

## **`DRAFT Recommendations for ABC**

Draft 8

6/1/04

The following recommendations regarding Access to Better Care to behavioral health care for children, youth and their families were collaboratively developed by the participating Departments over a process of nearly nine months. A wide array of data and information was considered in the process. Input from state department directors, professional associations, parents, and family members, key senior staff, and others, have been considered in the development of these recommendations. The recommendations are based on some core foundations and principles:

- Ohio Family and Children First leadership
- Enhance the focus on evidence based/effective interventions across the continuum of care that support the values of family driven, culturally competent, strength based, assessment, evaluation, and treatment
- Ultimate goals: for youth to successfully live with a family, in their community, attending and progressing in school, not involved in the child welfare or juvenile justice systems
- The intent is to promote consistently effective behavioral health care practices throughout the state, based on data and evidence of effective programs, services, and management processes
- Local planning guidance provided by Partnerships for Success
- Utilizing state technical assistance in accomplishing recommendations (e.g., use of Center for Innovative Practices and other resources)
- Movement to an integrated System of Care that is data driven and outcome focused
- Capacity building and priority setting will be linked to data
- Improvement in access to behavioral health care needs of youth and families requires Interdepartmental investment and reinvestment of resources
- Enhanced and continuation funding (for programs and services at all points on the continuum) will be determined in part on strong evidence of effectiveness and Quality Improvement approach
- Coordinated services addressing the needs of youth and their families that must be supported in the community for all young people returning from all forms of residential care

## **Prevention and Early Intervention for Children, Youth, and their Families, with Behavioral Health Care Needs**

1. Build on the interdepartmental workgroup activities to develop a shared Prevention-Early Intervention Framework based on Risk, Protective, and Resiliency research and concepts.
2. The Prevention-Early Intervention Framework will be coordinated, compatible and integrated within the structured local planning process. The implementation of P/EI Framework will focus on home and community based sites, including public schools, Head Start programs, pre-schools, day care centers, community centers, and faith-based groups.

### **Strategies:**

- A. Utilization of Partnerships for Success (PfS) process
- B. Application of Healthy Youth Strategies
- C. Coordinate with ODADAS State Incentive Grants efforts
- D. Review of Student Assistance models
- E. Promotion of social and emotional curriculum in early care systems

## **Early Screening, Assessment and Treatment for Behavioral Healthcare Needs of Children and Youth 0-18 Years of Age**

1. Given the high risk for further negative consequences if left undetected and treated, priority will be given to early identification and treatment (and/or referral) of: a) depression and suicide among children and adolescents; b) maternal depression; and c) behavioral, neurological, developmental, physical, academic, substance abuse, social, and emotional risk factors.

### **Strategies:**

- A. An interdepartmental team of experts and their county partners will review and recommend for statewide implementation, behavioral health care screenings tools and treatments, for children, youth and their families.
- B. This expert team will make recommendations for statewide roll out of BH screening tools, processes, and training to achieve consistent screening of needs for children, youth and families at critical system entry points, such as public health clinics, well baby clinics, child welfare (entering custody and protective supervision), juvenile court, day-care, pre-schools, , and schools.
- C. Such screenings will be specific enough to facilitate appropriate identification and referral for treatment and will encompass developmental, emotional, substance abuse, and other health issues.

- D. Early identification programs (e.g., Help Me Grow) will use screenings and procedures that include recognized Behavioral Health screening for infants, young children and their families.
- E. Implementation plans will build on current or emerging infrastructures, such as Parent Academies, Student Assistance Team model, Ohio's Children's Hospitals, Mental Health Schools Network/Shared Agenda, and Better Baby Care, and others.
- F. Build capability of systems to analyze assessment data so as to inform programmatic capacity building
- G. ABC Partners, county partners, and family representatives will propose a model of family advocacy programming to provide peer support, education, and systems technical assistance regarding access to services.

### **Treatment Issues for Multi Need Children, Adolescents and Families**

- I. Priority will be given to youth (and their families) who are at high risk of involvement in AOD, MH, CW, and JJ, due to serious anti-social behavior/emotional disorders and/or are transitioning back to their home communities from more restrictive settings. Specific attention will be given to youth with Co-occurring Disorders (MI/SA and MI/DD). Funding will support those needed interventions that have demonstrated effectiveness and identified by parents and professionals.

### **Strategies:**

- A. ABC partners will each increase and target funding which will impact this population and implement programming collectively.
- B. Evaluate available Evidence Based/Promising Practices matrices as base for a template to identify effective treatment interventions, across the continuum of care, which matches the 'right service, in the right amount for the right need.' This plan will be adaptable for statewide and local community use in determining access, based on specific needs and gaps.
- C. An expert panel composed of interdepartmental staff, county partners, and family representatives, will review specific intervention services that address the relationship of parental/caregiver substance abuse, mental health, and child welfare involvement, and recommend for funding and implementation, those evidence based practices which will demonstrably impact this issue.
- D. Implement consistent WrapAround processes which utilize strength based family driven approaches. Develop flexible resources to be used within the context of a wraparound plan to provide non-reimbursable services and supports, including the more effective inclusion of 'friends, family, and faith.'

- E. ABC Partners, county partners, and family representatives will propose a model of family advocacy programming to provide peer support, education, and systems technical assistance regarding access to services.
- F. Implement a local process to review non-emergency out of home placements associated with BHC treatment needs with the goal of maintaining the youth in the least restrictive, most normative environment through the provision of community-based services.
- G. Review valid 'Levels of Care' tools for use as part of individualized care planning.
- H. Review the specific Family Stability Incentive Fund 'lessons learned' that can be applied, e.g., incentive based funding.

### **Inter-Departmental Initiatives**

1. Continue and expand efforts exploring behavioral health care workforce issues, building on such efforts as:
  - Positive Behavioral Supports
  - Early Screenings
  - Core competencies trainings
  - University partnerships
2. Explore strategies to use intersystem outcomes and fiscal data to support decision making and the development of effective, appropriate systems of care. These strategies must be compliant with various privacy regulations across departments such as: HIPAA and 42 CFR part 2 regulations, and should build on existing available infrastructures, including the Behavioral Health Module in MACSIS.
3. Build on existing efforts at a 'use a coordinated service planning' model for youth and families involved in multiple systems.

### **Financing Initiatives**

1. Identify within each ABC Department budget (ODMH, ODYS, ODJFS, ODADAS, ODMRDD, ODH, and ODE), a proposed level of funding, that supports the further development of resources for youth and family behavioral health care. Increased allocations may be a combination of request for new funding and redirecting current flexible/underutilized/untapped dollars under state control.
2. Designate 'bridge funds' to develop and implement school, family, and community based services, that meet the target populations' needs as outline in the preceding recommendations. Require that any increase in allocations related to ABC initiative to local systems of care be contingent on a local plan which focuses on the implementation of effective or evidence based practices.

3. Identify new funding and implement reasonable incentive (and disincentive) strategies that support pooled funding, collaborative best practice service development, and local intersystem out of home screening processes. State departments would mandate a minimum of % of incentive dollars that each public child serving system must provide for pooled funding for children with behavioral health needs.
4. Seek and promote federal Title IV-E Flexible Financing (such as the Protect Ohio Waiver that 14 counties have experienced for the past six years). Evidence from Protect Ohio has shown increased collaborative practices including pooled funding, that has resulted in more effective community based wraparound services to maintain children in their own homes or in a community foster care home.
5. Identify strategies and opportunities in the utilization of available funding supports including, but not limited to: Medicaid coverage policies and eligibility options and 484, including EPSDT for treatment for children.
6. Identify and propose corporate and community funding and development partnerships, particularly related to funding for EI/P.
7. Departments and counties should pursue and apply for federal/state grant funds
8. Provide technical assistance to local communities on the strategies to maximize a variety of state and federal funding streams.
9. Ohio Access goals should be supported in relevant major grant initiatives that support the ABC process.
10. Explore the use of TANF funds to accomplish these recommendations, including Family Advocates.