
<td></td>
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<tr>
<td>START Implementation &amp; Timeliness</td>
<td>OSU Needs Portal</td>
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<tr>
<td>Collaboration Perceptions</td>
<td>Worker Surveys</td>
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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
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

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

**Network Management Strategies:**
- Identifying partners
- Brokering relationships
- Mobilizing resources
- **Incentivizing alignment**


**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%)
Does Board Engagement Vary Across Counties?

Question 2
System Context:

System Alignment

Substance Use Treatment (medical)

Behavioral Health Board (public health)

Child Welfare (social services)

Resourcing

Brokering

Planning

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:

- Behavioral Health Board (public health)
- Child Welfare (social services)
- Substance Use Treatment (medical)
- Funding/Coordination
- Brokerage
- Engagement (Information Exchange)

### System Alignment

#### County Size

<table>
<thead>
<tr>
<th>County Size</th>
<th>ADAMH Engagement in START</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Small or Medium-Small (n=7)</td>
<td>29%</td>
</tr>
<tr>
<td>Medium/Large (n=5)</td>
<td>40%</td>
</tr>
<tr>
<td>Metro/Major Metro (n=5)</td>
<td>20%</td>
</tr>
</tbody>
</table>

### County Size

- Small or Medium-Small (n=7): 49,999 or fewer
  - None: 29%
  - Sporadic: 57%
  - Regular: 14%
- Medium/Large (n=5): 50,000-199,999
  - None: 40%
  - Sporadic: 20%
  - Regular: 40%
- Metro/Major Metro (n=5): 200,000+
  - None: 20%
  - Sporadic: 20%
  - Regular: 60%
<table>
<thead>
<tr>
<th>County Size</th>
<th>Themes</th>
<th>Quote</th>
</tr>
</thead>
</table>
| Small or Medium-Small (n=7) | • ADAMH as funder  
  • Locates scarce resources *when asked*  
  • 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)        | • ADAMH as funder  
  • Helps broker  
  • Fills in gaps *when asked* | “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)    | • 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
Does Board Engagement in System Alignment Make A Difference?

Question 3
3 – Board Engagement Impact

System Context:

- Behavioral Health Board (public health)
- Child Welfare (social services)
- Substance Use Treatment (medical)

System Alignment

- Formal Partnership – Timing, Strength

START Implementation

- Reach
- Fidelity
- Timely SUD Treatment

Client Outcomes

- Child Safety
- Child Permanency
- Parent Recovery
### 3 – Board Impact

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<tr>
<th>Partnership Timing</th>
<th>ALL %</th>
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<tr>
<td>Served first family within 6 months of planning (Needs Portal)</td>
<td>41%</td>
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<td>MOU/Contract before serving families</td>
<td>47%</td>
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<th>CW-SUD Collaboration Strength</th>
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<td>Mutual satisfaction (Qualitative)</td>
<td>76%</td>
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<td>Above Average Collaboration (WCFI; Surveys)</td>
<td>29%</td>
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## 3 – Board Impact

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<th>ALL %</th>
<th>Board Engagement in START Implementation</th>
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3 – Board Impact

Fidelity/Service Timeliness

https://u.osu.edu/ohiostart/evaluation/dashboard/
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

% of Families Receiving Essential Elements

- UNCOPE: 95.7%
- Shared...: 79.8%
- Family...: 69.6%
- TX Referral: 55.1%
- TX Visit: 42.3%
- All...: 36.4%
## 3 – Board Impact

<table>
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<tr>
<th>Timeliness – START Standard is SUD Tx within 38 days</th>
<th>ALL</th>
<th>Board Engagement in START Implementation</th>
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<tbody>
<tr>
<td>Average Days to SUD Tx (Mean/SD)</td>
<td>27.2 (22.5)</td>
<td>29.0 (28.4)</td>
</tr>
<tr>
<td>% of counties Avg. Days to TX &lt; 38</td>
<td>59%</td>
<td>40%</td>
</tr>
<tr>
<td>*Missing Data</td>
<td>18%</td>
<td>20%</td>
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Timeliness seems to be comparable regardless of whether/how much Board is engaged in implementation.
Emerging Insights

• 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
Translation

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?

S4A
Systems for Action

www.systemsforaction.org

@Systems4Action
If you would like to receive a **certificate of completion** for today’s ResProg webinar, please complete the survey at the end of the session.

One will be emailed to you.
Upcoming Webinars

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
Acknowledgements

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