

## Supporting Youth with Complex Needs

Some youth with complex needs are served by multiple systems of care. These youth and their families have a variety of needs, and they may receive services from multiple agencies and boards, such as the Ohio Departments of Medicaid, Mental Health and Addiction Services, Developmental Disabilities, and Job and Family Services. State agencies often work with local agencies and organizations to coordinate care and implement programs to ensure children and families are receiving support and services.

Even with these various programs in place to meet special needs, many of these children and their families find themselves in crisis or faced with difficult choices, such as giving up custody in order for their child to receive necessary services. The programs and initiatives outlined below are designed to provide care and services to Ohio's children in their homes, schools and communities, supporting youth and their families where they are and improving outcomes through strategic cooperation across state and local agencies.

***Behavioral Health Medicaid Redesign.*** As part of a larger effort to reform and expand access to mental health and addiction treatment services in Ohio, an estimated \$18.6 million annually in new services will be made available specifically for children with mental health and substance abuse treatment needs. The goal of these services – intensive home-based treatment crisis services and High-Fidelity Wraparound<sup>1</sup> – is to provide children the supports they need at home or in school to avoid crisis and out-of-home residential placement.

***Early Childhood Mental Health Consultation.*** In January 2016, the Ohio Department of Mental Health and Addiction Services announced \$9.1 million in annual funding to add up to 64 mental health consultants in 75 counties to work with teachers, staff, and families of at-risk children in preschools and other early learning settings. Services will include on-site interventions, resources for parents, and training for professionals. The goal is to engage early to reduce expulsions in preschool and kindergarten so children can succeed in the future.

***Engaging Communities.*** In July 2013, Ohio received a four-year federal grant to expand the system of care approach throughout Ohio for youth and young adults ages 14 through 21 with mental health challenges, co-occurring disorders, and multi-system needs. The grant, called *Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE)*, is funded by the Substance Abuse and Mental Health Services Agency (SAMHSA). The goal is to develop a framework for Ohio that coordinates policy, fiscal and administrative actions to support the successful transition of Ohio's youth and young adults into adulthood.

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<sup>1</sup> High Fidelity Wraparound (HFW) is a specific process designed to bring about positive change using a variety of staff members such as a Facilitator, Family Support Partner, Youth Support Partner, and coach or supervisor to assist with the development and implementation of a person-centered HFW plan. The HFW team through the HFW process works to ensure that the youth and family are heard and respected, and that the goals they have identified are built into the recovery process. HFW is part of the future workplan for the redesign.

***Strong Families, Safe Communities.*** The Ohio Departments of Mental Health and Addiction Services (MHAS) and Developmental Disabilities (DODD) are working together to improve care coordination and support for families with children in crisis who present a risk to themselves or others because of mental illness or a developmental disability. The *Strong Families, Safe Communities* project engages local systems through an investment of over \$6 million in grants over two years (July 2015 to June 2017) to provide care coordination and crisis intervention services that quickly stabilize a child's health, provide support to help the family remain together, and reduce the risk of harm to the child, the family and the community.

***Family and Children First.*** At the state level, Ohio Family and Children First (OFCF) works with county Family and Children First Councils (FCFCs) to engage families, build community capacity, and coordinate systems and services across state and local agencies. FCFCs serve as the initial point of contact for youth with complex needs, coordinating local services and funding and elevating cases to the relevant state department(s) as necessary.

***Family Centered Services and Supports (FCSS).*** OFCF administers the Family Centered Services and Supports (FCSS) program to maintain children and youth in their own homes through the provision of non-clinical, community-based services. Families who have children served by multiple systems identified through the county Family and Children First Council (FCFC) service coordination process are eligible for FCSS funding. Since July 2009, local FCFCs have utilized \$27,509,620 in FCSS funding to support 33,747 high-need, multi-system youth.

***DODD Pilot to Support Youth with Aggressive Behaviors.*** DODD, in cooperation with OFCF and other state agencies, is developing a pilot program for youth with extremely aggressive behaviors. The pilot will expand provider capacity and create a continuum of care for these youth, including out-of-home placement when necessary. The pilot also will allow for use of a state-operated developmental center when all other options have been exhausted and/or in the event of a crisis. Youth whose service needs include out-of-home placement will receive treatment and be discharged directly back to the home with extensive Wrap Around support. Where home placement is not an option, children whose condition has improved will be referred to another appropriate residential option. For all youth served by these programs, DODD will provide follow-along supports and collect data on outcomes, allowing the Department to continuously evaluate services and processes.

***Telepsychiatry Project.*** In 2012, DODD, MHAS, and the Ohio Developmental Disabilities Council along with Wright State University launched a telepsychiatry project to provide psychiatric care and community mental health services for people with co-occurring mental illness and intellectual/developmental disabilities (MI/DD) in remote areas. About half of mental health care in these areas was being provided by primary care physicians, not mental health specialists, and patients were travelling long distances for specific services or not receiving services at all. The project currently enrolls approximately 200 children in all 88 counties.

***Mental Illness/Developmental Disability Coordinating Center of Excellence (MIDD CCOE).*** The MIDD CCOE is supported by MHAS, DODD and the Ohio Developmental Disabilities Council and

housed at Wright State University. The MIDD CCOE provides access to expert assessments, provides professional training to address needs in both mental health and developmental disabilities, supports cross-system coordination, and helps communities build knowledge and resources for serving individuals with a dual diagnosis. Annually, \$160,000 is spent to provide second opinion assessment services to 65 adults and 35 children.

***RECLAIM Ohio.*** *Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors (RECLAIM)* provides more than \$30 million annually to courts that divert youth from Ohio Department of Youth Services (DYS) institutions. RECLAIM funds can be used to support intensive probation, mental health counseling, substance abuse treatment, sex offender treatment, and other community programs. Many of the youth diverted to RECLAIM-funded programs are involved in multiple systems and receive services locally where their families can participate in their treatment. RECLAIM has contributed to a significant reduction in the DYS incarcerated population, from 2,600 in 1992 to less than 500 in 2016.

***Behavioral Health/Juvenile Justice (BHJJ).*** This partnership between DYS and MHAS supports the early intervention, assessment, evaluation and treatment of juvenile offenders, ages 10-18, with serious behavioral healthcare needs. BHJJ projects divert youth from local and state detention centers into comprehensive community-based mental and behavioral health treatment. The projects are designed to transform child-serving systems by meeting the needs of multi-system youth and their families through model interventions with proven effectiveness, such as multi-systemic therapy, functional family therapy, multi-dimensional family therapy, integrated co-occurring treatment, and High Fidelity Wraparound. A total of nine BHJJ projects are funded in 12 counties. The dollars are awarded to the local mental health boards to partner with the county juvenile courts. Since 2006, 3,495 youth have been enrolled in the program, most of whom (96 percent) were not sent to a DYS institution following services. BHJJ resulted in a 56 percent reduction in risk for out of home placement, improved grades and reduced school suspensions, and reduced trauma symptoms and substance use.

***Better Care Coordination for Youth in Child Welfare.*** Children in Ohio's child welfare system are enrolled in the Medicaid fee-for-service program and currently excluded from the benefits of better care coordination through Medicaid managed care. Beginning January 1, 2017, the Ohio Department of Medicaid will move 28,000 children from fee-for-service to managed care. These children have unique needs and their transition into managed care will be monitored to ensure consistent coverage, better care coordination, and improved access to services. The Ohio Department of Medicaid is hosting multiple interested party meetings in 2016 to make the transition into managed care as seamless as possible.

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