



## **Multi-System Youth Action Plan**

**January 2020**

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\*The committee also includes representation from each of the State Departments that make up Ohio's Family and Children First Cabinet Council.

## Special Acknowledgements

A series of six working groups were established to assist the Multi-System Youth Action Plan Committee in developing their report. Thank you to the following individuals who served on a working group.

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## Introduction

Multi-system youth are children who require services from more than one child-serving system, including children services, developmental disabilities, mental health and addiction, and juvenile justice. Each of the systems above provide services to multi-system youth and their families, and for some youth, these individuals services meet their clinical needs. However, some youth may have such complex physical, emotional, and behavioral needs, that these individual systems are not meeting their needs. When that occurs, some families must make the unfathomable decision to relinquish custody of their child to children services in order to receive the care their child needs. This practice is called custody relinquishment.

On July 17, 2019, Governor Mike DeWine signed House Bill 166, which created the state's two-year operating budget. House Bill 166 included \$68 million in new funding to address the needs of Ohio's multi-system youth, including:

- \$50 million, over two years, to the Ohio Department of Job and Family Services to assist with children in the custody of a public children services agency (PCSA) that require services from multiple systems or to prevent children from entering the custody of a PCSA.
- \$18 million, over two years, to the Ohio Department of Medicaid to create the Multi-System Youth and Innovation Support Fund, designed to prevent custody relinquishment by assisting youth and families with accessing needed services.

On October 8, 2019, the Departments of Job and Family Services and Medicaid announced the creation of an \$8 million state-level program for multi-system children. Families that are facing custody relinquishment in order to access the physical and behavioral health care services that their child needs can apply for financial assistance for their child's care. Rather than reimbursing counties, this new state-level program provides direct payment to the service provider, ensuring that families can quickly and efficiently access care for their child. In addition to financial assistance, a technical assistance team was created to provide counties with best practices to meet the needs of multi-system youth. Since its creation, the state-level program has received 79 applications for assistance and funded the care of 29 youth. The state has also provided technical assistance to 15 Ohio counties.

House Bill 166 also stated the intent of the General Assembly to end the practice of custody relinquishment to access services and tasked the Ohio Family and Children First Cabinet Council with developing an action plan to accomplish that end. The full text of § 121.374 is included below.

*Sec. 121.374.*

*(A) It is the intent of this state and the general assembly that custody relinquishment for the sole purpose of gaining access to child-specific services for multi-system children and youth shall cease.*

*(B) The Ohio family and children first council established under section 121.37 of the Revised Code shall develop a comprehensive multi-system youth action plan that does the following:*

*(1) Defines and establishes shared responsibility between county and state child-serving systems for providing and funding multi-system youth services;*

*(2) Provides recommendations for flexible spending at the state level within the cabinet council;*

*(3) Defines the model and process by which the flexible spending may be accessed to pay for services for multi-system youth;*

- (4) Identifies strategies to assist with reducing custody relinquishment for the sole purpose of gaining access to services for multi-system children and youth;*
  - (5) Implements the full final recommendations of the joint legislative committee for multi-system youth;*
  - (6) Conducts an assessment of the legal and financial conditions that contribute to custody relinquishment for the purposes of receiving child-specific services.*
- (C) Not later than December 31, 2019, the cabinet council shall submit its final action plan to the general assembly.*

To assist in developing the Multi-System Youth Action Plan, Ohio Family and Children First established a committee and six working groups to conduct research and develop recommendations for this final report. The multi-disciplinary committee and working groups met over the course of three months to develop the recommendations enclosed in this action plan. It is our sincere hope that the information contained within provides Ohio's General Assembly and others a clear path forward to better address the needs of multi-system youth and their families.

## Modernizing Family and Children First Councils

1. *Defines and establishes shared responsibility between county and state child-serving systems for providing and funding multi-system youth services*

Ohio currently has a defined and established system to jointly share responsibility for multi-system youth between local and state child-serving systems – the Ohio Family and Children First Councils (FCFCs). In 1991, Governor George Voinovich created the Ohio Family and Children First (OFCF) Cabinet Council with the purpose of streamlining and coordinating government services for children and families. The OFCF Cabinet Council includes the Ohio Departments of Aging, Developmental Disabilities, Education, Health, Job and Family Services, Medicaid, Mental Health and Addiction Services, Opportunities for Ohioans with Disabilities, Rehabilitation and Correction, Youth Services, and the Office of Budget and Management. In 1993, the General Assembly codified Ohio Family and Children First and required each county to establish a local Family and Children First Council to coordinate services for families.

Local FCFCs were tasked with referring children to the Cabinet Council that could not be cared for locally and providing OFCF with reports on the number of children they served locally. Over time, the role of Family and Children First Councils adapted to meet local needs and priorities, but funding cuts during the last recession limited the role of both local FCFCs and OFCF. These structural and financial factors have caused FCFCs to operate inconsistently throughout the state.

Accordingly, redefining how local and state government share responsibility for multi-system youth necessitates modernizing Family and Children First Councils. The working group identified several recommendations intended to simplify and streamline the operations of FCFCs. However, the conversation regarding potential restructuring of councils is too vast to be completed in the few months the committee met.

It is important to note the recommendations listed below are intended to be viewed as a package, and not in isolation. Any one of the following recommendations implemented in isolation would not modernize the entire system. Additionally, FCFC modernization could also serve as a vehicle to coordinate the numerous, and often duplicative, planning processes that occur locally.

1. **Ohio should clearly articulate a strategy on custody relinquishment** through executive order or other means and develop a statewide approach for diverting families at risk of custody relinquishment for the sole purpose of accessing services.
2. **State and local Family and Children First Councils should execute biennial interagency agreements.** Ohio Family and Children First Cabinet Council member agencies should execute biennial interagency agreements for their operation. Local FCFCs should also develop agreements or memorandums of understanding among their members. Agreements should include:
  - A policy statement on custody relinquishment and Ohio’s long-term goal of eliminating custody relinquishment for the sole purpose of accessing services.
  - A protocol to divert cases where custody relinquishment to access services appears imminent.
  - Shared responsibility, roles, expectations, and authority of council members and the council as a whole.
  - Roles, responsibility, and expectations of the administrative agent;



- interagency processes and procedures.
- A plan for monitoring and review.

Agreements should be easily accessible and shared with key stakeholders, such as juvenile court judges. OFCF should provide technical assistance, training, and other support to local councils on developing, monitoring, and implementing these agreements.

3. **The Ohio Family and Children First Cabinet Council should serve as a best practices clearinghouse** for local FCFCs. OFCF should work with system partners – such as health insurers, children’s hospitals, and juvenile judges – to develop guidance on working across systems to meet the needs of multi-system youth. Guidance topics could include:

- Roles and responsibilities of system partners.
- Ways to braid local, state, and federal funding streams to effectively serve children and families.
- Strategies to divert families at risk of custody relinquishment.
- When and how to refer families to an FCFC.

4. **Develop a formalized annual reporting process.** Ohio Revised Code requires local Family and Children First Councils and Ohio Family and Children First to issue an annual report on efforts to improve child wellbeing. However, the local and state processes are not always aligned. OFCF should clearly establish indicators of child wellbeing that the state and local FCFCs must report on and then develop benchmarks to move the state closer to its goal of improving the health and wellbeing of all of Ohio’s children. To accomplish this goal, OFCF should develop a reporting template and technical assistance to guide FCFCs in their planning process, which will ensure alignment between state and local entities.

5. **Establish an ongoing working group to develop recommendations for modernizing Family and Children First Councils.** OFCF should establish a timeline and convene an ongoing working group to recommend a modernized, sustainable model for meeting the needs of multi-system youth at the local level.

## State-Level Program for Multi-System Youth

- 2. Provides recommendations for flexible spending at the state level within the cabinet council.*
- 3. Defines the model and process by which flexible spending may be accessed to pay for services for multi-system youth.*
- 4. Identifies strategies to assist with reducing custody relinquishment for the sole purpose of gaining access to services for multi-system children and youth.*

Beginning in the late 1980s, Ohio established a state-level safety net program for youth who needed treatment services but could not afford them, called “cluster” funds. These funds remained available until the early 2000s when they were eliminated from the state budget. As detailed in the introduction, House Bill 166, the state’s current operating budget, includes \$68 million in funding for multi-system youth. These investments allow the state to develop the state-level program for multi-system youth.

The state-level program is funded with \$8 million in pooled funds from the Ohio Departments of Job and Family Services and Medicaid. Families that are unable to cover the cost of their child’s care can apply for financial assistance through their local Family and Children First Council. Applications are received by the Ohio Department of Medicaid, and a cross-agency team reviews applications on at least a weekly basis. Employees from the Ohio Governor’s Office, as well as the Ohio Departments of Developmental Disabilities, Job and Family Services, Medicaid, Mental Health and Addiction Services, and Youth Services serve on the application review committee. The state then works with local FCFCs to directly fund the costs of a child’s care, rather than reimbursing local communities.

Funds became available in October 2019 and are ongoing through the next fiscal year. As of December 23, 2019:

- 79 applications were received.
- 29 youth received funding for their care.
- 15 counties received technical assistance.
- 19 Ohio counties benefitted from the program.

The safety net funding working group examined the recently released funding structure and provided the following recommendations when exploring continued funding into future fiscal years.

- 6. The state should maintain the state-level program for multi-system youth.** Local FCFCs should continue to complete an application for state-level program funds, in which they demonstrate a good faith effort to maximize all other funding sources for the child’s care, including insurance and local pooled funding. Local FCFCs should include their state-level program funds in their annual report.
- 7. The state should consider providing local Family and Children First Councils with supplemental allocation to offset increases in administrative burden caused by the application process for the state-level program.** The committee recommends applying a baseline supplemental allocation to each county FCFC.
- 8. Blended (“pooled”) funding should be strengthened, at both the local and state levels.** Counties have the option to pool local funds to meet the needs of individual multi-system youth. Communities benefit from increased flexibility of pooled resources, but very few counties are

currently using this program. OFCF should engage FCFCs and local partners to educate them on the benefits of pooled funding locally. The State should also strengthen its own pooled funding.

9. **Additional payment models for youth with mental, emotional, and behavioral health diagnoses should be explored.** For example, the Children with Medical Handicaps (BCMh) program provides funding, with a local match, for a list of conditions and covered services. Identifying a similar strategy for specified mental, emotional, and behavioral health diagnoses could be a long-term strategy for increasing mental health parity. Further study is needed.

## Joint Legislative Committee Recommendations

5. *Implements the full final recommendations of the joint legislative committee for multi-system youth.*

The previous sections addressed two of the Joint Legislative Committee on Multi-System Youth's recommendations:

- Establish a safety net of state-level funding for multi-system youth (Joint Legislative Committee Recommendation #3), and
- Modernize Family and Children First Councils (Joint Legislative Committee Recommendation #5).

The following information details strategies to implement the legislative committee's four remaining recommendations.

### Subject Area I: Data Collection and Sharing (Joint Legislative Committee Recommendation #1)

The data working group explored ways to improve data collection and sharing on multi-system youth, with the goal of enhancing state and local decision-making. The group identified several overarching challenges, as well as recommended action steps.

Ohio has made strides toward improving data collection on multi-system youth with the acquisition of the Fidelity EHR system, which tracks and depicts the services and supports multi-system youth are accessing in their communities. Roughly two-thirds of Ohio counties are currently using Fidelity EHR, but its use varies greatly from county to county. Access to Fidelity EHR is currently funded through a federal grant. Sustainable funding for this system or another data management system must be identified.

1. **Uniform metrics are needed to measure outcomes for multi-system youth.** Once uniform metrics are developed, this information can be used to more accurately identify gaps or limitations in services, which will allow the state and local communities to more effectively develop services that meet the needs of youth and their families.

There is great potential to leverage the Innovate Ohio Platform (IOP) to answer key questions about multi-system youth. Specifically, an additional investigation should be done to determine how IOP can help identify the relevant metrics, share data points across Cabinet Council agencies, and determine what new data elements may be needed exclusive to multi-system youth.

Ohio Family and Children First and the Cabinet Council should also review, summarize, and identify any emerging trends and key areas from the current multi-system youth funding requests.

2. **A uniform reporting process is needed.** As noted above, many Ohio counties utilize the Fidelity EHR system, to varying degrees. Counties not using Fidelity EHR often rely on paper documentation. This system results in fragmented data and differing reporting mechanisms. Accordingly, there should be a comprehensive, identified set of outcomes and uniform reporting processes for local and state systems.
3. **The Ohio Department of Job and Family Services should modify their child protection data system to include a field on custody relinquishment.** The State Automated Child Welfare Information System (SACWIS), which is the state's child welfare data management system used

by all public children services agencies, does not currently ask for information regarding custody relinquishment. As a result, there is little information available about the specific causes of custody relinquishment. ODJFS should consider adding a custody relinquishment data field in SACWIS to better identify causes of custody relinquishment.

4. **An inventory of best practices for multi-system youth should be compiled to support local FCFCs.** In addition to compiling evidence-based and promising practices utilized across the state, Ohio should also assess the level of access to these programs and develop a strategy to appropriately scale them in areas without access. Special care should be taken to ensure that this work aligns with other statewide efforts, such as implementation of the federal Family First Prevention Services Act and Family First Transition Act.

Subject Area II: Access to Peer Support and Mentoring (Joint Legislative Committee Recommendation #2)

The working group discussed the continued need for the state to adopt cross-system definitions for both peer support and peer mentoring, including a definition for youth peer support. Once the group identified more specific definitions for each, they further explored the certification and qualifications needed for each role. Finally, the group identified funding sources needed to fully implement these programs throughout the state.

1. **Clear definitions and responsibilities of peer supporters and peer mentors are needed.** The workgroup developed the following definitions and roles and responsibilities of peer supporters.
  - a. Youth Peer Support Specialist (YPSS):
    - i. Qualifications: A youth peer support specialist has had direct experience with behavioral health services (past or present) and/or lived experience in the child-serving system of care. The YPSS will be able to use this experience to ensure appropriate services and supports are driven by the youth/young adults being served. The YPSS will be certified in Ohio to provide peer support. They must be aged 18 or older with a high school diploma or GED.
    - ii. The primary role of the YPSS is to collaborate with, coach, and support peers as the youth moves towards self-advocacy. YPPS serve as a direct support of youth/young adults by serving as a resource, while modeling resiliency and recovery. YPPS must be able to work cooperatively and effectively with individuals and groups from diverse populations while empowering youth/young adults to fully participate in and make informed decisions on his or her treatment.
  - b. Parent Peer Support Specialist (PPSS):
    - i. A parent peer support specialist is a provider who is parenting or has parented a child experiencing mental, emotional, or behavioral health disorders and can discuss their experience with another parent or family member.
    - ii. Qualifications: A PPSS is an individual with lived experience as the primary caregiver or parent (i.e., biological, adoptive, foster parents or kinship caregivers) of a child or children for whom they have navigated multiple child-serving systems (mental health, juvenile justice, child protective services, education), for a minimum of one year. In addition, a PPSS must be a certified Parent Peer Supporter and have a GED or high school diploma.
    - iii. The primary functions of the PPSS are to advocate and support families by listening, as well as educating parents about the system of care their child is

part of. The PPSS works to increase a family's understanding of their responsibilities and rights and to empower parents to fully participate in making informed decisions about their child's treatment.

- c. Parent Mentor:
    - i. A parent mentor is a person who works with families to provide support, guidance, and instruction about constructive changes parents can make to ensure their child's healthy development.
  - d. Parent Coach:
    - i. A parent coach is an individual who helps parents navigate through parenting challenges by developing strategies to improve the parent-child relationship. Their role is to teach, train, and instruct the parent to improve family management and parenting skills.
2. **Funding for peer support specialists is needed.** The working group agrees that these services should be Medicaid reimbursable. However, to adequately address the needs of all multi-system youth, funding should come from more than one source. The state and communities should utilize general revenue funds, federal block grant funds, and local levy dollars, in addition to Medicaid.
  3. **Credentialing and training for peer support specialists should be culturally and linguistically competent. They should** meet the national standards for culturally and linguistically appropriate services (CLAS standards).
  4. **Training and curriculum for youth peer support specialists should be developed,** whether as a standalone or as an addition to the parent peer support curriculum.

Subject Area III: Ensure Youth with Moderate to Severe Needs Have Access to High Fidelity Wraparound (Joint Legislative Committee Recommendation #4)

High Fidelity Wraparound (HFWA) is an intensive planning process that is designed to meet the needs of youth with multiple and complex challenges requiring services from more than one system. For these youth, a HFWA team should be convened for the purpose of determining the least restrictive plan of care that facilitates youth and family safety and resilience, without contributing to further trauma.

The Joint Legislative Committee originally recommended HFWA be made available to youth with intensive-needs, those at risk of becoming multi-system involved, and youth at risk of an out-of-home placement. They further recommended that HFWA be accessible through a uniform level of care tool, that it be offered in an equitable way throughout the state, and that it be Medicaid-reimbursable. Building on the work of the Joint Committee, the working group explored the required infrastructure to build the model to fidelity across the state.

1. **The state should develop a long-term strategic plan to bring High-Fidelity Wraparound to all communities.** The practice model should be structured with specific phases, protocols, and procedures that align with the four phases of High-Fidelity Wraparound: engagement, planning, implementation, and transition.

Statewide implementation of HFWA will require structural and cultural changes in many communities. While HFWA does coordinate services, it also develops new and unique services that may not currently exist. This will require shared accountability across systems, both locally

and at the state level. Accordingly, systems must work together to manage child, family, and community risk; plan for safety and success utilizing a consensus-based, decision-making process; and activate natural and paid supports to meet the child's needs.

Other challenges that must be addressed in the planning process include uniform eligibility, workforce development, and engaging youth and families in their treatment. For consistency, eligibility should be determined utilizing a single, multi-dimensional decision set, which includes standardized assessment tools.

2. **The state and local communities must commit to funding High-Fidelity Wraparound to ensure proper, sustainable funding.** Exclusively funding HFWA through Medicaid limits access for youth and families who are not Medicaid-eligible. Even for families that are Medicaid-eligible, Medicaid cannot cover the full cost of developing and implementing HFWA. Accordingly, state and local funds are needed to create and maintain a statewide HFWA system.

The developed funding structure should focus on funding fidelity, personnel, and cross-system teaming, while also being flexible to cover treatment options that are not covered by traditional funding sources. For example, a matching incentive could increase local contributions to pooled funds, but accommodations for smaller communities should be included in any formula.

The purpose of HFWA is to maintain children in their homes and communities when it is possible to do so. Accordingly, any funding structure should support reunification and transition services to ensure long-term independence and prevent custody relinquishment.

3. **Training, technical assistance, and capacity building services should be provided to local communities as they implement High-Fidelity Wraparound.** Successful implementation of HFWA requires the involvement of numerous systems. Ohio should allow for diverse settings and multiple gateways to HFWA. Irrespective of location, the site must be able to implement HFWA with fidelity, cross-system impartiality, and discipline neutrality, while recognizing that the youth and family perspective and voice are the focal points for all planning and decision making.
4. **Peer support should be made available to any family who accesses High-Fidelity Wraparound.** HFWA should incorporate peer support at all stages of the Wraparound process, and peers should be trained in and educated on multiple systems.

#### Subject Area IV: Congregate Care (Joint Legislative Committee Recommendation #6)

The Joint Legislative Committee's report referenced the testimony they heard regarding the challenges of accessing appropriate residential care—particularly for youth exhibiting aggression— and recommended an independent study to research congregate care settings and their availability. The Family First Prevention Services Act Leadership Committee, established by the Ohio Department of Job and Family Services to comply with the new federal law, has been conducting a review of congregate care for over a year. The committee has adopted several recommendations regarding congregate care, and their work is ongoing. It is the recommendation of the Action Plan Committee that we rely on the work already being done to address this important topic.

## Legal and Financial Conditions Contributing to Custody Relinquishment

6. *Conducts an assessment of the legal and financial conditions that contribute to custody relinquishment for the purposes of receiving child-specific services.*

The experiences of multi-system youth are varied, which results in complications defining multi-system youth. A single, clearly articulated definition of multi-system youth should be established to drive funding and policy decisions.

Every family's experience is different. However, the committee identified several financial and legal conditions that contribute to custody relinquishment for the purposes of receiving child-specific services. In order to provide adequate care to Ohio's children, the state must identify a new approach to serving multi-system youth that emphasizes a youth's needs and best interests over funding sources.

1. **Youth lack access to an entire continuum of care in every community.** While many parts of the state have robust behavioral health services, too many communities lack prevention services, respite care options for families, crisis response services, and in-patient settings, which contribute to custody relinquishment.
2. **Residential services for multi-system youth are expensive to provide, making them inaccessible to some families in need.** Residential treatment programs provide more than supervision. They also provide intensive behavioral health treatment delivered by licensed professional staff, including care coordination; assessment; psychiatry; therapeutic skill development; nursing; and individual, family, and group therapy. A portion of the services provided are covered by a patient's healthcare insurer, but some needed services are not included in a patient's residential per diem. For example, some insurers may not provide reimbursement for the administration of medicine by a licensed nurse or 24-hour access to a nurse for routine medical needs and medical emergencies.

Furthermore, the complex needs of multi-system youth often lead to direct-care staffing ratios of 1:1 and sometimes as high as 3:1. In addition to staffing and treatment programs, the delivery of quality care also requires strong program leadership and management, access to transportation, a safe working and living environment, liability insurance, and accreditation, among other components.

3. **Pediatric behavioral health provider capacity is limited across the state.** There are currently limited facilities that can meet the needs of Ohio's children with the most complex needs. As a result, children must seek out care far away from their home. Parents with transportation limitations may not be able to visit their children. Providers also have difficulty attracting, recruiting, and retaining workers in a tight labor market due to the challenging nature of the work and the amount they can pay.
4. **Coverage of behavioral health care services remains a challenge for children with multi-system needs.** Private health insurance may not fully cover the costs of residential treatment. When coverage is provided, issues can remain, such as:
  - i. Limited lengths of coverage that may not align with the child's clinical needs;
  - ii. Reimbursement rates may not cover the entire cost of services delivered;



- iii. Significant administrative time is often required to complete frequent reauthorizations and other requirements;
- iv. Obtaining contracts with private insurance plans can be a challenge for some families. For example, some families received notice that coverage would be stopped just days in advance, leaving the parent responsible for ongoing treatment costs;
- v. Complex appeals processes may not result in adequate, ongoing coverage;
- vi. Knowledge of child-only plans through the marketplace, which may cover residential treatment services, are limited, and families can only sign up for these plans during open enrollment; and
- vii. Identification and use of each child's covered benefits can be challenging.

For children with Medicaid coverage, including those relinquished to the custody of a public children services agency (PCSA) may also experience certain limitations to accessing certain in-patient psychiatric services. Federal law allows for Medicaid reimbursement only when a child under 21 years of age is placed at certain in-patient residential treatment centers. The Ohio Department of Medicaid (ODM) is committed to exploring ways to extend Medicaid eligibility to a greater number of children with behavioral health treatment needs and is developing a Psychiatric Residential Treatment Facility benefit for high-acuity children under age 21. The Ohio Departments of Medicaid and Mental Health and Addiction services are also investing in community-based mental health services that meet the needs of multi-system youth, in order to help prevent and reduce the need for costly in-patient and residential treatment.

Finally, children with developmental disabilities may receive care coverage through Ohio's home and community-based services (HCBS) waivers. Families can contact their county board of developmental disabilities and request a waiting list assessment for their child. If the assessment determines that the youth has an immediate need, the county board must meet that need within 30 days. If, however, the assessment does not identify an immediate need, the county board can place the child on an HCBS waitlist or meet his or her needs through local services. For some communities, access to home and community-based direct support providers who are available to serve multi-system youth can be limited.

5. **Few options are available to parents if they must relinquish custody of their child to access services.** When the needs of a youth cannot be met with community-based services, parents are often left with the choice of foregoing services to meet their child's behavioral or developmental needs or relinquishing their child to the child welfare system. PCSAs must handle each case within the same statutory and regulatory guidelines, meaning that even when there is no evidence or history of abuse or neglect, parental rights often must be severed for children to access services.
6. **Multi-system youth may not always have access to a free and adequate public education.** Because many different systems help to place children in residential treatment settings, it is not always clear which entity is required to pay for a child's education. To ensure every child has uninterrupted access to educational services, address this issue, a decision tree should be created.