

# OhioRISE is a specialty behavioral health managed care program

that provides mental health and addiction services and supports across multiple systems, including education, developmental disability, child protection and juvenile justice. OhioRISE collaborates with these systems to support the needs of enrolled youth throughout Ohio.

## OhioRISE helps Ohio youth with complex behavioral health needs receive critical services and support.

Because of OhioRISE, more kids are alive, engaged with behavioral health services and receiving evidence-based care close to their homes. OhioRISE gives these youth the greatest opportunity to live their lives and be part of Ohio's future.

### OhioRISE by the numbers:



#### 46,000 kids

Today, OhioRISE serves nearly 46,000 enrolled kids. These youth are receiving a level of behavioral health care they would not have received without OhioRISE.



#### Reaching kids in crisis and helping kids receive care in their homes

From calendar year 2023 to 2024, the utilization rate of mobile response and stabilization services increased by 26% and the utilization of intensive home-based treatment increased by 42%. The use of these services reduces Emergency Department (ED) visits and the number of hospitalizations.



#### Top 10% in National Behavioral Healthcare rankings

OhioRISE is a national leader in behavioral health outcomes for youth; outperforming Ohio's Medicaid Managed Care in nine critical categories of behavioral health effectiveness for youth. Additionally, it ranks in the top 10% nationally in at least eight health effectiveness categories.



#### \$248 million of behavioral health care for Ohio's child welfare kids

Since its inception, OhioRISE has prioritized care for youth and families served by Ohio's Public Children Services Agencies. Through early 2025, 25% of the total program spend—or \$248 million—benefited these youth. OhioRISE is working to reduce the fiscal burden on Ohio's child welfare system.

Over a decade ago, we had nowhere to turn, and I was forced to surrender custody of my son just to get him the behavioral health care he desperately needed. Today, thanks to OhioRISE, families like mine have somewhere to turn. OhioRISE is more than a program; it is the fulfillment of a promise made by the Ohio General Assembly. Families like mine suffered in silence for too long, caught in overly complicated systems. OhioRISE has changed that. The needs of Ohio's most vulnerable families are real. I shudder to think what will happen if OhioRISE is taken away.

**MARK BUTLER**

Ohio resident and behavioral health advocate

## CHANGING youth behavioral health care CHANGED lives.

Ohio's legislature and Gov. DeWine have been committed to behavioral health, recognizing how the addiction and mental health epidemic was destroying lives and families in our state. Part of this commitment led to OhioRISE, and the outcomes in the first three years of OhioRISE demonstrate the value of the state's commitment.

- **Reducing ED visits, total psychiatric hospital stays and length of stays:** OhioRISE has reduced ED visits by 41%, total psychiatric hospital stays by 28% and the average length of hospital stay by 40%.<sup>1</sup> With OhioRISE, more kids are able to receive care in their homes and communities.
- **Keeping kids close to home:** Before OhioRISE, youth often had to go out-of-state to receive intensive behavioral health care.<sup>2</sup> In 2023, 90 youth needed out-of-state treatment. And in 2024, OhioRISE reduced that number to 60, with more in-state treatment options under development. More kids are staying in Ohio and staying close to family, receiving care in our communities and by our behavioral health experts.
- **Improved health outcomes for the most intensive care:** OhioRISE has decreased the average stay for youth at psychiatric residential treatment facilities by 60%.<sup>3</sup> The average cost of this care is \$140,000.
- **96% engagement:** Between all three tiers of OhioRISE, 96% of youth enrolled are engaged in behavioral health services as evidenced by claims data. To maintain an open door as a resource to families, outreach is hands-on and continuous to those who are not actively engaged.
- **Over \$7 million in flex funds to enhance health outcomes:** Beyond traditional behavioral health care, OhioRISE provides flex funds, helping youth access services, equipment and more that are not typically covered as a Medicaid benefit. Flex funds are not a cash benefit and must be tied to a child and family care plan and implemented through care coordination. Thanks to OhioRISE, youth receive services that enhance and supplement their care, leading to stronger health outcomes.
- **Ohio families value OhioRISE:** 3,000 Ohio families participated in an independent survey, and even at this early stage of OhioRISE, nearly 80% of respondents had a favorable opinion of the services and support they receive, and nearly 90% indicated the services they receive are right for their family.<sup>4</sup>

<sup>1</sup> ED visits and total hospital stays are for every 1,000 member months, in the six months prior to OhioRISE enrollment versus six months after enrollment.

<sup>2</sup> Prior to OhioRISE, annually about 130 kids were being treated out-of-state.

<sup>3</sup> From 2022 to 2024, the average length of stay at a residential treatment facility was cut by 155 days to 106 days per youth.

<sup>4</sup> Research was conducted in 2024 by Ohio Colleges of Medicine Government Resource Center.

# OhioRISE is committed to strengthening the program and continuing Ohio's national leadership.

After only two and a half years, OhioRISE is already creating meaningful outcomes for families that would not have been possible without it. The program is also producing valuable savings for Ohioans, counties and the state. OhioRISE and local communities continue to work toward serving youth and families in the most efficient and cost-effective ways to build an even stronger OhioRISE. The goal is to build a system of care that provides local community supports to all Ohio's youth, reaching our rural communities and filling service gaps across the state. These efforts are built on feedback from local communities, stakeholders and families. We are grateful for the dedication from the legislature, Gov. DeWine, families, care management entities and OhioRISE program partners. OhioRISE is a national example and yet another reason why Ohio is a leader in addressing behavioral health.

## 2023 Healthcare Effectiveness Data and Information Set Results

Measure	OhioRISE	Ohio Medicaid Managed Care (MMC)	OhioRISE outperforms MMC by
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	86.1%	75.32%	14%
	> than 95th National Percentile	Between 90 and 95th National Percentile	
Follow-Up Care for Children Prescribed ADHD Medication, Initiation Phase	56.34%	46.13%	22%
	Between 90 and 95th National Percentile	Between 50 and 66.67th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 7-Day Follow-Up, Ages 13-17	48.15%	29.07%	66%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Substance Use, 30-Day Follow-Up, Ages 13-18	66.67%	44.27%	51%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (6-17)	75.9%	68.43%	11%
	Between 90 and 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (6-17)	88.81%	80.94%	10%
	> than 95th National Percentile	Between 75th and 90th National Percentile	
Follow-Up After Hospitalization For Mental Illness- 7 days (6-17)	56.15%	48.9%	15%
	Between 75th and 90th National Percentile	Between 50th and 66.70th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (13-17)	63.09%	56.09%	12%
	> than 95th National Percentile	Between 90th and 95th National Percentile	
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (13-17)	31.33%	22.76%	38%
	> than 95th National Percentile	> than 95th National Percentile	



Department of  
Medicaid