

Multi-System Youth Presentation to the Attorney General's Criminal Justice and Mental Health Task Force

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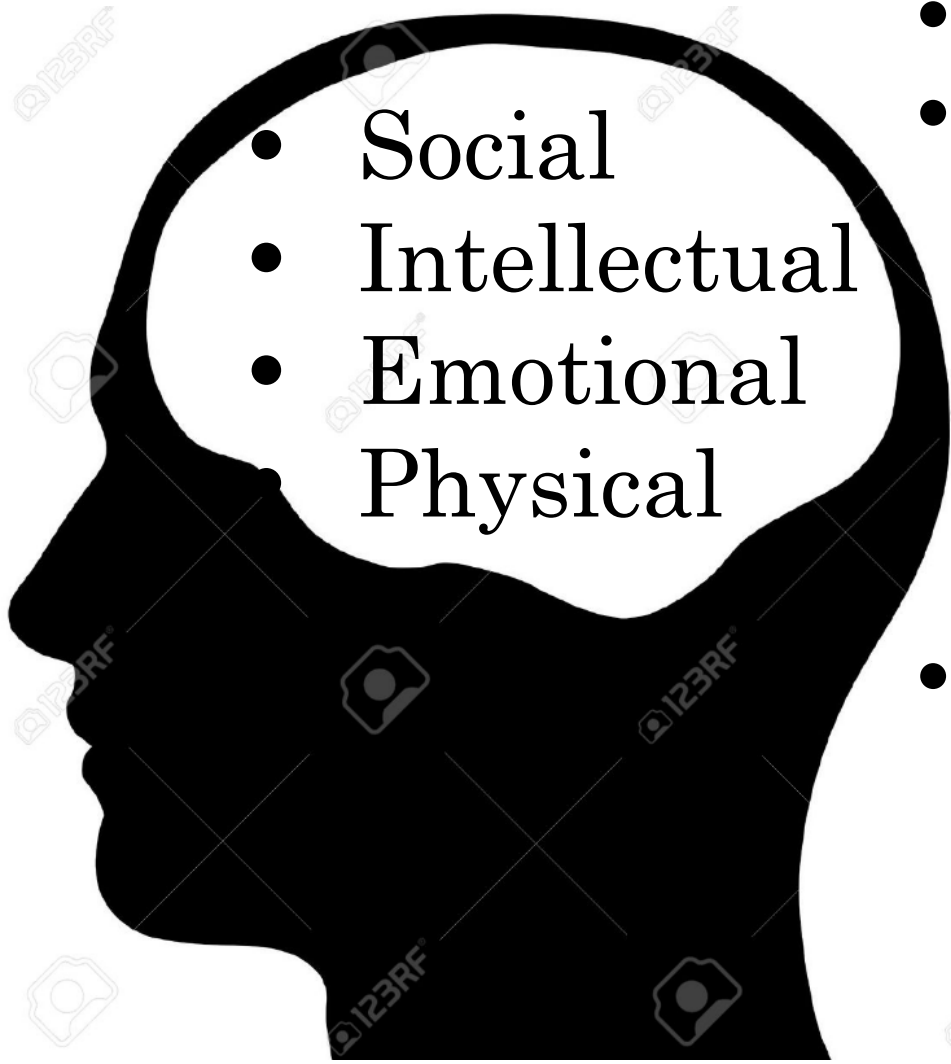
A word cloud of terms related to healthcare and policy. The words are arranged in a horizontal, slightly overlapping manner. The most prominent words are 'regulation', 'Mental Health', 'children', 'ACCESS', 'INSURANCE', 'REFORM', 'cost-saving', 'families', 'providers', 'consumers', 'quality', 'access', 'insurance', 'health care', 'reform', and 'insurance'. The words are in various shades of blue and grey, with some in bold and some in regular weight.

Who are “Multi-System” Children and Youth?

“Multi-System” children and youth are involved with a combination of several or all of the following child-serving systems:

- **Child Protection,**
- **Juvenile Justice,**
- **Intellectual or other Developmental Disabilities,**
- **Mental Health and Addiction Services, and**
- **Child care or school.**

Development of Youth

- 
- Social
 - Intellectual
 - Emotional
 - Physical

- Learning & School
- Behavior & Discipline
 - Boundaries/bad decisions
 - Peer pressure/social circle
- Communication
 - Listening
 - Mobile Devices
- Health & Daily Care
 - Safety/self harm
 - Sexual activity
 - Drugs

Who are “Multi-System” Children and Youth (MSY)?

Behavioral Health Conditions for System-Involved Youth

Child Welfare

- Conduct disorders *
- Oppositional disorders
- ADHD
- Major depression
- Post-traumatic stress disorders

Juvenile Justice

- **46%** ♂ and **57%** ♀ had two or more disorders
- More likely to have **SUD comorbid** with **ADHD** or **other behavioral** disorders than any other combination
- **Disruptive disorders (46.5%)** such as conduct disorder are most common, followed by
 - **SUD (46.2%)** such as alcohol abuse,
 - **anxiety disorders (34.4%)** like obsessive-compulsive disorder, and
 - **mood disorders (18.3%) such as depression.**

From P. Kanary, Case Western Reserve

Youth in Foster Care

Medicaid Enrolled Youth

Receive BH Services: **1 in 15**

Ave. expense for BH: **\$4,868**

Ave. all services: **\$8,520**

> 1 psych med: **33%**

Receive antipsychotic: **26%**

Foster Care- Medicaid Youth

1 in 3

\$8,094

\$12,130

50%

42%

CHCS Faces of Medicaid

Justice Involved Youth

IMPROVING CROSS-SYSTEM COLLABORATION



EDUCATION

CHILD WELFARE

MENTAL HEALTH

30%

of justice-involved youth have a diagnosed learning disability

67%

of justice-involved youth have been in the child welfare system

65%

of justice-involved youth have at least one mental health diagnosis

Worse Case: Custody Relinquishment

Youth in custody* **60% not abused/neglected**

Custody of PCSA** June 2015

- Of multi-system youth in custody
 - 1/3 came to custody via relinquishment
- Of multi-system youth ...
 - 36% with BH
 - 20% of youth with juvenile justice involvement
 - 50% with IDD....were relinquished.

Why is Custody Relinquishment focused on MH/ behavioral issues and Medicaid?

- Youth with other ‘single’ conditions have options not available in mental health; i.e. developmental disabilities have Medicaid waivers
- Treatment is complex, multi system. Not just expensive
- Treatment is expensive
 - Health insurance discrimination, limits
 - Middle income, CR provides access to Medicaid
 - Medicaid- still no payment for room& board

Summary: Who are MSY?

Severe need or a combination of needs AND where no single system can handle it alone.

Why?

- Lack of services available to child and/or family, and/or
- Child or youth has not benefitted from available services, and/or
- Cost has become prohibitive for one system
- Worst case for child & family: custody relinquishment

What are other states doing?

- Some states permit access to child welfare services without relinquishing custody
- Other states forbid voluntary relinquishment
- States have given courts jurisdiction to order MH treatment to avert out of home placement
- Use targeted managed care, HFWA models
- States are enforcing Medicaid entitlement & EPSDT
- California: requires collaboration re: IDEA entitlement.

Texas Example

- SB 44 to study the issue & develop recommendations
- Ongoing data collection, report to legislature and budget considerations
 - Dept. report on # custody relinquishments solely to receive MH services
 - Develop recommendations re services to prevent, esp. custody, development of Medicaid waiver, system of care, respite and residential treatment
 - Update every two years, incl. in budget considerations
- Joint Conservatorship, as alternative to CR
 - Joint Conservatorship with the department of family and protective services for youth with severe emotional disturbance.

Summary of State Strategies

- Enhancing the overall system of care, inc. role of 24x7 treatment/care. Medicaid waivers.
- Data/dashboards
- State coordinating mechanisms, like Ohio's Family and Children First
- Focus on high utilizers, esp. multi systems & providing targeted, intensive care coordination
- Peer Support

General Ohio Strategies for MSY

- Pooling of funds across systems,
- Coordinating care
- Using flexible funds to be creative in addressing the youth and family need in the community.

However, there is a great disparity across the state in the ability and resources to consistently utilize these strategies successfully.

Types of Disparities Across Ohio

- Serious lack of providers, particularly in SE Ohio.
- A lack of acute care for a child or youth needing residential placement
- Lack of evidenced based Home and Community Based Services such as Intensive Wrap Around, Functional Family Therapy and Multi Systemic Therapy that can all fall under Intensive Home Based Treatment - some will be available in future (BH Redesign)
- Lack of treatment programs and services specifically designed and attentive to the issues of trauma; including physical, psychological, and emotional trauma, directly involving the child or involving others in the youth's environment.

Past Attempts to Address MSY Issues

- Administrations, legislature, professionals, advocates have been working to resolve MSY issues for 30 years
- In 1984, then Governor Celeste signed an Executive Order:
 - Created local county clusters of all public child caring agencies to consider best, most appropriate treatment for a child with needs from more than 2 or more agencies
 - Dollars were set aside for these purposes in the state biennial budget – **not appropriated in recent years**
- The Family and Children First Councils were written into the Ohio Revised Code in 1993 specifically *“to help families seeking government services...by streamlining and coordinating existing services for families seeking assistance*

Current State of Affairs

- In 2014, local Family & Children First Councils provided services for 5,500 youth through Service Coordination
 - 287 multi system youth who required specific types of residential, out of home treatment.
- Still, youth with extreme needs cannot be met
 - Short term crisis stabilization,
 - Specialized trauma care,
 - Respite (included in BH redesign)
 - Long term intensive home and community services (BH Redesign)
 - Residential placements

Charges of the Joint Legislative Committee on MSY (H.B.64)

1. Identify the services currently provided to multi-system youths and the cost and outcome of these services.
2. Identify existing best practices to eliminate custody relinquishment as a means of gaining access to services to multi system youth
3. Identify the best methods for person-centered care coordination related to behavior health, DD, juvenile justice, Child Protection and Employment.
4. Identify a system of accountability to monitor the progress of the Multi-System youth or children in residential placement , and
5. Recommend an equitable, adequate, sustainable funding and service delivery system to meet the needs of “ALL” Multi System Youth.

MSY Committee Hearings

The legislative Committee on MSY heard testimony from:

- MSY youth, families
- Service providers
- Ohio child serving system Agency officials
- Behavioral health and juvenile justice experts
- Health policy experts

MSY Committee Recommendations

If implemented, the MSY recommendations would require relevant State Agencies to

- 1. Establish a crisis stabilization fund** to address unmet and uninsured needs of Ohio's MSY in crisis / unable to access appropriate levels of care and services.
- 2. Design a Medicaid-reimbursable service consistent with High-Fidelity Wraparound** principles to coordinate the care, services, and supports that youth and their families need.
- 3. Establish a unified strategy for data collection and sharing** across child serving systems to identify resource utilization, service utilization patterns and gaps, and monitor outcomes.
- 4. Develop youth and family focused peer support services.**
- 5. Modernize Ohio's family and children first councils.**
- 6. Fund an independent evaluation** of the timely access to children's and youth's residential and inpatient mental health treatment in the State of Ohio.

MSY Committee Recommendations

Our work to implement the recommendations includes state-level policy and budget advocacy efforts to make sure the MSY issues and recommendations are priorities throughout the upcoming budget process

- Work closely with MSY legislative leads (Sen. Gardner & Rep. LaTourette) and caucus policy staff
- Facilitate work with and among stakeholders
- Maintain communication with the Kaisch Administration and its Agencies
- Engage the media and public
- Technical policy work to support the recommendations

How Can You Help?

- Raise awareness about MSY and custody relinquishment – with colleagues, friends, media, etc.
- Leverage your existing relationships in and outside of state government
- Take a position and write letters from your organizations
- Bring these issues and budget asks to your associations, ask them to take public positions and write letters of support
- Talk with your legislators
- Gather stories from your community, connect individuals with their local legislators