

The Joint Legislative Committee on Multi-System Youth Recommendations

June 2016

BACKGROUND

Based on qualitative and quantitative data reviews where accessible, and testimonies offered, the Joint Legislative Committee on Multi-System Youth offers the following recommendations. The Committee believes that Ohio should strive to eliminate the need for families to relinquish custody of their children to the child protective services system in order to receive the behavioral health and developmental services they need. The following recommendations focus on effective strategies, programs, and services that, taken together, should reduce, and in many cases eliminate, the need for custody relinquishment and help families stay intact. Robust data collection, assessment, and evaluation should be put in place to measure the impact of these initiatives and policy changes. The Legislature should consider forming a task force or joint committee to monitor the implementation of these recommendations and overall progress on meeting the needs of multi-system youth.

A note is made with each category in the next section of this document to connect the recommendations with the charges of the Committee, as outlined in House Bill 64:

1. Identify the services currently provided to multi-system youths and the costs and outcomes of those services;
2. Identify existing best practices to eliminate custody relinquishment as a means of gaining access to services for multi-system youths;
3. Identify the best methods for person-centered care coordination related to behavioral health, developmental disabilities, juvenile justice, and employment;
4. Build a system of accountability to monitor the progress of multi-system youths in residential placement; and
5. Recommend an equitable, adequate, sustainable funding and service delivery system to meet the needs of all multi-system youths.

RECOMMENDATIONS FOR CONSIDERATION

1. *Improve data collection and sharing related to multi-system youth to inform state and local decision-making capabilities [Committee goals 1, 2, and 4]*

The Office of Health Transformation (OHT) along with its health and human services sister agencies began work in 2014 to develop interagency (cross-system) process flows and perform “hot spotting” analyses of high-risk, transition age youth.

Recommendations:

- Build upon the OHT work referenced above to improve data collection and sharing between systems to better track the resources used to serve and the outcomes achieved by multi-system youth.
- Require the Department of Mental Health and Addiction Services, in its capacity as the Governor’s Chair for the Ohio Family and Children First Cabinet Council, to identify and track the availability of evidence-based services that are particularly important for multi-system youth (a) both before and after OHT’s behavioral health redesign, and (b) both before and after transitioning community behavioral health services into Medicaid managed care.
 - The tracked services should, at a minimum, include intensive community and home based treatment, respite, and crisis services because evidence suggests these services reduce reliance

on congregate care, improving outcomes for youth, and reducing the need for custody relinquishment.

- The tracked information should be made publically available and should be easily searchable.

2. *Ensure youth and families have access to peer support and peer mentor programs with a consistent funding source [Committee goals 1 and 2]*

Youth, family members, and advocates testified about the need for multi-system youth and their families to engage with peer mentors and peer support services.

- *Youth Peer Support* is provided by youth and young adults who have experienced and successfully managed treatment. Youth peer relationships can serve as an entry point to accessing services by engaging and supporting young adults who are disengaged or disconnected. This type of service adds value to the traditional services available to young adults by providing formal and informal supports, advocacy for services, navigation of complex service systems, and mentorship.
- *Parent Peer Support* uses a model of partnership with parents, guardians, and caregivers to empower families to advocate on behalf of their child or youth with a mental health, substance use, or developmental disorder. This is accomplished by assisting, educating, equipping, and supporting parents as they navigate Ohio's system of care. Parent peer supporters are specially trained parents, guardians, or other caregivers standing in for an absent parent who use their own parenting experience to teach, coach, and mentor other parents until they feel capable of advocating on behalf of their family and their child or youth.
- *Adult Peer Support* is a process of giving and receiving support and education from individuals with shared life experiences. Through the promotion of sharing personal experience and knowledge, individuals engaged in peer support play an active and vital role in laying the foundations for sustained recovery.

Recommendations:

- Develop parent and adult peer support certification programs and a youth peer support or mentoring certification program that would provide support, navigation, and advocacy on behalf of the youth with multi-system needs, their parents and families, and adults with mental illnesses.
- Mentoring and pro-social peer support services for youth, parents and families, and adults should be Medicaid reimbursable.

3. *Establish a safety net of state level funding for multi-system youth [Committee goals 3 and 5]*

The sole reliance upon local financing leads to inequitable services and outcomes for multi-system youth, and contributes to custody relinquishment to access needed services. The State had safety net funding available once for multi-system youth, known then as "Cluster". Funds were available through FY 2005 (\$6.5 million) to communities that identified and coordinated services on behalf of multi-system youth, but were unable to afford the full cost of obtaining necessary treatment services.

Recommendations:

- Recreate a safety net of state-level funding for multi-system youth to be administered by the Ohio Family and Children First Cabinet Council that could be accessed by county Family and Children First Councils (FCFCs) to help offset the cost of non-reimbursable care or care not covered by insurance for youth and families involved in FCFC service coordination. Updated estimates should be produced to determine the appropriate funding level to help reduce custody relinquishment.

- Allow access to the state-level funding through the use of FCFC service coordination processes, High Fidelity Wraparound (HFWA), if applicable, a uniform Level of Care Tool, and evidence of local financial contribution.
- Ensure funds follow the youth and not the county to ensure the continued availability of funds for youth and their families who may relocate to a different part of the state.
- Explore the possibility of using safety net dollars to incentivize diversion from inappropriate levels of care.
- Safety net dollars should be tracked in order to (a) identify underlying challenges faced by local FCFCs and (b) research how dollars are used.

4. *Ensure youth with moderate to severe needs have access to a High Fidelity Wraparound service [Committee goals 2 and 3]*

HFWA is an intensive, evidence-based service used to engage youth who require services from multiple systems, their families, and support teams, in care management and planning. HFWA takes a holistic approach that requires a high degree of collaboration and coordination among service agencies and organizations in a community. This approach operates at a community level to coordinate the work across multiple local systems. Since 1993 the Ohio Revised Code has required FCFCs to provide service coordination for multi-system youth in their communities.

Ohio has significant experience to build upon, including the Ohio Department of Mental Health and Addiction Services Engage System of Care Grant. The Departments of Medicaid and Mental Health and Addiction Services are committed to including HFWA within the selection of future Medicaid-reimbursable services through OHT’s behavioral health redesign project, with work to design the service beginning in Summer 2016.

Recommendations:

- HFWA should be available to youth with high-needs, those at risk for becoming multi-system youth, and youth at risk for an out-of-home placement.
- HFWA should be a Medicaid-reimbursable service.
- HFWA should be accessible through the use of a uniform Level of Care Tool to enable consistent evaluation of need statewide.
- Ensure HFWA is offered in an equitable way in communities throughout the state. FCFCs could be a vehicle for implementing HFWA in their communities, but other options may be needed to ensure consistent access and accountability.

5. *Modernize Family and Children First Councils [Committee goals 1, 2, 3, and 5]*

The Committee acknowledges the importance of FCFCs as the foundation of support for multi-system youth. It also values the important role that the Family and Children First Cabinet Council can play in supporting local FCFCs. However, current structural, financial, and local factors cause FCFCs to operate inconsistently throughout the state.

Recommendations:

- Require the Ohio Family and Children First Cabinet Council to study and make recommendations to the legislature by January 1, 2017 on:
 - How to address variances that exist between local FCFCs across the state;
 - Structural and financial changes needed to modernize the Ohio Family and Children First Cabinet Council and local FCFCs; and

- The estimated fiscal cost to accomplish these changes.
- The education system is most likely the first touchpoint to children with complex needs. The Ohio Department of Education, as a statutory member of the Ohio Family and Family Children First Cabinet Council, should explore how the department can provide written guidance to local school districts, represented on the local FCFCs, in identifying these children and working with the county FCFCs to coordinate the delivery of services.

6. Create a Children’s Congregate Care Study Committee [Committee goal 4]

The Committee heard testimony from a number of parties, including families, providers, and child protective services staff, about the challenges of accessing appropriate residential care, particularly for aggressive youth. While there is more work to be done in this area, the Committee is encouraged by the efforts of OHT’s behavioral health redesign in considering children’s residential services as well as the recent Request for Information by the Department of Developmental Disabilities to determine the number, location and capacity of providers willing to pilot a project in central Ohio to expand residential services to youth with complex support needs. In light of these efforts, and given the prominence of residential issues presented before the Committee, it would be prudent to conduct an assessment and gather data related to the complex issues associated with congregate care needs and options for youth in Ohio.

Recommendation:

- The Legislature should consider providing funds for an independent study to research congregate care settings and report to the legislature and Governor. The study should include, but is not limited to, research on the following topics:
 - Financing mechanisms to sustain residential facilities for complex, multi-system youth;
 - Ability for youth to access appropriate levels of care (in home, residential, step down, acute, chronic, etc.); and
 - Availability of facilities that can manage a wide range of multi-system youth issues such as behavioral health, developmental disabilities, and criminogenic.